Welcome to the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience

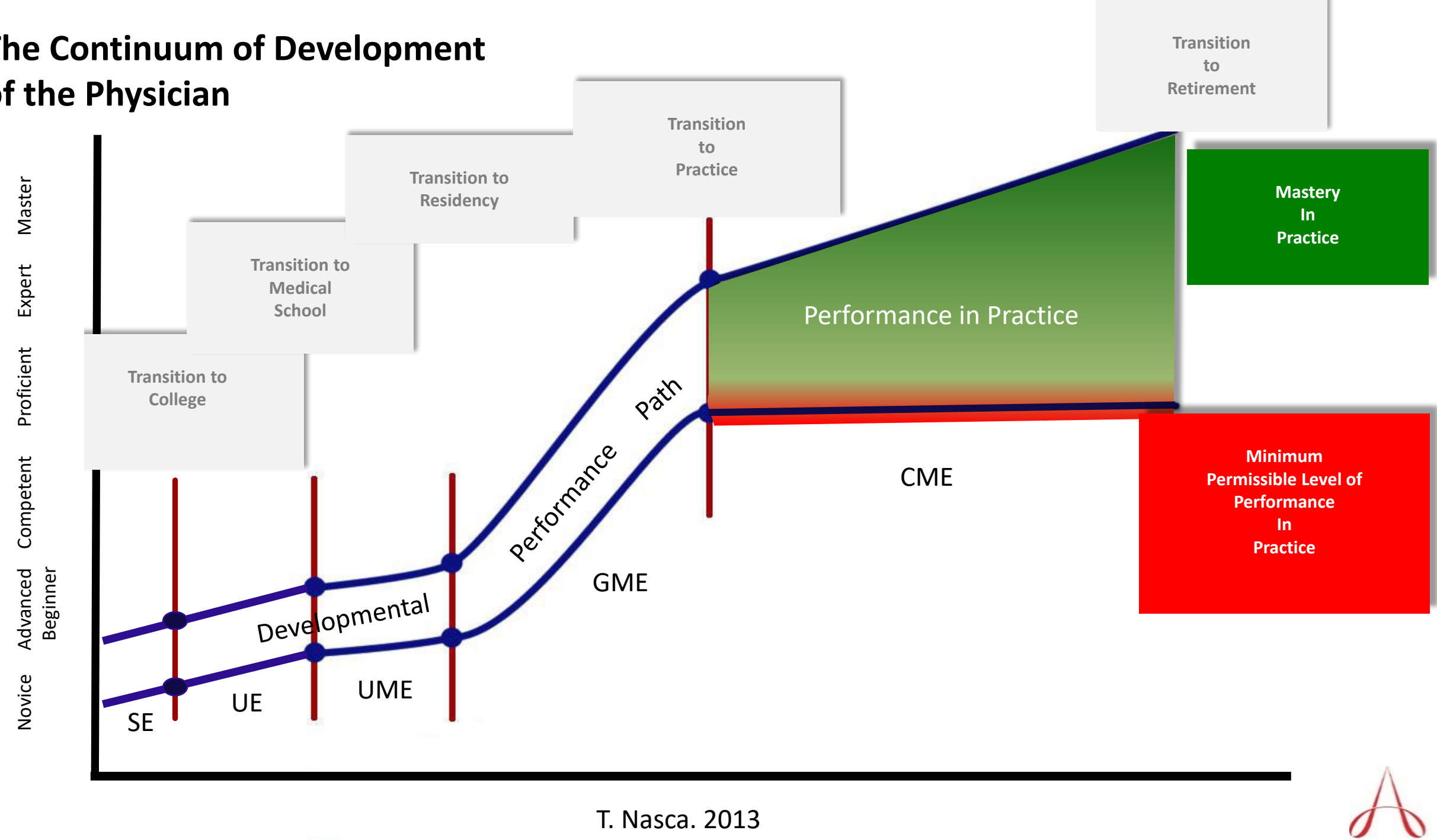
Hosted by the ACGME

Victor Dzau, MD, Chair
Darrell Kirch, MD, Co-Chair
Thomas Nasca MD MACP, Co-Chair
Charlee Alexander, Program Officer

