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A MOMENT IN THE LIFE OF A FAMILY PHYSICIAN

Family medicine training during the COVID-19 pandemic: Beyond technological advances

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During the COVID-19 pandemic, family medicine physicians and trainers were among the many healthcare professionals delivering much needed frontline care. The pandemic created challenges for trainers and trainees, including the fear of contracting COVID-19 infection, geographical separation from their loved ones, worry about their own and family members' health and uncertainty about the future.[1] Accelerated adoption of technological advances in patient care and education was necessary to help reduce the spread of the virus while helping healthcare services to stay open and for training to continue. Trainers had to learn how to cope with technological advances not only in clinical settings, such as the initiation of teleconsultation as well as COVID-19 diagnostics, therapeutics and mRNA vaccination, but also in teaching and learning, such as the conversion to online teaching and learning platforms (e.g. voiceover recording of PowerPoint slides and video conference calling for student supervisory meetings and small group teaching).

While grappling with such technological changes, trainers may forget that trainees are human beings who have needs beyond family medicine training and clinical work. In family medicine training, trainees are reminded to approach patients in a holistic manner. They are taught to incorporate George Engel's bio-psychosocial model into patient management. Engel believed that to understand and respond adequately to patients' suffering and to provide them with a sense of being understood, family medicine trainees must simultaneously attend to all these dimensions of their patients' illness.[2] This model allows family medicine trainees to incorporate empathy and compassion into the management of their patients.

Family medicine trainers must apply the same model to family medicine trainees. Family medicine trainers must constantly remember that the aim of training is not only to help trainees pass their qualifying examinations but also to train competent individuals who grow professionally, personally and spiritually. Trainees also have biological, psychological and social needs. By implementing the core values and principles of family medicine, our centre instituted daily physical morning check-ins and briefings, used a mass communication channel to disseminate information, implemented an online risk assessment for trainees exposed to the virus and continued the teaching and learning sessions by providing trainees with suitable personal protective equipment so they could continue to manage patients and by using online platforms. For trainees who could not cope and developed depression or anxiety, we reached out to them and provided them with support and specialist care where needed. By doing this, we hoped our trainees will appreciate and use the core values and principles as guides throughout their professional career. Taken together, family medicine physicians must place patients at the heart of their care, and trainers must position trainees in their hearts. In this way, even with advancing technologies in patient care and education, human touch and kindness will not be lost.

References

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