# Exploring Family Physician Training Needs to Improve Cancer Patient Care

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## BACKGROUND

- Role of the family physician in cancer care: diverse and critically important
- Inconsistent guidelines for support
- Existing oncology training inadequate according to:
  - Learners
  - Educators
- **Purpose: What are the needs of family physicians with respect to cancer care?**

## METHODS + PARTICIPANTS

- 13 participants – Ontario physicians, excluded GPO
- Invited re Twitter, Ontario Health-Cancer Care Ontario (OH-CCO),word of mouth (snowball sample)
- 50$ gift card reimbursement
- Semi-structured 1-hour phone interviews – one author
- Thematic analysis – three authors

| Characteristics | n = 13 |
|---|---|
| **Sex** | M: 5 (38%), F: 8 (62%) |
| **Age group**<br>20-29<br>30-39<br>40-49<br>50-59 | <br>3 (24%)<br>6 (46%)<br>2 (15%)<br>2 (15%) |
| **Time in practice (years)** | Mean 9.1 (0.5-30 years) |
| **Practice setting**<br>Urban<br>Suburban<br>Rural | <br>7 (54%)<br>5 (38%)<br>1 (8%) |
| **Additional training** | EM: 2, Geriatric: 1, Palliative: 1 |
| **Oncology CME** | Yes: 8 (62%)<br>No: 5 (38%) |

## THEMES + QUOTES

### Delineation of Roles

- What is the role of the family physician?
- What defines "success" in cancer patient primary care?
- How can we support family physicians?

### Oncology knowledge & Education

- Past training
- Future learner training
- Continuing medical education

### Palliative care

- Where to get Oncology exposure?
- How to be comfortable with cancer patient care

*"**Navigation is a role we often play as family physicians**. And I find when a patient is dealing with a cancer, let's say…..they could have a number of specialists who often are communicating quite well. But I think again, it's **the patient that knows us and trusts us and is used to it, used to coming back to us**, to just really ensure that they **understand their journey** through that system."*

*"If they ask you a question about it, you're not necessarily like super comfortable helping them out the same way you are with other things. Like when people are seeing a cardiologist for their congestive heart failure (CHF), they can come to me and ask me pretty much anything about their treatment and I'm comfortable in answering most things and same with the most common chronic conditions, **but for some reason with cancer and cancer treatment and they're coming, asking me questions about it, I don't know a lot**"*

*"I think the stats are something like, you know, **almost 50% of the population ends up with cancer and a third of the population dies from it.** And yet, it's covered a little bit in medical school, but from a **family medicine residency perspective, there's very minimal exposure**."*

*"So, I think something that would be nice, which is not currently there, is **a mandatory rotation in palliative care…..** as part of that rotation, I think getting some exposure to oncology; in palliative care currently, what we're seeing I think even across Canada we're seeing maybe 50% oncology 50% non-oncology. So as part of that palliative care rotation, I think logistically that would be a great place to have a few days of seeing patients in a medical oncology clinic, radiation oncology, to get kind of the general overview of **what the options are for patients and what can be done** in certain situations"*

## CANCER JOURNEY

### Diagnosis

**Comfort:**
- Diagnosis
- Screening
- Prevention

**Discomfort:**
- Access to investigations,
- care pathways
- No dedicated oncology teaching
- Irrelevant teaching

### Active treatment

**Comfort**
- Close connection with patients
- Desire to be involved

**Discomfort**
- Treatment blackbox
- No dedicated oncology teaching
- Irrelevant teaching

### Survivorship care

**Comfort**
- Connecting providers
- Palliative care experiences
- Defined palliative care teaching

**Discomfort**
- Little survivorship teaching
- No dedicated oncology teaching
- Treatment blackbox

### Palliative care

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