Goal

Share Reflections on the Importance of the
Clinical Care and Learning Environment on
Clinician Identity Formation and Clinician Well-Being,
using physicians as an example

The Continuum of Development of the Physician



T. Nasca. 2013

Socialization into the Profession of Medicine
Professional Identity as a Physician

"A representation of self, achieved in stages over time during which the characteristics, values, and norms of the medical profession are internalized, resulting in an individual thinking, acting, and feeling like a physician."

Cruess, Cruess, Boudreau, Snell and Steinert, 2014. Acad Med. 89(11); 1446-1451.
As presented at the ACGME Annual Educational Conference, March 2, 2018.

Socialization into the Profession of Medicine
Professional Identity as a Physician

"The greatest influence on professional identity formation takes place during residency."

K. Ludmerer. Let Me Heal. 2015. Oxford University Press. NY.

The Difference Between Professionalism and Professional Identity

Professionalism

"A set of values, behaviors and relationships that underpins the trust the public has in doctors"

Royal College of Physicians of London, 2005

"The observable professional and healer behaviors that are manifestations of underlying values and virtues of the profession, and are the basis of the Social Contract.

T.Nasca, 2018

Professional Identity

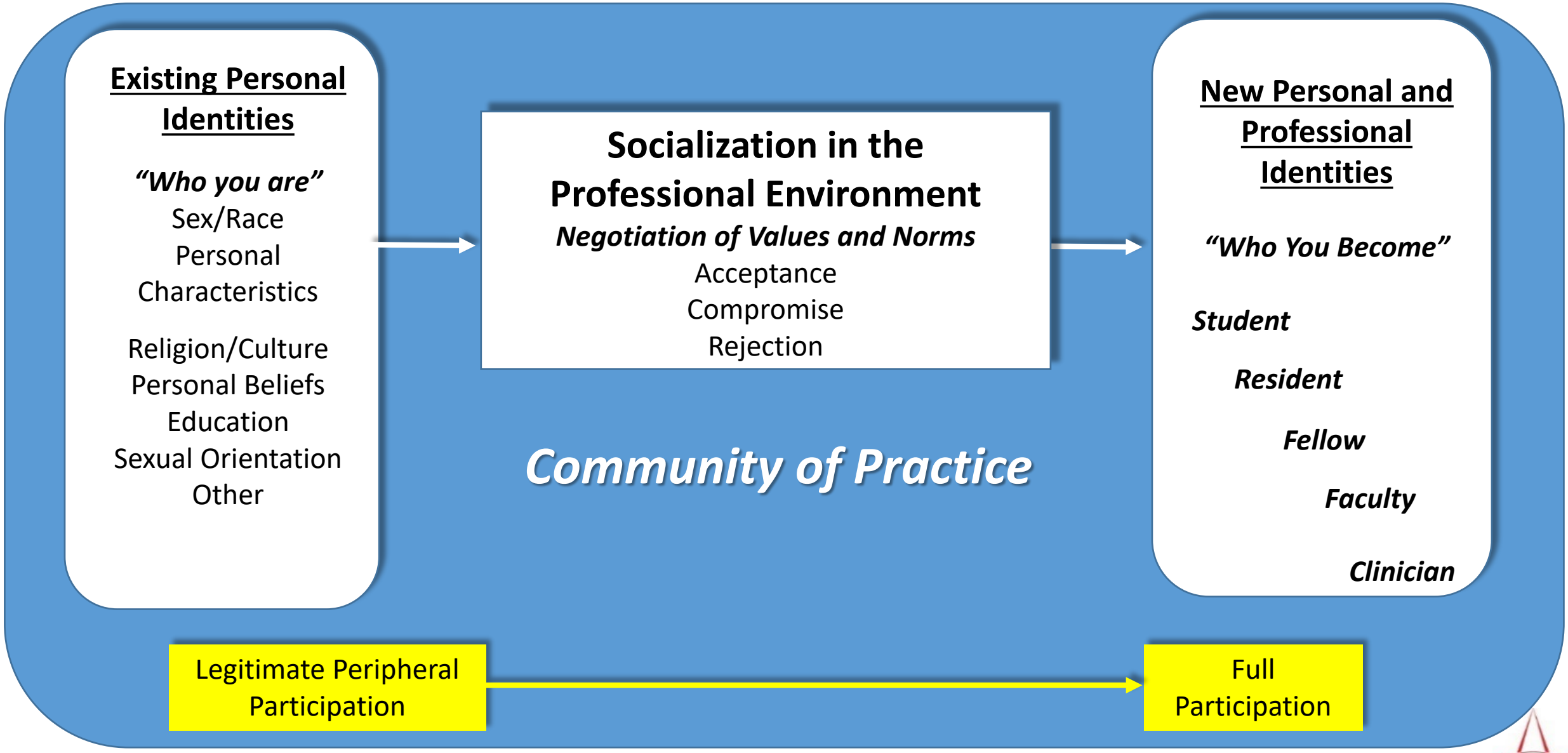
Not just how other perceive you, but how you perceive yourself.

