

BEYOND ILLNESS

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BEYOND ILLNESS ROUNDTABLES:

DEFINING THE NEW CLINICIAN FOR A NEW CENTURY

The health professions are currently facing enormous pressure to adapt to a rapidly evolving society. Don Berwick's "[three eras](#)" paradigm describes how this dilemma is influencing medicine. Berwick's era 1, which is no longer present, evoked the paternalistic, self-regulating image of the profession dating back to Hippocrates. We have since progressed to era 2, a measurement-based system in which clinicians now operate. The blind faith in experts and concomitant blind eye toward abuses of privilege of era 1 produced the backlash of red tape and managerial meddling of era 2. The result: a modern-day institution of medicine rendered ineffective and impersonal. In his treatise, Berwick offers a solution: create a third, moral era that transcends these failings by renewing the noble calling and unflinching dedication to science that is the foundation of a good physician. Such a vision has been championed over the past two centuries by many clinicians, including Virchow, Lown, and Barton, but we as health professionals have failed to induce the necessary paradigm shift to move towards era 3.

We believe education in all health professions can be the instigation, rather than the capstone, of this new era of medicine.

When medical schools adopted rigorous standards of scientific method with the Flexner Report in 1910, medical societies were able to leverage the associated prestige to enforce licensure and thereby control the ownership of medical care. Medical school reform not only motivated a vast improvement in the quality of patient care, but also transformed a disorganized smattering of clinicians into a credentialed medical profession. Unfortunately, these changes have created a legitimized monopoly in disaccord with era 3's ideals of transparency, quality, civility, and selflessness. Contemporary reform in medical education is necessary to usher in this new era.

Thus, success in achieving this goal will require fundamental shifts in the way health professionals are educated. As clinical care struggles to keep pace with changes in society — the democratization of knowledge via the internet, the expansion of coverage with the Affordable Care Act, the growing and increasingly conflicted evidence base — the method of educating clinicians has, unfortunately, remained stagnant. An increasingly thorough reductionism throughd "high-yield material" and exam buzzwords has suppressed the human values that first motivated the profession's embrace of objective science and its associated pathways and processes. As a result, students now emerge well versed in the technical nature of their calling, overburdened with exposure to basic science, and too often lacking a well-developed style and method of connecting with and caring for patients in their own communities.

What's worse, topics related to social justice and stewardship of health care as a public good, such as the sweeping changes in access and delivery of care, consolidation of academic medical centers, and growing awareness of the social determinants of health, are given token acknowledgement at best in lecture halls.

This educational structure must be modified in medical schools, nursing schools, pharmacy schools, and other health professional schools. We must ask ourselves: how can we induce a revolution in values to bring into being a new moral era for students of the health professions? We must not simply wait for the wheels of history to creak along.

To effectively revise medical education to accommodate the rapidly changing environment in which clinicians operate, we must first envision and describe those qualities that clinicians should espouse. For example, we suggest that the present-day clinician must demonstrate empathy, but also social and political engagement in the best traditions of Virchow, Lown, Barton and Nightingale; must promote the science of medicine, untainted and free of conflicts; and must be dedicated to clinical excellence and health care as a public service.

We believe this redefinition should not exclusively involve clinician input and effort, and should not wait for deans' offices and curriculum committee recommendations. For the most part, these administration-focused methods reinforce a tone-deaf approach from academicians who are far removed from the energy of current realities. Instead, we require input from all those who participate in clinical care – patients, community members, clinicians, caretakers, students and more. We must gather these stakeholders in a single location to initiate these discussions and achieve a well-rounded, consensus description of the “new clinician.”

To respond to this need for a new definition of the ideal clinician of the 21st century, we call upon interested parties to participate in *Beyond Illness Roundtables*. These *Roundtables* will provide a concrete platform for discussions about the “new clinician” and will allow participants to express their voices on a national platform through essays published on *in-Training*, an online publication managed by medical students. We encourage all those who wish to improve clinical care to become involved with this pilot program, either as facilitators responsible for leading these meetings, or as vocal attendees.

The following is a description of our *Beyond Illness Roundtables* pilot project:

Vision: The future of the health professions is the training of a more diverse and relevant clinician who can take advantage of era 3.

Mission: To create a definition of the ideal clinician of the 21st century.

