

Empowered residents can help transform medical care

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In the U.S., the graduate medical education (GME) system trains more than 120,000 residents per year, according to a November report from the Josiah Macy Jr. Foundation. The report details innovative approaches to GME training across the country, spotlighting six regional conferences held this year and detailing residents' role in cutting out unneeded treatments and tests.

According to Macy Foundation President George E. Thibault, MD, six important themes arose during the regional conferences. "The themes are interrelated and, together, I believe they will help define new directions for GME," he wrote in the report's introduction.

Residents can be empowered to improve the quality and value of care. "Leaders of health care organizations need to stop thinking of residents as a problem, but rather think of them as part of the solution," Dr. Thibault wrote. "When appropriately trained, deployed and incented, [residents] can help achieve institutional goals to improve quality, safety and efficiency."

Example: At Vanderbilt University Medical Center, residents led an effort to identify ways to reduce wasteful or unnecessary medical tests, treatments and procedures that resulted in significant reductions in blood draws and increases in inpatients' lab-free days.

GME must be outward-looking. "I know very well how easy it is to become preoccupied with the details of scheduling, compliance and local problem solving," Dr. Thibault wrote. "But the excitement and the future of GME lie in seeing it as a tool to improve the health of the public, to address health disparities and to deal with the broader social determinants of health."

Example: Texas Tech University Health Sciences Center School of Medicine has created an accelerated family medicine track focused on rural primary care physicians that has increased the number of family doctors in the region.

GME is expanding, creating new partnerships and developing training opportunities in different settings. "Residency programs and sponsoring institutions will need new partners to

adequately train residents for all needed career pathways and to make more contributions to the health of the communities they serve,” he wrote.

Example: The Alaska Pediatrics Residency Track allows Seattle Children’s Hospital residents to spend four months a year working in community-based settings in Alaska, serving a high-risk native population.

Training will become more individualized. “This means developing special tracks to prepare trainees for careers in ... rural medicine or urban medicine,” Dr. Thibault wrote. “But it also involves individual feedback based on real-time experience to enable trainees in all programs to address deficiencies in an individualized way.”

Example: At the University of California San Francisco Osher Center for Integrative Medicine, a new resident wellness pilot called Supporting Provider Resilience by Upping Compassion and Empathy (SPRUCE) uses technology to assist in emotion regulation and mindfulness meditation training to cope with burnout.

Focus on the importance of teamwork training and interprofessional collaboration. “All physicians will work in teams throughout their careers,” Dr. Thibault added. “More time in residency must be spent with learners and practitioners from other disciplines and professions with an explicit goal of developing team competencies.”

Example: The University of California, Irvine School of Medicine allowed all 240 of its residents to participate in an interprofessional full-day orientation training session on patient safety and quality improvement processes and initiatives.

The funding of GME must be more diversified. “As programs become more outward-looking and community-focused, and as they develop new partnerships, they can garner support for meeting system, state and regional needs,” Dr. Thibault wrote. “Continuing to meet those needs, then, becomes a condition for continued funding.”

Example: Georgia, Mississippi, Texas, California, Nevada, Oklahoma and Washington all have state funding initiatives to address the physician shortage and to increase the number of doctors in rural or underserved areas.

Innovation is important in all aspects of medicine, but training today’s residents to be more nimble in the evolving health care system is critical. Working upstream has become more and more mainstream in the last few years, and if residents are trained in this way of thinking a lot of the communities experiencing health disparities and the medically underserved areas will reap the benefits. Transforming GME to meet these needs requires all parts of the system working together.

Created in 1930, the Macy Foundation describes itself as “the only national foundation solely



dedicated” to supporting projects to improve health professional education.