Between the Classroom and the Clinic: Does the CanMEDS Framework Adequately Reflect Patients' Expectations of Physician Roles?

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ABSTRACT

In 1996, the Royal College of Physicians and Surgeons of Canada implemented the CanMEDS Roles framework of essential physician competencies. However, it remains unclear whether this framework coincides with patients' expectations of medical professionals. In March 2006, the Schulich School of Medicine and Dentistry at the University of Western Ontario hosted its second Intergenerational Gala, where approximately 150 medical and dental students and seniors were evaluated on their attitudes toward aging, care of the older adults, and health care professionals training prior to and following the event. Seniors' responses to "What personal characteristics do you think health care professionals need to effectively care for older adults?" were organized by recurring categorical themes, but upon further analysis suggested alignment of responses with the CanMEDS Roles framework. Seniors' responses prioritized Communicator, Health Advocate, and Professional as essential physician competencies, to the near exclusion of Medical Expert. Further research and evaluation of current objectives of undergraduate and postgraduate medical training, as well as the feasibility of integrating patient expectations into clinical practice, are recommended.

Key words: CanMEDS Roles framework, geriatric medicine, medical education, patient expectations, physician-patient relations

In 1996, the Royal College of Physicians and Surgeons of Canada (RCPSC) adopted the CanMEDS Roles framework of essential physician competencies, organized around seven Roles (Medical Expert [central role], Communicator, Collaborator, Health Advocate, Manager, Scholar, and Professional) and reflected in all levels of RCPSC accreditation, postgraduate medical training, and examination. The RCPSC states "CanMEDS makes explicit the abilities that have long been recognized in highly skilled physicians, and constantly updates them for today's – and tomorrow's – medicine"[1]: a sound mandate for our era of comprehensive care. However, it is unclear whether this model adequately addresses patients' expectations of medical professionals. In this brief report, we present one case suggesting a discrepancy between doctors' and patients' perceptions of essential physician competencies, and discuss implications for medical training and clinical practice in geriatrics.

In March 2006, the Schulich Faculty of Medicine and Dentistry at the University of Western Ontario (UWO) held its second Intergenerational Gala. Approximately 150 medical students and seniors enjoyed a formal sit-down dinner at a local hotel. Prior to and following the event, researchers conducted 15-minute qualitative interviews with 46 senior participants, including the question "What personal characteristics do you think young health care professionals need to effectively care for older adults?" Responses were independently analyzed using inductive analysis by two researchers, and organized using recurring categorical themes identified without prior assumptions.[2]

Analysis of seniors' responses initially revealed four major themes: "actively demonstrates character/personal characteristics", "understands specialized needs of the elderly", "possesses superior listening skills", and "exhibits action-specific awareness of care of elderly". However, in order to explore research into the

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feasibility of early implementation of CanMEDS Roles framework could affect Canadian curriculum development considerably.

The extent to which medical practice can or should be influenced by patients' wants and expectations regarding their care also merits genuine consideration. Should seniors' needs be prioritized given that they will comprise approximately 20% of Canada's population in the next decades? If not, what are the consequences for our current paradigm of "patient centred" care and the CanMEDS commitment to preparing physicians for the demands of "tomorrow's medicine"? In assessing the relationship between physicians and patients' expectations of best practices, medical practitioners and institutions must also consider that CanMEDS roles may prove difficult to exemplify in a system where patient-centred care is challenged by the harsh realities of bed closures, premature discharges, and overextended staff.

Although CanMEDS provides an admirable framework for physicians and medical trainees, inadequate funding of medical institutions may not permit the opportunities necessary to both exemplify and educate medical trainees in the importance of these Roles. If future research confirms a discrepancy between what patients and physicians regard as valued "roles", then the medical profession must admit there exists a schism between current practicalities and philosophies of medical training and patient expectations of Canadian health care.

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