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The Evolution of Academic Hospital Medicine Within SGIM: Generalist *Déjà Vu*

William P. Moran, MD, MS

The techniques of measuring and improving quality of care and patient safety, so long a major focus for hospitalists, are now increasingly needed by outpatient generalists.

As I have watched the evolution of hospital medicine as an academic discipline, I have been struck by a sense of *déjà vu*. I am gray enough to remember the early years of SGIM and the barriers general internists—clinicians, educators, and researchers—faced in achieving academic recognition and promotion at their institutions in the early years. Between 1970 and 1980, there was explosive growth in formation of academic general internal medicine (GIM) divisions, yet the initial expectations of GIM division faculty were viewed through a traditional lens, and many chairs of medicine felt that "research" should be the focus of GIM.[1] By the late 1980s, SGIM was well established, and over time divisions were viewed as providing outstanding clinical care and education, and the expectations for "research" as the dominant mission of GIM were moderating. Finally, at the turn of the century, the diverse role of GIM faculty as educators, clinicians, and researchers was being recognized,[2] and academic medical centers' promotion and tenure committees were beginning to broaden criteria beyond grants and publications to excellence in education and scholarly work. Along the way, national foundations (most notably the Robert Wood Johnson Foundation Clinical and Faculty Scholars Program), the Health Resources and Services Administration, and the Veteran's Administration were staunch supporters of the mission of GIM in all domains: research, clinical care, education, and leadership development.

The explosive growth in the number of hospital medicine faculty over the past 15 years has led to similar challenges for the development of academic hospital medicine. Unfortunately there has been less external support for developing hospitalist faculty skills to help meet academic medical centers' missions as there was for GIM several decades ago. Thus the role of faculty development fell to the societies, and SGIM has made significant strides in meeting hospitalist faculty needs. In 2006, the SGIM Academic Hospitalist Task Force (AHTF) was formed as a joint SGIM/Association of Chiefs of General Internal Medicine (ACGIM) effort to assure that academic hospitalists had a "home" within SGIM.[3] The goal was to extend the resources and expertise of SGIM to support the new challenges faced by academic hospital medicine faculty. In 2009, the AHTF produced the Quality Portfolio as a tool to formally organize and document scholarly activities in quality improvement to support career development and promotion and led the first Update in Hospital Medicine at the SGIM annual meeting. A meeting in Michigan among SGIM, Association of Chiefs and Leaders in General Internal Medicine (ACLGIM), and Society of Hospital Medicine (SHM) leaders developed into a major collaborative effort between the organizations and led to the first Academic Hospitalists Academy (AHA) in 2010. In conjunction with the Academy, the AHTF created the Mentorship to Product program. In that program, AHTF matches interested AHA alumnae with a mentor. One focus of the mentorship program is work on a specific project resulting in a presentation at an SGIM meeting and subsequent publication. The AHTF also conducted a survey of hospitalists to identify barriers to academic promotions and initiated SCHOLAR Project—SuCcessful HOspitaLists in Academics & Research—in collaboration with the academic and research task forces of SHM. The goal of the effort was to understand the elements required for successful academic hospitalist programs. Over the past several years, the SGIM annual meeting committees created submission tracks on hospital medicine as a specific venue to present scholarly work.

The original SGIM founders realized generalist leadership was critical to establishing academic GIM, and the long-term success of hospitalists at academic institutions has required that they have leadership roles both locally and nationally. Early on, SGIM assured that hospitalist leaders were represented on SGIM Council and the ACLGIM executive committee. At academic medical centers, hospitalist leadership career paths have become more diverse. The role of chief medical officer and hospital CEO are potential career goals in addition to the traditional leadership roles in departments of medicine

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and the dean's office. The ACLGIM LEAD program supports the development of general internal medicine leaders and is another opportunity for academic hospitalists to develop leadership skills critical to their career success.

So what should SGIM do next in supporting academic hospitalist careers? Clearly supporting scholarly work and career advancement of hospitalist and outpatient clinician-educators is a fundamental goal of SGIM. To take advantage of the broad SGIM membership, where can hospitalists and outpatient generalists intersect and synergize academically? The techniques of measuring and improving quality of care and patient safety, so long a major focus for hospitalists, are now increasingly needed by outpatient generalists. Safe care transition is another developing partnership, as is the physician role within inter-professional teams managing complex populations. As more challenges evolve, SGIM will continue to develop mechanisms to support faculty hospitalist career advancement because, as Yogi Berra was purported to say, "It's like *déjà vu* all over again."

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References

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