

Celebrating the Successes We Share

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In 1996, the general internal medicine (GIM) family welcomed a new member: the hospitalist. Like many older siblings, GIM physicians in academic medicine were excited and scared. Who was this new creature in our midst? Would he/she be our friend? Would we share best practices, increase efficiencies, build collaborations, and improve patient care, thus strengthening the position of GIM in the academic medical center? Or would our new family member create competitions among us, rob us of our authority, and diminish our leadership in academic departments? How would this new model affect the physician-patient relationship? What about research dollars and reimbursements? Would our increased efficiencies be profitable for the whole enterprise, or would we witness the development of a two-class system within GIM?

In retrospect, these concerns seem far away. Our sibling has grown into a strong, independent, competent, respected member of the family. We are proud of the success of the hospitalists among us and grateful for the collaboration, leadership, and service they provide to our divisions. The hospitalist is a partner to those whose career focus is ambulatory care and an ally for the teaching and service functions of GIM divisions everywhere.

Academic medical centers and community hospitals have each adapted the hospitalist service model to suit the needs of their individual institutions. The reach of the hospitalist has been broad, impact-

ing initiatives that include quality improvement, patient safety, and health care system redesign as well as development of best practice models. The rapid adoption of this model of care has led in some instances to strong collaborations and in others to parallel systems of care with limited interactions.

Looking back to 1996, as clinician-educators in the faculty practice at University Hospitals of Cleveland, we all knew the first hospitalists in our program. Rick and Jeff were graduates of our residency program, and Teji was one of us (an experienced clinician-educator). In an era of handwritten medical records and dictated discharge summaries that took more than a week to be processed, we spoke almost daily. Handoffs were in person or over the telephone. Follow-up appointments were scheduled by the appointment clerk in our office and relayed to the patient on a handwritten slip of paper. With no electronic health record (EHR), text paging, or text messaging, we nonetheless stayed in touch with our patients and managed our referrals. We developed strong collaborations, mutual respect, and a sense of shared purpose with excellence in patient care at its core.

We now have 22 hospitalists at University Hospitals and another 16 at our VA. The EHR has allowed physicians in ambulatory practice unlimited access to the daily progress of our inpatients. We can view discharge notes and orders in real time and receive discharge summaries as soon as they are completed. Despite all this,

personal communication between hospitalists and ambulatory clinicians is much less frequent than before. The rapid expansion of the hospitalist service at our institutions has been strained further by time constraints and administrative pressures. Perhaps it is a sign of the times, as we also tend to text more and talk less with our friends and family in this sped up world of the Internet.

Working on this issue of *Forum* has allowed me to reflect on how far we have come and how appreciative I am of the hospitalist partners who contribute much to the tripartite mission of research, education, and clinical excellence in our GIM divisions.

It is fitting that the 2015 SGIM Annual Meeting, titled "Generalists in Teams: Adding Value to Patient Care, Research, and Education," will focus on teamwork and collaborations. This is an ideal time to revisit our roles in GIM and dedicate our energy to maintaining the bonds that have made GIM strong.

This issue is in celebration of the success of the hospitalist movement and the multifaceted world of GIM. We appreciate the partnerships we share, our mutual dedication to excellence, and our innovative spirit. Together, our GIM family will continue to grow from strength to strength.

I would like to thank Associate Editor Michele Fang for leading this issue of *Forum*. Her insight and experience were invaluable assets, enabling us to represent the broad scope of issues faced by hospitalists today.