



QUALITY AND SAFETY CONSIDERATIONS IN TRAINING FUTURE CLINICIANS

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Global
Services

INTRODUCTION

Pressures from the COVID-19 pandemic have magnified ongoing concerns over **workforce adequacy and competency**. **Clinicians-in-training** represents a significant share of the health care workforce. Research has demonstrated the **long-term influence of the clinical learning environment on patterns of practice** (Asch, Chen), making these trends important considerations in improving post-graduate medical education (PGME) and the quality-of-care trainees provide.



AIM

The objective is **to identify and evaluate current PGME trends based on their contributions to strengthen a culture of quality and safety in the clinical learning environment**.

Educational trends carry the potential to impact the quality and safety of care delivered by trainees and their work settings. Health care leaders need to understand and contextualize trends that will impact the competencies of the future clinical workforce.

METHOD

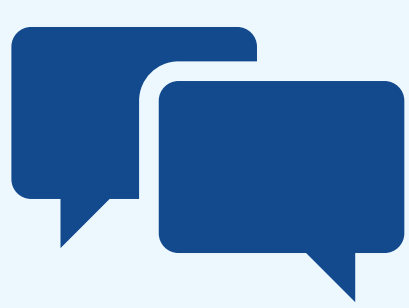
A three-prong approach was utilized to identify education trends. First, a *literature review* established the historical context. Then, PGME stakeholders were asked to complete a *qualitative questionnaire* to identify key trends in medical education since the onset of the pandemic. Results were analyzed to identify themes, then compared against literature to assess consistency and movement of trends. Finally, *leaders in medical education were interviewed* to comment on trends and adaptive strategies for now and into the future.



LITERATURE REVIEW



INQUIRY TO PGME
STAKEHOLDERS



SUBJECT MATTER
EXPERT INTERVIEWS

RESULTS

A comparison between literature and stakeholder insights revealed no significant change on key trends in medical education since the onset of the pandemic. Expert interviews further acknowledged that while COVID-19 did not initiate new movements, it did impact the progress rate of existing trends. Stakeholder feedback also addressed specific dimensions of existing trends, such as the need for a contemporary curriculum (educational system), international standards (globalization), team-based care (health care system), health equity (cultural and societal), and the widening resource gap between regions (technological).

TRENDS IN MEDICAL EDUCATION

	Educational Systems	Globalization	Health Care Systems	Cultural and Systems	Technological
2018 Global View of Trends (O'Brien)	- Continuum of medical education - Competency-based, time-variable programs - Simulation - Faculty development - Funding and resident selection - Curricular content - Resistance to change	- Migration of patient and faculty - Increased international collaboration - Sharing educational tools and concepts - Development of international accreditation standards with local applications	- Preventive medicine - Community-based education - Team-based care - Workforce shortages	- Professionalism - Patients, teachers, and learners' values and expectations	- Big data - Clinical reasoning - Information access - Changing roles of patients and physicians - Adapting curriculum
2022 ACGME Global Services Inquiry Insights	- Contemporary curriculum - Faculty - Resources gaps and disparities - Shortage/recruitment/retention - Well-being/rewards/recognition - Finance - High-cost of PGME - Regional disparities - Trainees - Pipeline development - Transition from Hospital to Community Based - Well-being	- Migration - Political instability and regional conflicts - Competition for PGME leadership - Nationalism and exclusionary policies - Development of international standards for assessment models	- Interprofessional education - Population health - Preparedness and crisis resource allocation - Climate changes/natural disasters - Value-based care	- Health equity, ethnic, and racial disparities - Poverty and food instability - PGME as social/economic priority	- Widening gaps between first and third world countries - International collaboration

CONCLUSIONS

Education prepares clinicians to provide services that populations need to improve their health (O'Brien). As the needs of the population shift, training will evolve to ensure the clinical workforce is adequately equipped with competencies to provide safe and quality care. Many of the trends underlying this evolution were accelerated and reshaped by the pandemic. These trends calls for quality leaders to consider and contextualize these trends as they build solutions in clinical learning environments to address the future competencies of the clinical workforce.

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