R.Cruess and S.Cruess, 2018

Not how others perceive you based on your on your observed behaviors, but the underlying incorporated professional ideals and motivation that is now part of your sense of who you are, which motivates you to manifest those behaviors.

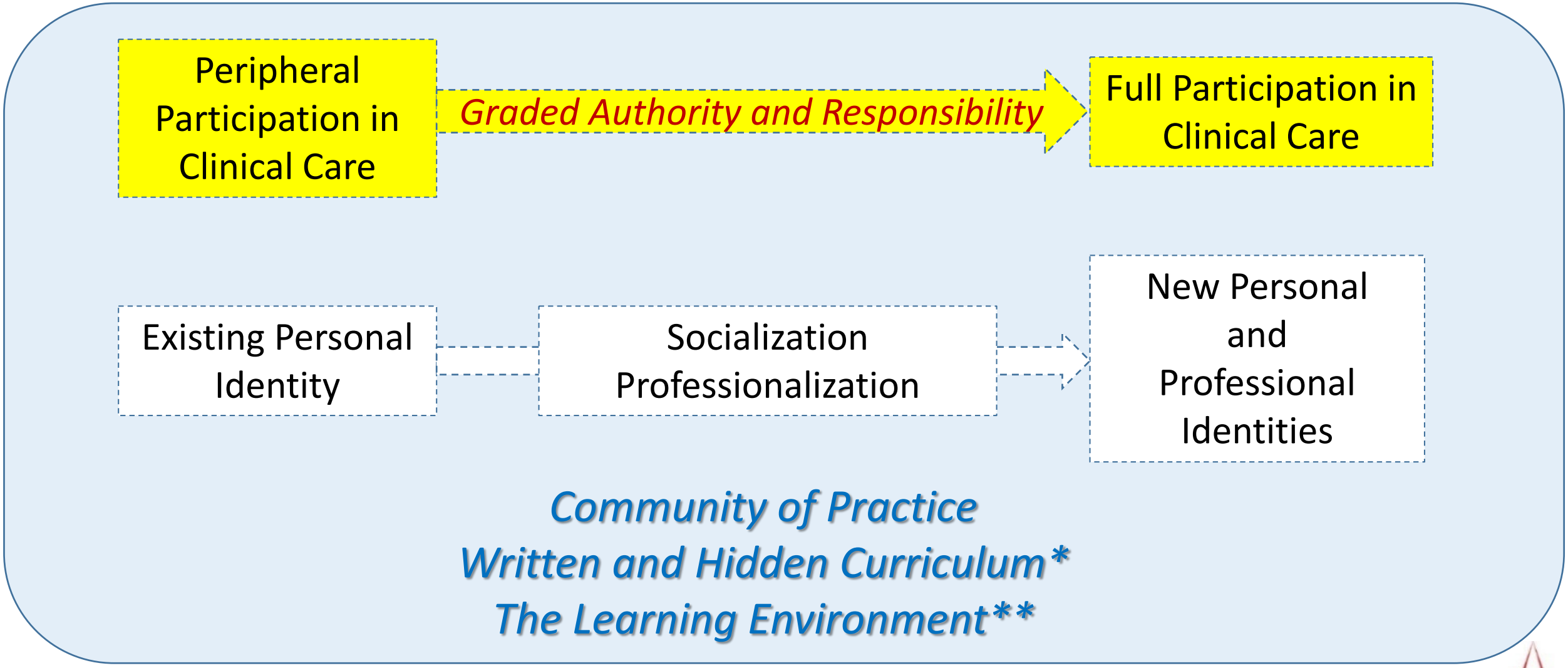
T.Nasca, 2018

Development of Professional Identity



Modified by TJN, From Cruess, et.al. Academic Medicine, Vol. 90(6); 718-725.

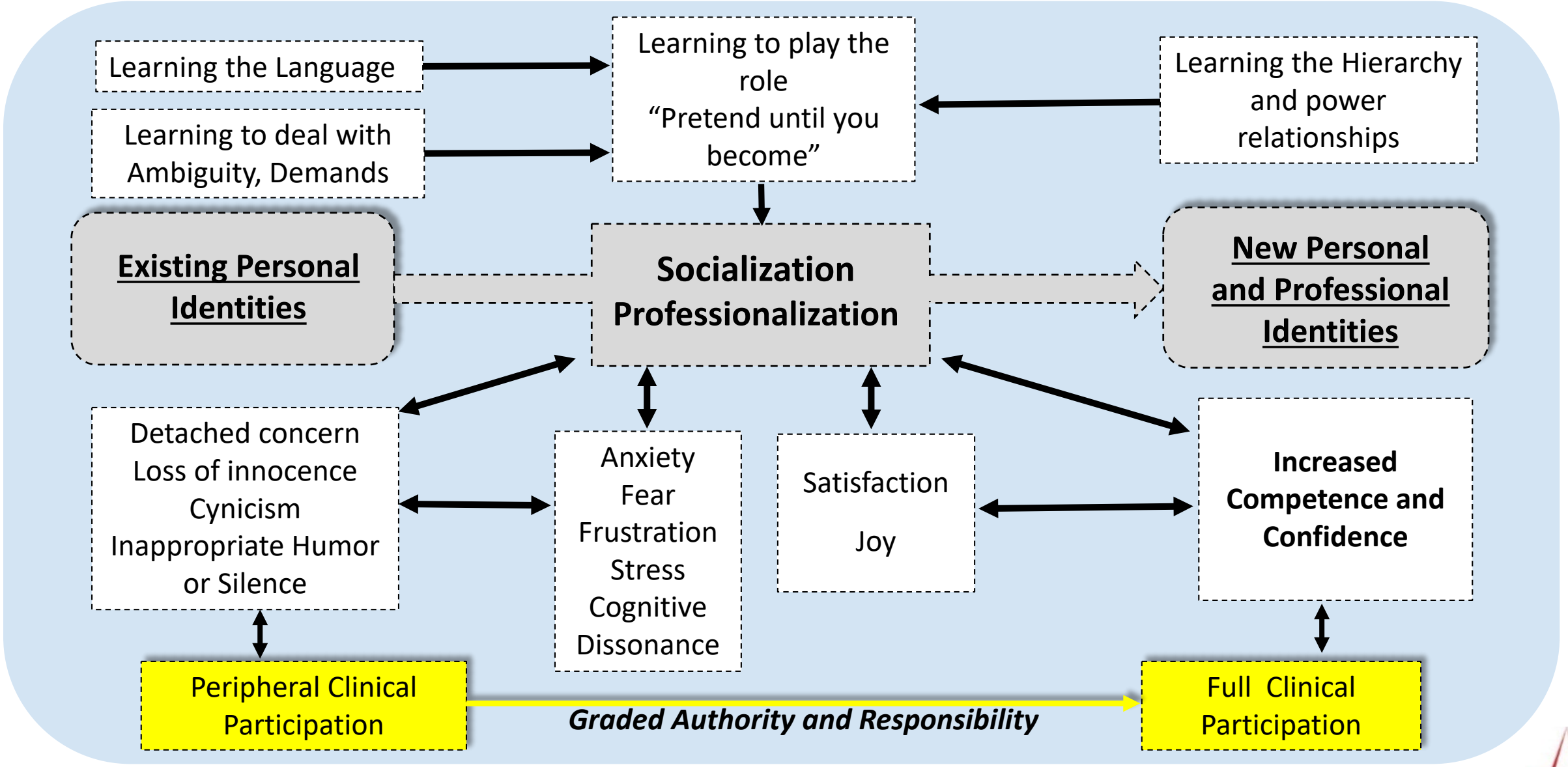
The Development of Professional Identity of a Clinician



