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

Performance in Practice

Transition to College

Transition to Medical School

Transition to Residency

Transition to Practice

Mastery In Practice

Minimum Permissible Level of Performance In Practice

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.”

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 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

Existing Personal Identities
  “Who you are”
  Sex/Race
  Personal Characteristics
  Religion/Culture
  Personal Beliefs
  Education
  Sexual Orientation
  Other

Socialization in the Professional Environment
  Negotiation of Values and Norms
  Acceptance
  Compromise
  Rejection

Community of Practice

New Personal and Professional Identities
  “Who You Become”
  Student
  Resident
  Fellow
  Faculty
  Clinician

Legitimate Peripheral Participation

Full Participation

Modified by TJN, From Cruess, et.al. Academic Medicine, Vol. 90(6 ); 718-725.
The Development of Professional Identity of a Clinician

Peripheral Participation in Clinical Care

Graded Authority and Responsibility

Full Participation in Clinical Care

Existing Personal Identity

Socialization Professionalization

New Personal and Professional Identities

Community of Practice
Written and Hidden Curriculum*
The Learning Environment**

The Clinical Learning Environment Impact on The Development of Professional Identity

Peripheral Clinical Participation

Learning the Language
Learning to deal with Ambiguity, Demands

Existing Personal Identities

Detached concern
Loss of innocence
Cynicism
Inappropriate Humor or Silence

Learning the Hierarchy and power relationships

New Personal and Professional Identities

Increased Competence and Confidence

Learning to play the role “Pretend until you become”

Socialization Professionalization

Anxiety
Fear
Frustration
Stress
Cognitive Dissonance

Satisfaction
Joy

Graded Authority and Responsibility

Peripheral Clinical Participation

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

The Importance of the Clinical Learning Environment

Brenda E. S. Stewart, MD, MS; Rebecca S. Lipson, PhD; Mary Johnston, MS; Eric S. Klimaszewski, MD

ORIGINAL CONTRIBUTION

Original Investigation

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

Candice Chue, MD, MPH; Stephen Patterson, PhD; Robert Phillips, MD, MSPH; Andrew Boccongnu, MD, MPH; Fitzhugh Mullen, MD

Evaluating Obstetrical Residency Programs Using Patient Outcomes

David A. Ash, MD, MBA; Sean Nikolich, PhD; Shabnam Saremi, MD, MBCE; Lydia Horin, 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 nonclinical measures.

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


Main Outcome Measures Nine measures of maternal complications from vaginal and cesarean births relating to delivery, hemorrhage, and all other complications after vaginal delivery, and 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 10.5% 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.

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ORIGINAL INVESTIGATION

Original Investigation

Spending Patterns in Region of Residency Training and Subsequent Expenditures for Care Provided by Practicing Physicians for Medicare Beneficiaries

Candice Chue, MD, MPH; Stephen Patterson, PhD; Robert Phillips, MD, MSPH; Andrew Boccongnu, MD, MPH; Fitzhugh Mullen, MD

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Evaluating Obstetrical Residency Programs Using Patient Outcomes

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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.*

“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