

Background

- Academic medical centers (AMCs) have seen significant clinical growth in recent years. AMCs have looked towards hospitalists to address the increase clinical demand. Meanwhile, educational and academic growth has remained disproportionately low.
- Limited research on how academic hospitalists groups have responded to these evolving demands and what strategies they have utilized to support their educational mission.

Objective

- To understand how rapid and disproportionate clinical growth has impacted the educational missions of hospitalists groups at AMCs across the nation.
- To summarize the strategies hospitalist groups have utilized to support their educational missions in the context of disproportionate clinical growth and the impact of these strategies.

Methods

- Participants:** Hospitalist leaders (Division Head, Section Head, and others) from hospitalist groups at AMCs across the nation.
- Inclusion criteria:** AMCs with sustained clinical growth, teaching as a central mission area, and a 200 or greater bed hospital. Criteria for clinical growth included an increase in total patients on hospitalist medicine services, addition of hospitalist teams, or addition of hospitalists in the group over the last five years.
- Structure:** Qualitative semi-structured interviews via virtual video call. REDCap survey was also performed for each participant to gather quantitative data on participants and the AMCs they represented.
- Analysis:** Development of an a priori codebook, thematic analysis using a mixed inductive and deductive approach, investigator triangulation, and member checking.

Results

- 17 hospitalist leaders were interviewed from September 2021 to January 2022. This included Division Heads (n = 8), Section Heads (n = 4), Service Director (n = 1), Associate Division Chief (n = 1), Medical Director of Hospital Medicine (n = 1) and Director of Faculty Development and Clinical Research (n = 1).
- 17 different AMCs from across the nation were represented. (Table 1). A thematic schema and illustrative quotations are provided in Figure 1 and Table 2. Table 3 includes examples of innovative solutions for educational opportunities.

Table 1. AMCs Demographics

Demographics of Academic Medical Centers Represented (n = 17)		
	Mean	Range
Number of hospital beds	773	255 – 1300
Number of teaching teams	8.4	2 – 13
Number of traditional teaching teams	5.8	1 – 10
Number of non-traditional teaching teams	2.9	0 – 9
Number of total hospital medicine service teams	14.8	2 – 28

Conclusion

- Tension between clinical and educational responsibilities is pervasive in the context of sustained and disproportionate clinical growth.
- Various strategies to address the tension such as expanding non-traditional teaching opportunities and re-imagining the role and identity of academic hospitalists have shown some success. However, no one strategy has resolved the tension.

Key Implication

- Strategies have shown some success, but clinical and educational demands remain imbalanced. This challenge will drive hospitalists to be innovative leaders in developing solutions to preserve the integrity and fulfillment of academic hospitalist careers.

Table 3. Examples of Innovative Solutions for Educational Opportunities

Solutions to address supply/demand mismatch	Description
Expansion of Footprint/Locations	<ul style="list-style-type: none"> Developing fellowships/tracks in medical education, quality improvement, safety, high-values care, medical informatics, global health, high value care, clinical reasoning Leadership positions in medical school, residency programs Hospitalist specialty services in ICU, POCUS, transplant, med/peds, procedure services, substance use/psychiatric Co-attending model with both a hospitalist and specialty attending Expanding location to include student-run clinics Night shifts for students with nocturnist
Expansion of Learners	<ul style="list-style-type: none"> Expansion of learners to include PA, NP, APP, dental students, pharmacy students Peer-to-peer coaching/mentoring Externships for international medical graduates
Non-clinical Teaching Opportunities	<ul style="list-style-type: none"> Student lectures TBL/ small groups Journal clubs Ethics and narrative medicine courses Clinical informatics rotation Professional development trainings Mentorship programs Research programs with faculty Designing electives Institute for medical education Teaching to hospitalist skillset: Quality improvement, clinical documentation integrity CME courses

Themes and Illustrative Quotes

Table 2. Themes and Subthemes

Themes	Subthemes	Quotations
Disproportionate clinical growth has resulted in elevated tension between the hospitalist clinical and educational missions.	There is a mismatch in supply and demand for traditional teaching opportunities.	<p>“We just have more faculty and a fixed number of teaching slots- traditional teaching, and everyone who comes to an academic center has visions of teaching. So, that has been a challenging equation for us.” (AMC 13)</p> <p>“There are relatively limited opportunities at the frontline to do ward-based teaching. There are relatively limited opportunities to lead in medical education and those opportunities are not growing, the way the clinical demands in the hospital are growing.” (AMC 1)</p>
	Clinical growth is viewed as both an opportunity and a threat.	<p>“Because the clinical expectations have grown, people are tired, people are too tired sometimes to be able to put that sweat equity into that work. And in some ways, then I think it's an unfortunate trade off where you're not investing in yourself, in your own career development because you're just trying to tread water.” (AMC 3)</p> <p>“A priority is making sure the bandwidth of educators and teaching services is still there. If we have to grow nonresident services to make sure they remain off- route.” (AMC 16)</p>
Navigating the evolving landscape of academic hospitalist careers: balancing clinical and educational responsibilities.	Traditional teaching is seen as a mainstay for the educational role.	<p>“I think what residents see is only the teaching attending, and that's what they want to be. So, when people join my group, that's what they want. They want to have all their time on the teaching service. And that's the job they want.” (AMC 5)</p>
	Hospitalist groups are adopting different recruitment strategies and workforce structures to adequately address clinical and educational needs.	<p>“Our recruitment committee, we talk about limiting people we hire who say they're interested in educational careers, which is challenging...we really think hard now about hiring people.” (AMC 9)</p> <p>“The primary impact is that, you know, is being able to fill your cup and create balance and develop a sense of professional identity and worth... when we reduce them out of that, the professional identity between us and a community provider, gets narrower.” (AMC 7)</p>
Re-imagining the role and identity of an academic hospitalist.	Hospitalist groups have worked creatively to address the supply and demand issue.	<p>“No doubt that clinical growth has exceeded the educational growth. That has really spurred us to be innovative with regards to trying to develop new teaching opportunities and come up with our own new opportunities.” (AMC 7)</p>
	A focus on tailoring career pathways.	<p>“I think a lot of people are experiencing a lot of burn out as being part again of an academic institution ... we've been experiencing very rapid clinical growth, but there hasn't been a lot of growth in the way the overall system has responded to allow for people to continue that individual career growth.” (AMC 3)</p> <p>“My job is to help cultivate other really satisfying and exciting academic jobs. So, we'll always do some teaching, you can always do lectures, med school, precept the clinical skills, or whatever.” (AMC 5)</p>
	Hospitalists are increasingly in educational leadership roles.	<p>“There's a lot of kind of internal educational leadership opportunities within our hospital in our department ... there's other residency leadership) positions that several of our hospitalist hold ... there's opportunities to have a leadership position within the medical school.” (AMC 15)</p>

