The 2020 Physician Job Description as a Driver for Medical Education

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Background/Introduction

Medical Education – Complexity & Uncertainty

- U.S. health care is undergoing rapid transformation driven by multiple, interacting factors (e.g., quality, economics, social, ethical, political)
- Calls for transformations in our vision and strategies for medical education:
  - Since 2000 >15 medical education reports from U.S. & Canada recommending changes. [1-2] Common threads include:
    - ✓ Med Educ Continuum must be more responsive to health care needs
    - ✓ ↑ "Musts" + Accrediting changes (LCME, ACGME, ACCME) – bewildering and resource intensive
  - *Educating Physicians: a Call for Reform of Medical School and Residency* (Carnegie)[3]
- Key drivers emerging across the continuum include:
  - Competencies, milestones, EPA's and performance assessments
  - Focus on QI: AAMC Teaching for Quality,[4] ACGME CLER,[5] ABMS MOC[6]

Gap & Purpose Statement

- **Gap:** The array of competencies and "must" requirements is bewildering; often exceeding available education time and resources
- **Purpose:** To identify the key features that must be included in a 2020 Physician's Job Description – starting with the "expected performance" consistent with competency-based education principles[7]

Methods

Multi-Stakeholder Perspective

- The inter-dependency of organization, financial and regulatory relationships guiding today's health care transformation requires input from multiple stakeholder perspectives on future roles/responsibilities of physicians including:
  - Health care systems leaders
  - Medical school deans & education leaders
  - Society/Organization leaders (e.g., accreditation, licensure, testing, medical/professional organizations)
  - Public Health/Policy Leaders & Community Health Advocates

Key Informant Approach

- Local + national sector informants were identified by authors & key informants
- Informants contacted by author(s) to ascertain willingness to participate and if affirmative interview scheduled
- 2 Rounds: Semi-structured protocol to obtain key stakeholder perspectives
  - ***"It's 2020 and you are hiring a physician … what would be your job description in terms of distinguishing features, roles and responsibilities?"***
  - ***Implications for the continuum of medical education***

Analysis

- Constant comparative qualitative analysis after each round (R#1=20; R#2=30)
- Reactor Panels reviewed themes - were refined and finalized with > 100 additional stakeholder discussants.
- Following Aurora Health Care review – project determined not to require IRB oversight.

Results: 2020 Physician Job Roles

Stakeholder Group 98% (50/52) of invited informants participated	Local State	National (> WI)	Total
Health care systems leaders	8.5	5.5	14
Medical school deans & education leaders	7.5	17.5	25
Society/Organization/Foundation Leaders		6	6
Public Hlth/Policy Leaders / Com Advocates	3	2	5

2020 Physician Job Description: Top 6 Roles/Functions*

1. Proactive Health Care Provider for Patients & Populations

A. Patients & Populations Entrust care to clinically competent Physician/Team
- *The one thing that hasn't changed at all – serving the patient; putting the patient first…*

B. Fulfill Physician's Social Contract with High ethical standards
- Humble about ability to improve health for patient/populations
- Curious - commitment to do better → Quality & Safety
- Balance putting patients 1st and steward for high value population health care
- Respect – patients and providers

2. Lead/Serve as Member of Interprofessional Teams

A. All members work to "top of license" and assure seamless care coordination
- Must be knowledgeable about what others are trained to do

B. Accept team accountability for care quality/safety (mutual accountability & interdependence)

C. Physician roles will "flex" to address higher complexity patients ("progressive problem solver", "superb diagnostician", complex care management planner, "complexity scientist")

D. Lead change process & oversee other team members for common/protocol based care

3. Communicate Superbly with Professionalism

A. Engage patients in trusting relationships-Team maintains "continuous" contact with patient

B. Educate patients to value effectiveness of:
- Of "Team Care "
- To accept accountability for own health

C. Provide AND receive feedback to/from team members to assure patient quality/safety

4. Digital, Data, & Technological Fluency

A. EHR & Registries (Person, Disease)
- *Technical skills will be part & parcel of everything we do…*
- *Can't practice with EHR … without disease registry*

B. Data Driven to Improve: View Dashboards → Identify Gaps → Rapid PDSA Cycles & "Team"
- *Evidence Based – just in time learning at point of care*
- *Action Oriented Information User / Outcomes driven → change*

5. Agilely Adapt & Innovate to Changing Health Care Complexities (Systems - Environments)

A. "Agile" – Live & thrive with ambiguity

B. Adaptive as health care delivery & physician roles will continue to evolve

C. Embrace & align with health system priorities-providing care in population-based payment structure (e.g., keeping patients well, prevention)
- *[Physician] must really understand the organization, organization thinking, systems understanding and be interested and passionate about it… otherwise they are going to fail.*

D. Lead/Advocate new accountabilities: "Physician citizen" and change agent (e.g., triple aim, population based reimbursement)

E. Challenge self and others to be accountable for impact from one's individual actions in health care system (e.g., Physician-System Compact: mutually accountable, aligned, engaged)

6. Committed to Life-Long Learning & Self Care

A. Use data to identify gaps (CQI)

B. Engage in continuous learning as individual& team to improve care

C. Self-Care Balancing Personal & Professional: "Resilient"

**** Italicized words/phrases are key informant quotes***

Results: Implications Med Ed Continuum

Continuum of Education … *It's about Care of Patients*

- Must establish a *true continuum from start to retirement*
  - Integrated/single accreditation across continuum
  - Emphasize clinical learning environment/workplace
  - Competency versus "time-based" assessment *(standardized across country?)*
    - ✓ *Longitudinal competency focused portfolios*
    - ✓ *Continuous Learning & Quality Improvement driven by outcomes*
  - Heightened accountability for what we expect of education across the continuum
- Emphasis on workplace
  - Clinical environments model our espoused values
  - Integrated health care systems have key role as provide opportunity for *meaningful integration across sites, professions and continuums of education*
    - ✓ *Right now our clinical systems are totally misaligned with our vision*
  - Interprofessional Teams – roles and scope of practice
  - Intentional focus on continuous application of QI & EBM processes & principles
    - ✓ *QI is not viewed as a project but the way we work*
    - ✓ *Physician identity is as both clinician and improvement agent*
    - ✓ *Really fabulous with technology*

Medical Student Education & Resident Education

- National pre-clinical curriculum
- Emphasize value-added roles as part of team
- Longitudinal relationships between teachers & learners
  - Early specialization

Continuing Professional Development

- Focus on "Progressive Problem Solving"

Discussion & Future Work

- Starting with physician "job performance" expectations can illuminate and prioritize training across the continuum of medical education
  - Allows identification of cross-cutting roles/functions independent of specialization or stage in medical education continuum
  - "Job description" format required respondents to focus on limited number of key roles/functions
- Stakeholders were highly congruent re: their physician 2020 job roles/functions
- Implications of medical education across the continuum highlight need to:
  - Become a true continuum (e.g., common standards, competency progression)
  - Need to act in concert with continuing professional development ≠"orphan";
  - Collaborate with health professions to address workplace learning (e.g., teamwork, quality, roles)
- As medical educators and health care systems we must act to assure that *"… its about the patient and populations"*

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