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Title

How do family medicine residents and early career family physicians talk about comprehensiveness in primary care?

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: There is growing concern that delivery of primary care is becoming less comprehensive and that new family physicians may be moving away from comprehensiveness as the cornerstone of their approach to care. However, understanding what is meant by "comprehensiveness" is key to ascertaining the current state of primary care delivery. Objective: To report on how family medicine residents and early career family physicians describe comprehensiveness in primary care. Study design and analysis: Thematic analysis of interview data from the main qualitative strand of a broader mixed-methods study exploring early career family practice patterns. Setting: Canadian family medicine in British Columbia, Ontario, and Nova Scotia. Population studied: Family medicine residents (n=31) and family physicians in their first 10 years of practice (n=63). Results: Participants described comprehensiveness in multiple, rich, and varying ways. These descriptions reflected two general views of comprehensiveness: one centred on operational dimensions of care delivery and one centred on philosophy of care. Operational descriptions focused on services offered, patient population, care settings, and delivery models. Some operational descriptions were unidimensional (e.g., services offered), while others included multiple care dimensions (e.g., services, settings, and patient population). Philosophy of care descriptions centralized the patient, viewing comprehensiveness as care that considered the "patient as a whole"—looking at a person in their entirety, rather than only their presenting conditions, and rendering care that best meets their broader needs. Cutting across these two views of comprehensiveness are considerations of context (e.g., urban/rural) and whether comprehensiveness is considered at the level of the patient, population, individual clinician, or team. Conclusions: Participants' descriptions of comprehensiveness revealed that some view it primarily in terms of care components (e.g., services, populations), while others view it as a philosophy of care. Regardless of the lens, participants' descriptions portray comprehensiveness as nuanced, variable, and sensitive to practice and patient population contexts. Understanding how residents and clinicians think about comprehensiveness is important for policymakers and educators seeking to support ongoing delivery of comprehensive primary care.