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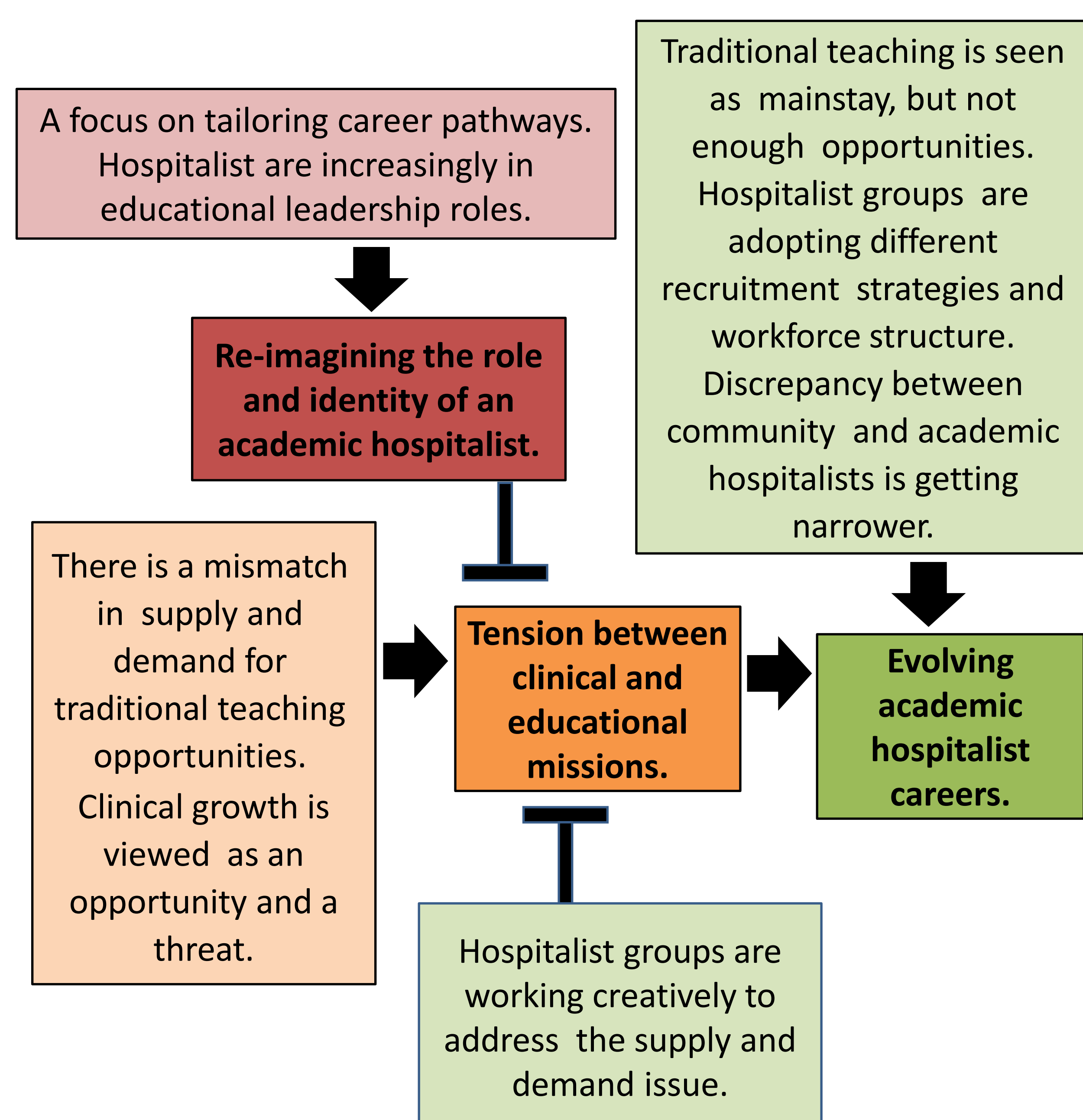


Figure 1. Thematic Schema