*Hafferty, F. W. Acad Med. 1998;73(4):403-7.

** Ludmerer, K.L. Time to Heal. 2005. Oxford University Press. NY

The Clinical Learning Environment Impact on The Development of Professional Identity



From Cruess, et.al. Academic Medicine, Vol. 90(6); 718-725. with Modifications TJN

Studies Demonstrate

Research

Original Investigation

The Association Between Residency Training and Internists' Ability to Practice Conservatively

Brenda E. Sirovich, MD, MS; Rebecca S. Lipner, PhD; Mary Johnston, MS; Eric S. Holmboe, MD

IMPORTANCE Growing concern about rising costs and potential harms of medical care has stimulated interest in assessing physicians' ability to minimize the provision of unnecessary care.

OBJECTIVE To assess whether graduates of residency programs characterized by low-intensity practice patterns are more capable of managing patients' care conservatively, when appropriate, and whether graduates of these programs are less capable of providing appropriately aggressive care.

DESIGN, SETTING, AND PARTICIPANTS Cross-sectional comparison of 6639 first-time takers of the 2007 American Board of Internal Medicine certifying examination, aggregated by residency program (n = 357).

EXPOSURES Intensity of practice, measured using the End-of-Life Visit Index, which is the mean number of physician visits within the last 6 months of life among Medicare beneficiaries 65 years and older in the residency program's hospital referral region.

Research

Original Investigation

Spending Patterns in Region of Residency Train and Subsequent Expenditures for Care Provide by Practicing Physicians for Medicare Beneficia

Candice Chen, MD, MPH; Stephen Petterson, PhD; Robert Phillips, MD, MSPH; Andrew Bazemore, MD, MPH; Fitzhugh Mullan, MD

IMPORTANCE Graduate medical education training may imprint young physicians with skills and experiences, but few studies have evaluated imprinting on physician spending patterns.

OBJECTIVE To examine the relationship between spending patterns in the region of a physician's graduate medical education training and subsequent mean Medicare spending per beneficiary.

DESIGN, SETTING, AND PARTICIPANTS Secondary multilevel multivariable analysis of 2011 Medicare claims data (Part A hospital and Part B physician) for a random, nationally representative sample of family medicine and internal medicine physicians completing residency between 1992 and 2010 with Medicare patient panels of 40 or more patients (2851 physicians providing care to 491 948 Medicare beneficiaries).