Operation: To hold a series of face-to-face group discussion events at health care institutions, medical and nursing schools, regional, national, or medical society meetings, to elucidate the identity of the ideal compassionate, committed clinician. Facilitators will be provided with an online toolkit to help them facilitate these discussion groups.

Facilitators: Any individual in health care who is interested in facilitating a discussion event and is willing to summarize the findings of the discussion in an essay for the public.

Audience: We ask that these events be open to all members of the health care community, including students, patients, physicians, nurses, pharmacists, caretakers, administrators, and clinicians of all specialties.

We are asking that interested facilitators and participants download our toolkit and contact our coordinator Stephanie Aines at saines@lowninstitute.org to get started.

We believe that students — their talent, their energy, and their compassionate commitment to making a difference — remain one of the greatest untapped resources for change in health care. It is our hope that these *Roundtables* take a step towards mobilizing this resource.

We look forward to working together.

Sincerely,

Vikas Saini, MD
President of the Lown Institute

Aaron Stupple, MD
Fellow of the Lown Institute

Ajay Major, MD, MBA
Founder and Editor-in-Chief Emeritus of *in-Training*

David Burstein, MD
Organizer of the RightCare Alliance

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Managing Editor of *in-Training*

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Stephanie Aines, MEd
Organizing Manager of the Lown Institute

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FACILITATOR CHECKLIST

Facilitators of *Beyond Illness Roundtables* are integral in our mission to characterize the new clinician of the twenty-first century. Facilitators may be anyone associated with medicine or health care: nurses, physicians, administrators, students, allied health professionals.

The responsibilities of *Roundtable* facilitators are simple:

1. Plan and execute a *Beyond Illness Roundtable* at your institution.
2. Submit a written essay summarizing your discussion.

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Before you begin planning your *Beyond Illness Roundtable*:

- Please email our coordinator Stephanie Aines at saines@lowninstitute.org to notify us that you will be holding a *Beyond Illness Roundtable*.
- Please email our editor Andy Kadlec at managing.intrainingexec@gmail.com to notify us that you will be submitting an essay after your *Roundtable*.

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The following are general steps that you should follow to plan and execute your *Beyond Illness Roundtable*:

1. **Reserve a venue** at your institution. You may choose a venue as formal or informal as you wish.
2. **Gather any materials** you may require to facilitate a discussion. This may include a chalkboard, whiteboard, or a projector. You should also prepare a sign-in sheet for the *Roundtable*.
3. **Recruit participants** at your institution. You may invite as small or as large of a group as you feel comfortable facilitating. We encourage you to extend an open invitation to all health care stakeholders at your institution. However, you may choose to invite only students, trainees, administrators, physicians, and so forth at your discretion. See below for recruitment tips.
4. Send the **introductory letter** to participants before the event. This will generate a more fruitful discussion and will prepare participants for the format of the discussion. You may also add any additional information (discussion questions, thought-provoking articles, etc.) as you see fit.
5. Execute your ***Beyond Illness Roundtable***.
6. **Write an essay** summarizing the discussion at your *Roundtable* within 2 weeks of the event. Please see the included prompt to help you write this essay.

The following are some suggestions for how to recruit participants for your *Roundtable*:

1. Think about everybody you know who is interested in the changing face of health care. These can be colleagues, friends, acquaintances, relatives, neighbors, community members, or friends of friends. Don't censor yourself or hesitate, just brainstorm this list.
2. Now, you can go back over the list. Don't take anybody off, even if they are busy or you think they may not be very interested. You are going to give them an opportunity to act on their values and have an awesome, compelling discussion; they can opt out, but don't make the decision for anybody that they shouldn't be involved.

The best way to recruit is in person. Ask these people to meet over coffee or tea to chat informally. Talking in person is the most effective way to connect about the causes that we are passionate about. If you can't do this in person, the next best option is a phone call. And if you can't do that, then go for email. **But make sure to send personal and individual emails to everyone, instead of a group message.**

3. Personally reach out to everybody on your list. Share that you are hosting a *Beyond Illness Roundtable*, and explain why you got involved. This is a reason that is personal and specific to you.
 - a. Next, ask them to get involved. Explain why you think they should; what experiences and perspectives would they bring to a *Beyond Illness Roundtable*?
 - b. Make a clear ask of them to attend the *Roundtable*. "Will you come to our Roundtable discussion on Friday at 3pm?" is a much more direct ask than "If you could come to our chat that'd be great, but it's totally okay if you can't."
 - c. Finally, ask them for recommendations of other people you should talk with and invite to join. Better yet, ask them to invite others!
4. If you haven't heard back, be persistent! Follow up with your people until you hear back from them. Even if most of the people you recruit aren't interested, don't get discouraged! Probably most of the people you ask won't be interested — but some of them will be, and will get involved all because you encourage them.

