Experiences of Family Medicine Residents in Primary Care Obstetrics Training

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BACKGROUND AND OBJECTIVES: Obstetrical practice by family physicians has been declining rapidly for many reasons over the past number of decades. One reason for this trend is family medicine residents not considering intrapartum care as part of their future careers. Decisions such as this may be related to experiences during obstetrical training. This study explored the experiences of family medicine residents in core primary care obstetrics training.

METHODS: Using qualitative approaches, focus groups of family medicine residents were conducted. The resulting data were audiotaped and transcribed verbatim. Independent and team analysis was both iterative and interpretive.

RESULTS: Data obtained from the focus groups revealed findings relating to the following categories: (1) perceived facilitators to practicing primary care obstetrics, (2) perceived barriers to practicing primary care obstetrics, and (3) learner experiences at the fulcrum of career decision making.

CONCLUSION: Family medicine residents were encouraged by favorable learning experiences and group shared-call arrangements by their primary care obstetrics preceptors. Some concerns about a career including obstetrics persisted; however, positive experiences, including influential fulcrum points, may inspire family medicine residents to pursue a career involving primary care obstetrics.

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The number of Canadian family physicians who include intrapartum obstetrics as part of their practice has steadily declined over the past 2 decades.1,2 Reasons for this trend include the choice of many family physicians to discontinue providing full obstetrical care in their practice3 and fewer community hospitals providing intrapartum care.4 In addition, there is the growing trend for recent family medicine graduates to not provide intrapartum care.5 New family medicine graduates have perceived the provision of full obstetrical care to involve lack of control over one’s schedule,6 have perceived they have had insufficient training,7 and during their training some had witnessed primary care obstetrics being disrespected by obstetrical staff.8

Canadian family physicians who have been engaged in providing obstetrical care view the decline of family medicine obstetrics with regret because of the unique relationships and strong bonds created with their obstetrical patients.9 Family physician teachers who practice obstetrics are now attempting to expose their residents to innovative obstetrical care systems to encourage family medicine careers involving obstetrics.10 One such program was the University of Alberta Family Medicine Residency Program, which introduced core primary care obstetrics learning experiences in 2006. The goal was to expose learners to family medicine obstetrics through participation in sustainable group systems of obstetrical care.

Therefore, the purpose of this study was to explore the experiences of family medicine residents in the urban family medicine training program at the University of Alberta during their core primary care obstetrics (PCObs) rotations.

Methods

A qualitative study, using focus groups,11 was conducted with a sample of University of Alberta family medicine residents who had commenced or completed their primary care obstetrics experience.

Participant Recruitment

The purposive sample consisted of 27 University of Alberta family
medicine residents who were invited to participate through an e-mail request from the principal investigator.

**Participant Characteristics**

The final sample consisted of 15 first-year and 12 second-year residents from the University of Alberta Urban Family Medicine Training Program. They had either started or completed their core PCOb training with existing Edmonton PCOb groups. Eight male residents and 19 female residents participated. Nine of the participants were international medical graduates (IMGs). The University of Alberta Urban Family Medicine Residency Training Program consisted of approximately 20%–25% IMGs.

**Participants’ Training Settings**

The participants each trained in one of six PCOb groups, which are described as follows:

Three of the six groups consisted of either five or six family physicians who were each committed to taking call and seeing prenatal outpatients for their dedicated maternity group on a consistent day each week. They also alternated weekends on call among each other. Patients in these groups met each physician at prenatal appointments so as to familiarize themselves with each potential delivery provider.

Another two of the PCOb groups consisted of five to six family physicians who would each take call for their dedicated maternity group 1 week at a time. These family physicians also alternated call coverage on weekends. Patients would be seen by each physician in the group prenatally in one of two outpatient clinics per week prenatally to meet all possible delivery providers.

The remaining PCOb group was comprised of four family physicians. They took call for their own patients during the week and alternated weekends on call for each other. Prenatal patients would be seen in outpatient clinics, which were meant for other family medicine patients as well. Thus this was not a dedicated maternity group as the others were, nor were patients meant to meet every physician in the group as in the others.

