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The Role of Hospitalists in PGY Education

In the United States, a cornerstone of PGY education is on the inpatient service, where residents take care of patients under the supervision of faculty. Historically, these faculty were often many individual physicians who cared for individual patients, thereby making rounding and teaching a poorly coordinated effort. Now, many medical, pediatric, and neurologic services designate an attending of the month (or some other time frame) who is assigned to make teaching rounds, but this individual is not necessarily expert in the broad range of inpatient conditions being seen by the residents.

The advent of hospitalists has provided a cadre of physicians with particular expertise in the range of diseases and problems that are encountered on a busy inpatient teaching service. In some U.S. institutions, hospitalists have been used primarily to take care of patients who are no longer under the care of residents, whose work hours have been limited to 80 per week by recent U.S. regulations.

In an ideal setting, some hospitalists would take care of patients who are not being covered by residents, but other hospitalists (or the same hospitalists during different months) would serve as both the teaching attendings and as the primary responsible physicians for inpatients on medical, pediatric, and neurologic services. At UCSF, hospitalists were specifically chosen and hired based not only on their clinical skills but also on their ability to serve in this teaching role. After the institution of such a system, the popularity of the inpatient services increased, and data showed that the hospitalists were more highly ranked as teachers than were other inpatient attendings.

The equivalent of a hospitalist approach already exists in most U.S. hospitals in intensive care units. For surgical services, some institutions have begun to designate one faculty attending to have a non-operating role for a designated period of time so they would be able to serve in a hospitalist function. In other institutions, a medical physician with broad-based expertise in surgical problems serves in this role rather than a surgeon.

My lecture will discuss these various options, including their potential benefits and the challenges that they raise.