Evaluation of Prenatal and Pediatric Group Visits in a Residency Training Program

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BACKGROUND: It is well established that group visits offer an appropriate alternative to individual care with respect to efficiency, clinical effectiveness, and patient and provider satisfaction and are feasible in the training setting. The purpose of this paper is to describe resident educational outcomes from participation in prenatal and well-child group visits over the last 6 years.

METHODS: We surveyed the 48 physicians who graduated from the University of North Carolina Family Medicine Residency from 2006 through 2011 regarding their current scope of practice, the number of group visits they experienced, and the educational value of group visits.

RESULTS: Thirty-four (71%) of graduates responded. Twelve respondents (35%) include prenatal care in their current practice, 29 (85%) include pediatric care, and five (15%) include group visits. As residents, all respondents participated in group visits. Respondents most valued what they learned in group visits from patient questions, from the exposure to a bolus of patients at the same stage of development, and from faculty role modeling.

CONCLUSIONS: Group visits are a potentially valuable adjunct to the standard training experience, with benefits for learning efficiency, scope of practice, and the promotion of patient-centered care that can be carried forward into practice.

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All investigators reviewed interview transcripts as a group and agreed on grouping of learning points into four categories: (1) the value of faculty role modeling, (2) the value of seeing groups of patients at the same stage of pregnancy or development, (3) the value of patients’ questions, and (4) the opportunity to practice counseling. We framed these categories as positive statements on the survey (see Figure 1) and asked respondents to rate their agreement with them on a 5-point scale (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree). Respondents who strongly disagreed or strongly agreed with the value statements were also asked to provide open-ended comments. These comments were tabulated and sorted according to themes held in common.

As part of the group visit experience, residents could occupy any of six defined roles (and could take more than one role in a given group visit). The survey included an item asking respondents to indicate all of the roles they held during group visit participation (see Figure 2). Respondents were also asked to indicate the number of group visits experienced as a resident (categorized as 1–2, 3–5, or > 5) and whether their current practice includes group visits, prenatal care, and pediatric care. This study was approved by the University of North Carolina Institutional Review Board.

### Results
Thirty-four (71%) of the 48 physicians surveyed responded to the survey. Eighty-five percent of respondents include pediatric care in their current practice, 35% include prenatal care, and 15% include group visits in their current practice. The five respondents whose current practices include group visits graduated more recently (three since 2010, all since
Patients' questions during group visits were valuable to my learning experience.

Seeing several pregnancies or babies at the same stage of development helped me understand that developmental stage.

Faculty role modeling in group visits helped me gain confidence in providing anticipatory guidance in pregnancy and/or parenting.

Group visits provided valuable time for me to practice counseling.

We found substantial agreement among respondents with the statements of educational value, as shown in Figure 1. Combining “strongly agree” and “agree,” 97% agreed regarding the value of patients’ questions to the learning experience; 94% agreed regarding the value of seeing several pregnancies or babies at the same developmental stage, 87% agreed on the value of faculty role modeling, and 72% agreed regarding the value of group visits to practice counseling. No respondent

*Roles are arranged in descending order of intensity of involvement.
strongly disagreed with any statement. Open-ended comments of those who strongly agreed with the value statements were illuminating. A recurring theme in open-ended responses about the value of learning from patients’ questions concerned the observation that patients’ concerns often differ from those of physicians. As one survey respondent noted:

Patients don’t read the textbooks. Sometimes the most knowledgeable physician will be stumped by the most basic question from a patient or parent. It helped to learn what was important to the patients.

Likewise, those who agreed most about the value of seeing a number of patients at the same stage of development pointed out both the efficiency and the persistence of learning in the group setting. For example, one respondent wrote:

Seeing multiple pregnancies at the same gestational age as well as children at the same stage really helped solidify that stage in my mind. I know that this helped me because I feel more confident with the specific visits that include gestational ages and pediatric ages that I saw in group visits.

Respondents who agreed on the value of faculty role modeling around anticipatory guidance most frequently pointed out in open-ended comments that they found this aspect most helpful to them in the observer role. The least agreed-upon statement concerns the value of group visits in providing time to practice counseling. Open-ended comments of those who agreed with the statement most frequently refer to practicing counseling in the role of primary group facilitator. Since only one third of respondents reported taking this role as residents, it follows that they may have had less opportunity to practice counseling. It is also possible that residents found opportunities to practice counseling by participating in group discussions, which all did.

**Discussion**

We found that residency graduates value participation in prenatal and pediatric group visits in their training. In particular they value group visits as an opportunity to learn from patient questions, a bolus of patients at the same developmental stage, and faculty modeling of anticipatory guidance.

First, survey respondents’ comments about the efficiency and persistence of learning in the group visit setting have implications for both training time and role modeling. As training time continues to be constrained by mandatory duty hour restrictions, requirements for broad scope training become more challenging to residency programs. Group visits can be structured to address multiple core competencies and milestones in a single training experience. In this way they may be an efficient way to maximize valuable training time and provide opportunities for the faculty role modeling that is required by the Family Medicine Review Committee. Likewise, practices with low volumes of these patient populations may benefit from the efficiency of bringing patients together in a single visit, rather than spread out over infrequent individual visits. Also, low-volume practices may benefit from the patient recruitment advantages suggested by Page et al.7

Second, a recent commentary from the American Board of Family Medicine (ABFM) expresses concern about family physicians’ scope of practice, particularly regarding maternity and pediatric care.9 Our results suggest that exposure to group visits in residency may encourage broader scope of practice. The fact that our respondents specifically identified the group visit as a source of confidence in their current practice suggests a possible link between experience in residency and later practice. And, indeed, the proportion of our respondents who include prenatal and pediatric care in their current practices (35% and 85%, respectively) is substantially greater than that reported by the ABFM (15% practice maternity care; fewer than 75% practice pediatric care)9 and suggests that the group visit experience in training may play a role in encouraging a broader scope of practice after graduation. Moreover, the fact that 15% of respondents include group visits in their current practice suggests that this training approach may encourage graduates to explore new models of care beyond residency.

Finally, respondents’ emphasis on the value of learning from patients in the group setting highlights the potential for group visits to model patient-centered care, a benefit that may also be found in other group care settings such as chronic illness care. The involvement of other practitioners (eg, nurses, lactation specialists, physical therapists, parenting coaches) in prenatal and pediatric group visits also models and encourages interprofessional care—another important dimension of the chronic care model and the patient-centered medical home.

Further study will provide a clearer picture of the complementary role of group visits and individual visits in residency education. Evaluation in other residency settings and other patient populations will help clarify
whether and how group visits influence post-training practice behavior.

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References