**Data Collection**

Four focus groups were conducted to collect the data. Before each focus group, consent was obtained from each participant and confidentiality assured. Focus groups were comprised of either six or seven participants and were conducted in May and June 2008.

During each focus group, a semi-structured interview guide designed to stimulate discussion about participants’ experiences in obstetrical training and reactions to PCOb systems of care was used. All focus groups were moderated by the same investigator. Each focus group was audiotaped and transcribed verbatim.

**Analysis**

Each transcript was reviewed independently by each investigator to elicit major themes. Team iterative analysis was then used whereby investigators compared and connected themes. Emergent themes were categorized, creating a coding template that was modified with subsequent focus groups and stabilized upon saturation after four focus groups. Investigators then refined the analysis and interpreted themes.

This study received ethics approval from the Health Research Ethics Board, University of Alberta, #B-190507.

**Results**

**Overview**

Variability was encountered within each focus group and across the focus groups in regard to the participants’ intent to practice obstetrics. In general, one focus group showed great interest in practicing obstetrics as part of family medicine, whereas most participants in another focus group were definite that they would not. The other two focus groups had more of a cross-section of participants who had decided to be involved in intrapartum care, were unsure, or had decided against it. Three major categories emerged from analysis of the focus group data: (1) perceived facilitators to practicing PCOb, (2) perceived barriers to practicing PCOb, and (3) learner experiences at the fulcrum of career decision-making.

**Perceived Facilitators to Practicing PCOb**

Participants identified many positive factors that could facilitate their decision to practice PCOb. Considerations drawing them toward PCOb included favorable patient population, enjoyment of prenatal care, continuity of care, opportunity for procedures, generally good outcomes, available backup from obstetricians, and having opportunity to practice in groups that shared on-call responsibility.

The patient population encountered in PCOb was identified as attractive: “I like the population, I like young women, and I like young children, and I think it sort of keeps your practice young.” Healthy patients encountered in PCOb complemented illnesses encountered in family medicine and encouraged participants to consider choosing this field: “What we would be doing for the most part in family medicine is healthy pregnancies. Everything else that we do is disease, and this actually isn’t disease. It’s like life!”

Participants expressed enjoyment in both prenatal care and associated continuity of care: “I really love prenatal. I love offering that service to my patients and following someone that I know through a pregnancy and then doing the delivery and doing the postnatal care.” Continuity of care was a very important facilitator expressed in every focus group. It was identified as an extremely rewarding part of the practice of PCOb: “Birthing is exciting . . . and it’s amazing to be a part of. As a family physician you can follow a whole family, you can follow [the] building of these families . . . I think that is just amazing continuity.”
Opportunities for procedures also drew the participants toward PCOb: “I like doing procedural things, and I think it’s the most procedural thing you can do.” Experience of positive outcomes was another satisfying aspect of PCOb that made it worth considering as a career choice for many participants: “In internal medicine [when] you have to call the family members in it’s usually a bad event, but in this case it’s kind of nice to see how happy everybody is. That makes me want to deliver babies.” Adequate backup and support from obstetrician consultants was viewed as a crucial factor for family physicians practicing obstetrics: “I wouldn’t feel in any way comfortable practicing where I didn’t have an obstetrics consult in the vicinity.”

The feasibility of having a group on-call system that allowed physicians to have a satisfying life outside of work was an important consideration for participants: “I don’t want to be on call all the time for deliveries, but seeing how it is actually done in practice was reassuring. . . . seemed very doable!”

**Perceived Barriers to Practicing PCOb**

Perceived barriers to practicing obstetrics were also described. The nature of the work was not appealing to some participants due to the worry related to bad outcomes. The inherent unpredictability of obstetrics and its effect on lifestyle including the potential for disrupting office practice was another perceived barrier.