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ANATOMY OF A ROUNDTABLE

We encourage you to customize your *Beyond Illness Roundtable* to your audience and to your own strengths as a facilitator. We only ask that you involve all participants in the discussion so that all voices are heard and incorporated into your *Roundtable's* definition of a new clinician for the twenty-first century.

We suggest the following order for your *Beyond Illness Roundtable*:

1. Have participants sign-in prior to your *Roundtable*. This will enable us to communicate them as we move forward with the *Beyond Illness* project.
2. Introduce yourself as the facilitator. You may wish to pass out the introductory letter as a handout at this time.
3. Encourage all participants to briefly introduce themselves.
4. We propose the following questions to begin the discussion. We encourage you to cater the questions to your participants and to your own strengths as a facilitator. Remember: the mission of these *Roundtables* is to develop a well-rounded, consensus description of the “new clinician,” as described in the included introductory letter.
 - What are some qualities of outstanding clinicians that you have encountered? What about less-than-outstanding clinicians?
 - Describe some of the most memorable clinical experiences you have had. Why were they memorable?
 - If you could tell your clinical provider one thing that you would like him or her to do better, what would it be?
 - Do you think clinicians have a duty to social justice and the public good? In what capacity and why? How successful do you think clinicians here have been at engaging with the community? How could they improve?
5. Facilitate a discussion among all participants. You may wish to ask a participant to take notes instead of or in addition to you for your summary essay.
6. At the end of your discussion, summarize the consensus description of your *Roundtable* for all of the participants.
7. After the conclusion of your *Roundtable*, please collect the sign-in sheet and save it — we may ask you to send an email to your participants as the *Beyond Illness* project progresses.
8. Within 2 weeks after your *Roundtable*, please submit your essay to our editor. Please see the included prompt to help you write this essay.

The following are tips to help you be a better facilitator for your *Beyond Illness Roundtable*:

1. At the beginning of the discussion, announce that you want to make sure that all voices are heard. Encourage people who usually talk a lot to challenge themselves by talking less, and encourage people who are usually quiet to challenge themselves by talking more.
2. Cold-call on participants. If some people are especially quiet, directly ask them for their opinions.
3. If somebody is monopolizing the conversation, respectfully ask them to hold their next comment so that more people have a chance to speak.
4. Don't fear silence! You may pose a question and find that nobody answers right away. Give it time — many people need a few moments to collect their thoughts, and somebody will speak up. Many experienced facilitators silently count to 7 before calling on a participant. If nobody volunteers, call on somebody directly.

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INSTRUCTIONS FOR SUBMITTING YOUR ESSAY

The purpose of this *Beyond Illness* project is to assemble a spectrum of thoughts from the medical community into a well-rounded, consensus description of the “new clinician.” To develop this consensus definition, we request that each facilitator submit a summary of the discussion as his or her *Roundtable* for publication on *in-Training*. These essays will serve to inform the broader community about the ongoing meta-analysis about the role of clinicians in the modern health care landscape, and will serve as the launching point for our content analysis as we move forward with the *Beyond Illness* project.

The requirements for the essay are few, and we encourage each facilitator to write in the way they feel most comfortable. Your essay may take the form of direct quotations from participants, stories told during the discussion, or any other type of media you use during your discussion. You may choose to inject as much of your own opinion into the essay as you like, permitting you fully discuss all of the perspectives of your *Roundtable* participants.

In your essay, please include the following:

1. The general composition of your participants and the approximate number of participants.
2. A summary of the “new clinician” characteristics which were proposed by your participants.
3. A final consensus definition of the “new clinician,” as determined by your *Roundtable*.
4. The name of the institution at which your *Roundtable* took place. Please also include your name, position and affiliation.
5. There is no word limit for the essay. However, we encourage more than 500 words and less than 1500 words.

Please complete your essay within **two weeks** of your *Roundtable*. Please email your essay to our editor Andy Kadlec at managing.intrainingexec@gmail.com.