EXPOSURES Locations of practice and residency training were matched with Dartmouth Atlas Hospital Referral Region (HRR) files. Training and practice HRRs were categorized into low-, average-, and high-spending groups, with approximately equal distribution of beneficiary numbers. There were 674 physicians in low-spending training and low-spending practice

ORIGINAL CONTRIBUTION

Evaluating Obstetrical Residency Programs Using Patient Outcomes

David A. Asch, MD, MBA
Sean Nicholson, PhD
Sindhu Srinivas, MD, MSCE
Jeph Herrin, PhD
Andrew J. Epstein, PhD, MPP

Context Patient outcomes have been used to assess the performance of hospitals and physicians; in contrast, residency programs have been compared based on non-clinical measures.

Objective To assess whether obstetrics and gynecology residency programs can be evaluated by the quality of care their alumni deliver.

Design, Setting, and Patients A retrospective analysis of all Florida and New York obstetrical hospital discharges between 1992 and 2007, representing 4 906 169 deliveries performed by 4124 obstetricians from 107 US residency programs.

Main Outcome Measures Nine measures of maternal complications from vaginal and cesarean births reflecting laceration, hemorrhage, and all other complications after vaginal delivery; hemorrhage, infection, and all other complications after cesarean delivery; and composites for vaginal and cesarean deliveries and for all deliveries regardless of mode.

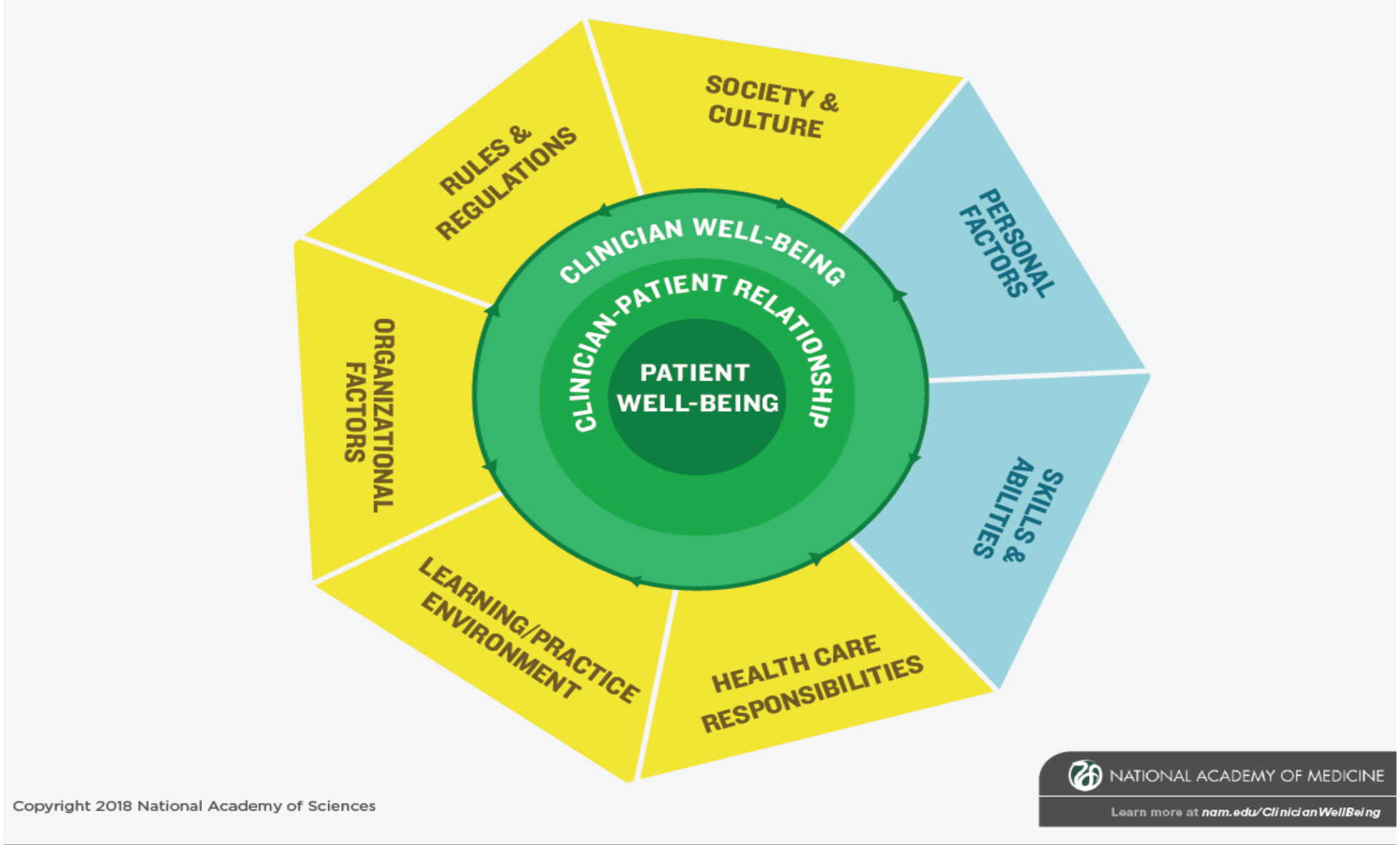
Results Obstetricians' residency program was associated with substantial variation in maternal complication rates. Women treated by obstetricians trained in residency programs in the bottom quintile for risk-standardized major maternal complication rates had an adjusted complication rate of 13.6%, approximately one-third higher than the 10.3% adjusted rate for women treated by obstetricians from programs in the top quintile (absolute difference, 3.3%; 95% confidence interval, 2.8%-3.8%). The rankings of residency programs based on each of the 9 measures were similar. Adjustment for medical licensure examination scores did not substantially alter the program ranking.