Participants described encountering a complication that could lead to negative outcomes would be challenging: “It’s the stress level that’s my main concern with obstetrics.” Another participant stated: “I don’t think there is anything scarier so far than something going wrong in a delivery.” Participants described the personal reactions that could arise when bad outcomes occur:

“If you do enough deliveries, at some point in your career you are going to deal with [a] bad outcome. I would have a lot of fears not only about . . . legal liability but emotionally dealing with that and knowing I was responsible.”

Lifestyle considerations were perceived as a barrier to practicing PCOb. Many participants were not willing or able to devote as much time as obstetrics may demand, including overnight calls. For instance: “I get called at 3 o’clock in the morning, and I’m not excited to go in.” If deliveries occurred only during working hours, participants stated they would consider practicing obstetrics: “Babies are never born at normal hours. I don’t want to spend my life being woken up at 2 am and 4 am to deliver.”

Participants had concerns about the potential of disrupting scheduled clinic time to attend a laboring patient: “Sometimes in the middle of a clinic you are seeing a patient and you have to cancel, and they wait for a long time. That doesn’t work.”

Practicing obstetrics was also perceived as limiting the time available for conducting a family practice: “You really have the risk of compromising the time and capacity you have for the rest of your practice.”

The facilitators and barriers described above reflected participants’ attitudes and perceptions of PCOb. These were distinct and separate from participants’ descriptions of the specific and personal experiences with obstetrics during training that significantly influenced them. These experiences, or fulcrums, were central to participants’ decision making regarding a career involving obstetrics.

**Learner Experiences at the Fulcrum of Career Decision Making**

Participants identified critical experiences during training that prompted them to make a decision regarding their future in PCOb. These fulcrums were influenced by specific factors that tipped their decision either toward or away from a career involving full obstetrical care.

The following section outlines the (1) positive experiences at the fulcrum and (2) negative experiences at the fulcrum of career decision making.

**Positive Experiences at the Fulcrum**

Many participants had positive experiences that influenced their decision to practice PCOb. These included performing a delivery, being a key care provider when a good outcome occurred, and the enjoyment of caring for pregnant patients. Other positive influences related to PCOb preceptors and satisfaction with core PCOb training.

Performing a delivery and enjoying the process was the fulcrum point at which some participants chose to practice obstetrics. For example, “It was my first delivery, and I thought it was really cool. When I did decide to do family [medicine] that did influence my decision to do obstetrics.”

Being a key care provider when a good outcome occurred was a reason why participants chose a career including PCOb: “I delivered a baby, and I’m like ‘oh this is nice!,’ I could do this! I think this is what a family doctor is.”

Positive patient interactions influenced participants’ decisions to pursue a PCOb career. Participants felt that the patient-doctor relationship that they developed prenatally was crucial and encouraged them to practice in this field:

“I actually went into my PCOb rotation with very negative preconceived notions that ‘I’m not going to like this,’ and I was a total 180! I might even consider becoming a family doctor that might do deliveries one day because you could actually form some relationship with the patients before they were in labor—a really important aspect of the whole process of being someone’s doctor.”

PCOb preceptors were instrumental in encouraging participants and influenced them at their fulcrum of decision making. One participant discussed her positive experience and consideration of obstetrics after
training under supportive teachers: “I think if you were wavering [about practicing obstetrics], as far as the support of preceptors you’d be more turned on to it.” Participants spoke of interacting with PCOb preceptors who role-modeled work-life balance: “A good role model, just the fact that they seemed happy. They had a life outside. It gave me a positive impression of life after residency. I can enjoy my work and have a life.”

Also, PCOb experiences during training appeared to have a positive influence on the participants’ decision-making process and could initiate a change in career toward PCOb. This participant was very positively influenced by the PCOb experience in residency and wished she had done the rotation earlier so as to arrange further training: “Unfortunately, my last rotation was PCOb. I say it was unfortunate because I totally was like ‘No, I’m definitely not doing obstetrics’ and I loved it. But I’d already picked my second-year electives by that time, and so I didn’t have any opportunity to do my elective in obstetrics.”

