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Inside this issue:

Hospitalist Update

Case of the Month

From the Journals

ID Corner

Calendar

Comments

Hospitalist Update

The Polymorphism of Hospitalists

Damascene Kurukulasuriya MD

As we enter the second decade of the 21st Century, the number of hospitalists has mushroomed and the nature of their work has become highly diversified. This article explores this phenomenon and offers a lexicon for the varied factions of our group:

Hospitalists—first coined in a NEJM article in August, 1996, this general term encompasses all physicians who have a hospital-based practice.

Nocturnalists—gone by day, these night-owls staff our inpatient units during the wee hours; they are often represented by those who found their night float duties during residency to be especially appealing.

Weekists—these hospitalists alternate one week of duty with one week of freedom; initially attractive, this lifestyle has, reportedly, led to a high burn-out rate

Duskists or Dawnists—hired to assist during the busy hours of the day, these physicians are most common in urban areas

Weekendists—providing service only on weekends, these hospitalists are either supplementing their income or escaping the tribulations and duties of family life

Winterists—a godsend for snowbird hospitalists who flock to the Sun Belt during the colder months, these physicians take advantage of an indoor job during the dark and frigid days of winter.

Summerists—a rare breed, these sun-lighters relieve hospitalists who must endure family trips during the dog days of summer

Observationists—these novel pioneers confine themselves to servicing the growth industry of Short Stay and Clinical Decision Units

Of course, this list will continue to grow as the role of hospitalists expands beyond the traditional framework of inpatient care. Contrary to common perception, hospitalists are already filling a variety of niches, defined and shaped by market forces. This requires a high degree of adaptability, provided by a relatively young work force that is



characterized by a dynamic and robust entrepreneurial spirit; a significant shortage of these individuals is an additional factor that promotes and fosters the aforementioned diversity of lifestyles.

Facing a nationwide hospitalist deficit that averages 15%, hospitals must turn to head-hunter organizations and the hospitalist enjoys a certain degree of bargaining power when it comes to their salary and schedule. This scenario is not likely to change in the near future as PCPs opt for an exclusively outpatient practice. In academic centers, where the ACGME is pursuing further restrictions on resident work hours, the demand for clinical hospitalists is especially high and expected to remain so. Finally, increased scrutiny by CMS and private insurance companies will expand the demand for hospitalists, a group that can most effectively deal with the problems related to length of stay, hospital-acquired conditions and readmission rates.

In summary, hospitalists represent the vanguard when it comes to diversified and novel staffing options for hospitals as they face the demands of an ever-changing healthcare system.



HOSPITALIST LUNCH CONFERENCE

MISSOURI ACP MEETING

LAKE OF THE OZARKS

SATURDAY, SEPTEMBER 25

SPEAKERS FROM MU, UMKC AND

WASHINGTON UNIVERSITY

DETAILS TO FOLLOW