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Title

The Association between Residency Characteristics and Graduates Caring for Children: An FM-ROP Study

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

Context: The proportion of family physicians caring for children is decreasing. Family medicine residency training requirements include more flexibility to train family physicians. Objective: Determine the correlation between residency program structure and curricula with graduates caring for children in outpatient and/or inpatient settings. Study Design and Analysis: Prospective cohort study of family medicine residency graduates. Setting or Dataset: 2018 CERA Program Director (PD) Survey and the 2021 National Graduate Survey (NGS) of 2018 family medicine residency graduates. Population Studied: Family physicians who graduated from residency in 2018. Instrument: The CERA PD survey measured program characteristics (such as size, location) and curricula including number of months of required pediatrics curricula, number of family physician faculty supervising inpatient pediatrics or newborn care, and having >10% of continuity clinic patients <10 years old (high pediatric continuity volume). Outcome Measures: Graduate self-reported practicing outpatient pediatrics, inpatients pediatrics, and newborn hospital care at time of graduate survey. Results: The cohort included 779 graduates (48% of the NGS sample) from 211 residency programs (36% of eligible programs) where 74.7% reported practicing outpatient pediatrics, 16.8% inpatient pediatrics, and 25.9% newborn hospital care. In adjusted models, practicing inpatient pediatrics was associated with having high pediatric continuity volume (OR 1.94 (1.17, 3.24)). Practicing newborn hospital care was associated with having high pediatric continuity volume (OR 2.52 (1.62, 3.92)), having 2 or more FM faculty supervising inpatient pediatrics or newborn care (OR 2.75 (1.18, 6.37)) and having a pediatric residency in your institution (OR 1.54 (0.95, 2.50)). Physician characteristics associated with providing care of children included female gender, US medical school, and rural location. Residency program demographics and the number of months of pediatrics in the curriculum were not associated with graduate practice. Conclusions: While graduate demographics such as gender, location of practice, and IMG status are significant predictors of whether a family physician cares for children, some residency processes – especially those that model the inclusion of the care for children into practice in continuity clinic and with faculty modelling – are associated with hospital based care for children.