Negative Experiences at the Fulcrum
Other participants experienced negative influences at the fulcrum of career decision making during training that diverted them away from a career in PCOb. These consisted of lifestyle issues and the possibility of participating in a negative outcome. According to several participants, “Lifestyle is a factor that makes [obstetrics] less appealing” and was the primary reason for not including obstetrics in their career. A key element of this concern was an aversion to having sleep interrupted by a delivery: “There was a whole night I was up. I didn’t like that aspect. So I decided this was not for me.”

Participating in a negative outcome during PCOb training affected some participants profoundly. This participant was initially enthusiastic about practicing PCOb but witnessed disturbing cases and decided against it: “I felt like I was going to head into it after med school, but I found having seen just a few bad cases, that’s really stood in my mind—a couple of deliveries that were textbook deliveries and then came out with a flat baby.”

Discussion
The study findings revealed three prominent themes: (1) perceived facilitators to practicing PCOb, (2) perceived barriers to practicing PCOb, and (3) learner experiences at the fulcrum of career decision making.

Perceived Facilitators to Practicing Primary Care Obstetrics
Participants identified several perceived desirable aspects of primary care obstetrics. They described prenatal care in a young population for whom they could continue to provide care over time and within shared-call groups as positive aspects of PCOb practice. They also perceived obstetrics as an opportunity to do procedural work. Positive obstetrical outcomes were considered by participants to be rewarding. These findings of deriving satisfaction from the obstetrical practice population, appreciating the opportunity for procedures, benefiting from the backup of obstetrician colleagues, and experiencing good outcomes are new to the literature and contribute to prior studies by Godwin et al. Their research described factors that influenced family medicine residents intending to practice intrapartum obstetrics upon completion of residency and the intent to practice in a rural setting. Creating positive perceptions through providing opportunities to witness how PCOb groups function could mitigate effect on lifestyle. Ruderman et al also examined the reasons why family medicine residents were drawn to the practice of obstetrics. The authors reported that family medicine residents’ intent on practicing obstetrics was linked to being female, desire to practice ruraly, and being interested in obstetrics prior to admission to residency.

Perceived Barriers to Practicing Primary Care Obstetrics
In contrast, participants perceived barriers to engaging in PCOb. They described the inherent unpredictability of obstetrics and its potential to disrupt a scheduled office or other commitments to be undesirable. Worry related to negative outcomes was also a barrier to considering a future PCOb career, and this has not been previously reported. Ruderman et al have described barriers for family medicine residents pursuing a PCOb career to include the negative impact on lifestyle and concerns about inadequate compensation. Greenberg et al also found that family medicine residents who chose not to practice obstetrics claimed interference with personal and professional life, legal and insurance concerns, and a desire for limited practice to be reasons for deciding against intrapartum care. Our study participants did not describe any barriers to obstetrical practice relating specifically to PCOb groups.

Learner Experiences at the Fulcrum of Career Decision Making
An unanticipated and important finding that contributes to the existing literature was the concept of critical fulcrum points experienced during participants’ training. Positive fulcrum points included rich learning opportunities during clinical experiences where learners were able to perform deliveries, participate in good outcomes, and interact with patients with whom they were actively engaged. In this context, PCOb preceptors were supportive and provided positive role modeling. Negative fulcrum points were experiences that primarily included lifestyle issues and participating in or witnessing a negative outcome.

Conclusions
Deriving satisfaction from healthy patients who were anticipating a good outcome, acquiring new and valuable skills, and experiencing excellent role modeling by family...
medicine preceptors all contributed to a favorable learning experience. Further, participants seemed encouraged by how their concerns of practicing obstetrics as a future family physician were managed by their PCOb preceptors’ call group arrangements. Although some concerns persisted, their positive experiences during their PCOb training could potentially inspire them to include PCOb in their future practice. Continued exposure of family medicine residents to favorable obstetrical learning environments that include family medicine patients, preceptors, and shared on-call arrangements could result in the graduation of more family physicians skilled and confident to pursue a career in PCOb.

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