

5. Limit surveillance CT scans in asymptomatic patients after curative-intent treatment for aggressive lymphoma
6. Do not diagnose or initiate treatment of lymphoma on the basis of tissue obtained exclusively with fine needle aspiration

Please find this article in ASH Education book—Dec 2013—Blood:

**The ASH Choosing Wisely® campaign: five hematologic tests and treatments to question**

*Lisa K. Hicks, Harriet Bering, Kenneth R. Carson, Judith Kleinerman, Vishal Kukreti, Alice Ma, Brigitta U. Mueller, Sarah H. O'Brien, Marcelo Pasquini, Ravindra Sarode, Lawrence Solberg Jr, Adam E. Haynes, Mark A. Crowther*

<http://bloodjournal.hematologylibrary.org/content/122/24/3879.full>

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## Advanced Hospital Medicine Fellowship Program

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### INTRODUCTION:

The hospitalist field was founded on the premise that inpatient generalists could improve the care of hospitalized patients and systems of inpatient care. In the early years, the challenge was to determine whether the field was indispensable. We now know that it is (1). Increased emphasis on improving quality and patient safety in hospitals, growing pressures to reduce costs and new limits on residency work hours have all led to an explosion in the number of physicians who work solely in hospitals(2). It is the fastest growing specialty in the United States, and perhaps in American medical history. There are about 30,000 hospitalists for 50,000 opportunities across the country (3). The challenge now is that hospitalists are often seen as the solution to all sorts of problems for which they were never prepared or trained during residency training. Managing this demand is the greatest challenge of the field. Current residency training may require changes in education and training, to develop competing goals and priorities, and face new issues in their relationships with health plans, hospitals, and other physicians (4). Internal medicine and family medicine residency training provide good clinical grounding in inpatient work, but they lack in some aspects what is required to be an effective and efficient hospitalist. The increasing number of practicing hospitalists points to the need for careful consideration of whether they have been trained appropriately for their work and of modifying future training accordingly. Currently a hospitalist is not only required to be a champion in inpatient care but also a leader in patient safety and clinical quality initiatives. Hospitalists are also required to understand the financial and fiscal aspects while at the same time work as a teacher, mentor and role model for the medical students and residents (5,6,7,8).

The Institute of Medicine Health Professions Education Summit in 2002, addressed the objective of “How do we educate health professionals to deliver evidence-based, patient-centered care delivered by interdisciplinary teams using quality improvement and informatics as the foundation?” Over 150 leaders and experts from the health professions of education, regulation, policy, advocacy, quality, and industry attended the Health Professions Education Summit to discuss and help the IOM develop strat-

egies for restructuring clinical education to be consistent with the principles of the 21st-century health system. The report says that doctors, nurses, pharmacists and other health professionals are not being adequately prepared to provide the highest quality and safest medical care possible, and there is insufficient assessment of their ongoing proficiency.

The report states that educators and accreditation, licensing and certification organizations should ensure that students and working professionals develop and maintain proficiency in five core areas: delivering patient-centered care, working as part of interdisciplinary teams, practicing evidence-based medicine, focusing on quality improvement and using information technology (9).

One of the strategies for addressing these issues is faculty development that builds a faculty member's capacity to teach and conduct clinical research. The Advanced Fellowship in Hospital Medicine is designed to help hospitalists tailor a more focused career. It will allow physicians to develop leadership skills which are considered essential for modern hospitalists, learn how to be a teacher and mentor, conduct clinical research, focus on performance improvement and gain more clinical experience—all while learning about the business side of hospital medicine.

There are already a lot of hospital medicine programs successfully running in the country. The Society of Hospital Medicine (SHM) maintains a list of fellowship programs for hospitalists (10). There are a total of 57 programs already registered with the Society of Hospital Medicine. (20 internal medicine, 12 family medicine, 24 pediatrics and 1 psychiatry).

### **Impact of Hospital Medicine Fellowship Program:**

The Advanced Fellowship in Hospital Medicine has potential for long term benefit—successful recruitment and retention, improvement in clinical care delivery, new clinical and educational program development, successfully funded research and national recognition beyond the benefit to the parent institution.

#### Quality Patient Care:

Fellows will be well trained in taking care of the patients in the hospital with emphasis on medical ethics, clinical quality, and evidence-based medicine. Clinical effectiveness, consultative medicine, bedside procedures, critical care, inpatient infectious disease, long term acute care, medical ethics, palliative care and preoperative medicine constitute possible clinical areas of concentration for the fellows. It will improve over-all care of patients as well as patient satisfaction.

#### Research and academic Culture:

The associated research necessary to define evidence-based practices and patient-centered quality care for these patients by adequately trained clinician researchers mandates training of a cohort of investigators to meet this challenge. Without sufficient role models and associated career training pathways Hospital Medicine academic programs cannot expect to address these challenges facing them today. Fellowship training programs that target additional clinical and educational research training opportunities are essential to improve educational outcomes, to advance the science of the discipline, to improve patient care and to attract a new cohort of trainees dedicated to this field.

#### “Pipeline” for future faculty recruitment:

A successful fellowship program will lead to the recruitment of additional faculty needed to meet expanding hospitalist clinical service programs that benefit the Department of Medicine and Family Medicine and the Hospital.

**National Recognition:**

The program has the potential to expand its influence beyond the University of Missouri Health Care Sciences (UMHCS) with regional and national recognition. We anticipate that each fellow will present at professional meetings with travel funds provided for this purpose. Each fellow will be expected to attend at least one professional meeting. Fellows are expected to present their research and projects in a nationally recognized forum such as the society of hospital Medicine, the Society of General Internal Medicine, the Society of Teachers of Family Medicine, the Association of American Medical Colleges annual and regional meetings, American Geriatric Society and other professional specialty groups.

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## Diagnostic Dilemma

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**Questions:**

1. 65-year-old male with history of CAD was referred by orthopedic surgeon for pre-operative risk stratification. He had h/o severe osteoarthritis of his right knee joint preventing him from having an active lifestyle. He is unable to walk beyond a block. Right knee arthroplasty is planned. He has a history of recent myocardial infarction and underwent drug eluting stent (DES) placement to his LAD five months ago. His other medical comorbidities included hypertension, hyperlipidemia and obesity. Medications included aspirin, clopidogrel, metoprolol, pravastatin and Lisinopril. Your recommendation with regard to the next course of action:
  - a. Perform stress testing
  - b. Obtain echocardiogram
  - c. Discuss about deferring surgery
  - d. Proceed with surgery; no further testing required