Conclusions Obstetrics and gynecology training programs can be ranked by the maternal complication rates of their graduates' patients. These rankings are stable across individual types of complications and are not associated with residents' licensing examination scores.

JAMA. 2009;302(12):1277-1283 www.jama.com

MANY PHYSICIANS AND NONphysicians likely assume that some residency programs tend to produce better physicians than others—either because those residency programs train physicians better or because those residency programs can recruit more capable trainees. Although plausible, these intuitions have not been empirically tested. This information could be useful in at least 2 different ways.[1] First, identifying which training programs produce better physicians and separating out the effects that are due to the ability to attract better trainees might indicate what makes better programs better. Some of these factors might be exportable to other programs, raising the quality of medical education more broadly. Second, by

Factors Affecting Clinician Well-Being and Resilience



Final Thoughts

- The Clinical Care Environment is the Learning Environment for all professionals, at all stages of careers

- The Clinical Learning Environment, during formative stages, has an outsized and durable impact on not only clinical judgement, cost of care, and quality of care, but also personal and professional identity formation and Clinician Well-Being

- The NAM identified Extrinsic and Intrinsic factors affecting Well Being and Resilience of Clinicians affect our ability collectively to deliver on all aspects of the Quadruple Aim*

**Bodenheimer, T., Sinsky, C.* From Triple to Quadruple Aim:
Care of the Patient Requires Care of the Provider
Ann Fam Med 2014;12:573-576.

“Things which matter most
must *never* be at the mercy
of things which matter least.”

Goethe

Holly J. Humphrey, MD, MACP

- President of the Josiah Macy Jr. Foundation
- Immediate Past Ralph W. Gerard Professor in Medicine and Dean for Medical Education at the University of Chicago
- Internist, Pulmonary Critical Care Specialist
- Master of the American College of Physicians
- President, Chair or Founder of:
  - Association of Program Directors in Internal Medicine
  - American Board of Internal Medicine
  - American Board of Internal Medicine Foundation
  - Bowman Society
  - Board of Directors, Kaiser Permanente School of Medicine

Most Importantly!

- Most Important Qualifications!
  - Chief Medical Resident
  - Residency Program Director, 14 Years
  - Dean of (the continuum) Medical Education, 15 Years

- Dr. Humphrey has had a career-long commitment to the vulnerable
  - Patients
  - Students and Residents