



# Medical Student Interest in Community Medicine: Findings and Recommendations from Focus Groups

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# Outline

- Background
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# What Do Community Medicine (CM) specialists do?

Community Medicine is that branch of medicine that measures the health needs of populations and develops strategies for improving health and well-being through health promotion, disease prevention, health protection and public policy development.

Royal College of Physicians and Surgeons of Canada,  
<http://rcpsc.medical.org>



# Recruitment into Community Medicine

- Of all medical students who participated in the CaRMS (Canadian Residency Matching Service) residency match in 2006, only 0.9% of students ranked Community Medicine as their first-choice discipline.
- 17 spots across Canada were available
- Two spots were left unmatched in the 1<sup>st</sup> iteration and filled in the 2<sup>nd</sup> iteration



# In Comparison

Specialty	% 1 <sup>st</sup> Choice Discipline
Family Medicine	31.7
Internal Medicine	13.9
Radiology	4.0
Dermatology	1.4
Radiation Oncology	1.4
<b>Community Medicine</b>	<b>0.9</b>
Lab Medicine	0.6

Total number of applicants: 1936



# Purpose of study

To understand the perceptions and attitudes of medical students towards Community Medicine (CM) with the goal of identifying and coordinating needed improvements in education to improve literacy in public health and potentially increase recruitment into CM.



# Methods

- 5 focus groups with medical students in 2006
- Recruitment via e-mail, posters, announcements
- Students received either C.P. Shah's "Public Health and Preventative Medicine in Canada" or John Lasts' "Dictionary of Epidemiology" as reimbursement



# Methods

- A professional facilitator was hired to conduct the focus groups using a unique computer-based facilitation system. Questions in both the focus group and an accompanying survey sought to determine medical students' understanding and exposure to public health and how this impacted their attitude and choice towards a career in community medicine.
- The transcripts were independently reviewed and analyzed by each of the authors to identify themes and recurrent issues for which recommendations were made and summarized by the group.



# Results

- 5 Universities: UBC, Manitoba, Sherbrooke, McMaster and U of T
- 57 students in total; 10-12/location
- 35 (61%) females, 22 (39%)males
- 30 (53%) Pre-clerkship students vs. 27 (47%) Clerkship students



# What did medical students say?

**THEME #1:** Medical students possess a general understanding of what public health is, but not of what Community Medicine specialists do.

**THEME #2:** Medical students struggle to understand public health within the context of clinical medicine.

**THEME #3:** Students are disillusioned, disengaged and disappointed in their public health curriculum

**THEME #4:** Misconceptions and lack of incentives leads to poor recruitment into Community Medicine



## **THEME #1: Medical students possess a general understanding of what public health is, but not of what Community Medicine specialists do.**

**Much confusion exists between CM and clinical epidemiology or clinician-scientist specialties because there is little opportunity for students to experience PH in action like they do in other medical specialties.**

“If they are the PH officer they carry a badge and do lots of press conferences. Otherwise looking at a lot of numbers and determining trends, coming up with new policy and whatever else they can think to do (attend conferences?)”



## **THEME #2: Medical students struggle to understand public health within the context of clinical medicine.**

**The majority of students enter medical school to do clinical work, and thus place less importance on public health in their learning**

“Not participating in clinical interactions, or dealing with the medical sciences gives many the view that public health isn't really medicine.”

“Attendance at most lectures is dismal, reflecting student's perception of its importance/relevance to their knowledge base and future career.”



## **THEME #2: Medical students struggle to understand public health within the context of clinical medicine.**

**Tackling public health problems is daunting and students feel they lack the skills and tools needed to approach them.**

“...community medicine is not skill based - there is no hard and fast intervention which can be learned and applied in community medicine as opposed to other specialties.”



## **THEME #3: Students are disillusioned, disengaged and disappointed in their public health curriculum**

**Dissatisfaction with PH curricula was consistent at all the schools studied, despite the varied formats and teaching methods.**

**“STOP just defining concepts and start showing students HOW public health approaches are really applied!!”**

**The compilation of “other” medical subjects such as ethics, evidence-based medicine, cultural competency etc. often lumped into one course fails to distinguish public health practice from the basic sciences, leading to confusion about the role of the public health physician in the Canadian health care system**



## **THEME #3: Students are disillusioned, disengaged and disappointed in their public health curriculum**

**In their curriculum, students are not exposed to the 'hands on' role of Community Medicine specialists**

“You go to an elementary school to observe the ‘health status of students’ at school, which is fluffy and probably not what CM specialists do. It’s unclear how this relates to you and what you’re supposed to do about what you see there.”

**Lack of integration, relevance and role models:**

“CM is more intangible than other specialties and we don’t get any exposure to CM practitioners. We never see how they matter to/interact with other specialties.”



## **THEME #4: Misconceptions and lack of incentives leads to poor recruitment into Community Medicine**

**Community Medicine is not perceived to be an exclusive specialty:**

“If I went into pediatrics and was interested in childhood obesity I could always pursue CM type projects, but if I did a residency in CM, I would not be able to practice pediatrics.”



## **THEME #4: Misconceptions and lack of incentives leads to poor recruitment into Community Medicine**

### **Reputation of poor remuneration:**

**In spite of their overall lack of knowledge about Community Medicine, most students confidently believed that this field's income was lower than most other medical specialties**

“...earnings [are] inversely proportionate to quality of life in medicine.”

“a job for those who prefer quality of life to interesting work.”



## THEME #4: Misconceptions and lack of incentives leads to poor recruitment into Community Medicine

Poor recruitment into CM may be partly due to poor general knowledge of public health and comparatively low remuneration; however, **the underlying reason appears to be a poor understanding of the specialty and its training requirements.**

When students were asked to describe the five-year RCSPC Community Medicine specialty training program, most respondents had to guess at what might be involved. Responses ranged from *"Family Medicine plus an additional year"*, to *"five-year program with option of CCFP designation, then a MPH and CM rotations"* to *"no idea"*.



## **THEME #4: Misconceptions and lack of incentives leads to poor recruitment into Community Medicine**

### **International Health is a positive incentive...**

**Interestingly, the main focus of students' interest in CM was derived from international health experiences, which may be a marker for those suitably aware of, informed, and interested in careers in public health.**

"I feel that the skills obtained in a CM training program are more valuable and will allow one to contribute more effectively on an international scale. Most international work now, to have a significant impact, takes place on a larger scale in terms of looking at populations and infrastructure, rather than at helping solve short term, individual problems."



# Recommendations

1. Expose medical students to the practice of public health, as opposed to only textbook definitions and theoretical knowledge. This should preferably be accomplished through experiential “hands-on” learning.
2. Practice more effective role modeling in Community Medicine.
3. Increase Community Medicine physician resources for undergraduate medical education in public health.
4. Demonstrate the importance of public health to clinical medicine.
5. Increase the understanding and appreciation of Community Medicine as a medical specialty.



# Recommendations

6. Collaborate with the College of Family Physicians of Canada to enhance the education of family doctors as front-line participants in the public health system.
7. Integrate the teaching of public health and clinical medicine.
8. Content should be delivered and examined with the same rigor as other medical specialties.
9. Increase visibility and attractiveness of Community Medicine as a specialty.
10. Build capacity for student initiative and leadership in public health.



# Conclusion

Insufficient knowledge and inaccurate perceptions of CM due to lack of exposure to Community Medicine role models and poor integration of public health with clinical medicine are major deterrents for medical student recruitment into Community Medicine.

It is hoped that these recommendations may help improve medical students' awareness and entry into Community Medicine.



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