

COMMENTARY

Preparing the Personal Physician for Practice (P⁴): A National Program Testing Innovations in Family Medicine Residencies

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*"Family physicians are committed to fostering health and integrating health care for the whole person by humanizing medicine and providing science-based, high-quality care."*¹

When the basic structure and content of family medicine residency training was defined in the 1960s, the overarching goal was to replenish the ranks of declining numbers of general practitioners with the graduates of these new residencies. As successful as this model and its key innovation, the model family medicine center, has been, one would not intuitively assume that the training template from this era would be ideal nearly a half century later. Much has changed in practice with expansion of the useful medical armamentarium, changes in what patients expect, and the stunning impact on frontline practice of information technologies. Concurrently, the health policy environment of the United States has evolved to emphasize an urgent need for revisions in the organization and delivery of health care to enhance quality and improve outcomes for the entire population at a price that the nation can afford and sustain.²

The Future of Family Medicine project concluded after careful study that a transformative change was required in frontline medical practice.¹ Redesign of frontline practice for the information age while preserving the core values of personalized care in a continuing relationship over time was called for, and the hard work of implementing and testing new approaches has been joined.³⁻⁹ Although the work of practice redesign is far from complete, the leadership of the Association of Family Medicine Residency Directors and the American Board of Family Medicine concluded that there is sufficient progress in these new approaches to proceed with an active reconsideration of the structure and content of graduate medical education in family medicine¹⁰ to better prepare family physicians to be personal physicians in the new models of practice now emerging.

To define, organize, implement, and evaluate a set of educational experiments, a Steering Committee was assembled to guide what is now named P⁴, Preparing the Personal Physician for Practice (www.transformed.com/p4.cfm). The purpose of P⁴ is to learn more about how to improve the graduate medical education of family physicians such that they are prepared to be outstanding personal physicians and work in new models of practice. Key assumptions, for which there is considerable evidence, include that expert primary care is foundational to sufficient, sustainable health care systems¹¹ and that people need and want a personal physician to whom they can turn with their health concerns and who will stick with them.¹

A personal physician was well characterized by T. F. Fox:

"The doctor we have in mind, then, is no longer a general practitioner and by no means always a family practitioner. His essential characteristic, surely, is that

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The URL for the P⁴ project is: <http://www.transformed.com/p4.cfm>.

*he is looking after people as people and not as problems. He is what our grandfathers called "my medical attendant" or "my personal physician"; and his function is to meet what is really the primary medical need. A person in difficulties wants in the first place the help of another person on whom he can rely as a friend—someone with knowledge of what is feasible but also with good judgment on what is desirable in the particular circumstances, and an understanding of what the circumstances are. The more complex medicine becomes, the stronger are the reasons why everyone should have a personal doctor who will take continuous responsibility for him, and, knowing how he lives, will keep things in proportion—protecting him, if need be, from the zealous specialist. The personal doctor is of no use unless he is good enough to justify his independent status. An irreplaceable attribute of personal physicians is the feeling of warm personal regard and concern of doctor for patient, the feeling that the doctor treats people, not illnesses, and wants to help his patients not because of the interesting medical problems they may present but because they are human beings in need of help."*¹²

This nearly 50-year-old articulation, refreshed to refer to both male and female physicians, characterizes the desired graduate of future family medicine residencies.

One of the initial steps taken by the P⁴ Steering Committee to guide and inform a set of educational experiments in and by family medicine residencies was the commissioning of 4 papers. The authors of these papers were recruited because of their insight, experience, and scope. Some are well known within family medicine, and others are better known in other disciplines and in the larger medical arena. These authors were asked to stimulate thinking about what might be important to do to improve family medicine residency training, and in particular, to align it with what is feasible and needed now to respond to the opportunities of new practice models and to the stubborn challenges besetting health care systems in the United States.

Dr. David was asked to provide an historical context and critical review of pertinent literature and to formulate some possible structures worth considering by residencies.¹³ Dr. Leach and Dr. Batalden were asked to help define where promising opportunities lie to improve the preparation of personal physicians for practice.¹⁴ Dr. Scherger was asked to unleash his imagination and propose what a personal physician is likely to be doing during the future workday and to suggest which critical skills

will be needed.¹⁵ Dr. Whitcomb was asked to identify promising, achievable opportunities for revisions in family medicine residencies and to challenge the field to take a hard look at itself.¹⁶

These authors fulfilled their assignments. Their work was shared with residencies as they considered applying to be part of P⁴ and was posted on the P⁴ website until publication in the *Journal of the American Board of Family Medicine (JABFM)*. The P⁴ portfolio of innovations that eventually emerged encompasses much of what these authors suggested. The impact and quality of these manuscripts were such that they were accepted by JABFM for publication as a group. It is the hope of the P⁴ Steering Committee that these manuscripts, an important part of the record of the continuing development of family medicine, will inspire, annoy, encourage, and challenge the readers of JABFM to engage and enable a period of reconsideration and innovation in family medicine residency education. We invite your comments on these manuscripts through the Rapid Response system on the JABFM website. Please go to www.jabfm.org, select the desired manuscript, click the "Rapid Response: Submit a response" link located in the right menu, and then make your contributions to this important dialogue.

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