Defining a 'Super-Generalist' Physician

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The overwhelming tendency is for deeper and deeper specialization within certain medical specialties. I believe the need for super-generalists is being overlooked.

Source: Physicians Practice

For many years, the overwhelming tendency is for deeper and deeper specialization, more and more guidelines, and constant clamouring for more evidence-based practice. There are no longer orthopaedic surgeons, but hip replacement surgeons, hip fracture surgeons, hand surgeons, ankle and foot surgeons, and so on and so on. The general internist is an increasingly rare breed. We have cardiologists, endocrinologists, pulmonologists, nephrologists, and so on and so on.

Where this is headed no one can see the end of, and in ever increasing numbers, patients get lost in this hyper-specialization, finding themselves treated by the best for one specific problem but not attended to as the individuals they are with multiple co-morbidities that all need proper communication, coordination, and follow-up.

The more specialized the physician, the stronger is the tendency towards sub-optimal communication, coordination, and follow-up (this is my own observation).

So what is a super-generalist? In most countries, the typical family doctor does not make the mark. Most family physicians have a smattering of clinical experience that just scratches the surface in different specialty areas. They have their own experience in the practice to draw on, of course, but the result is a highly variable standard of knowledge, skills, and abilities.

A super-generalist must go through a great mix of specialities to achieve her stature, and spend at least two years in each specialty area, reaching a level of senior resident in each area. This includes internal medicine, cardiology, neurology, endocrinology, psychiatry, surgery, and acute medicine. It is exactly this depth in the various specialties that makes a generalist a super-generalist. He is able to diagnose and define relevant treatment plans for every patient condition, and, if he is not able to treat the patient on his own, he is ready and able to motivate the fastest possible treatment by a relevant specialist or subspecialist.

For the busy physician, achieving such a level of breadth and depth in all of the listed specialities is perhaps utopian, but the next best option is to take a sabbatical for six months and spend the time as resident in one of the areas that one deems oneself to be out of date or not up to standard. Such activities would serve to improve quality of care as well as to heighten awareness of the need for optimal communication, coordination, and follow-up.

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