FAQs for being a Pediatric Hospitalist

Here are some responses (Fall 2013) from hospitalists in different roles and different locations to questions frequently asked by residents/fellows interested in pediatric hospital medicine. As you can see it is a varied field, and there is no "right" answer.

Respondents

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Fellowship Director, Pediatric Hospital Medicine Fellowship at University of Utah

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**How would you describe the role of a pediatric hospitalist?**

**BA:** A pediatric hospitalist is a hospital-based pediatrician, and that's probably where I can draw any line in terms of our role, because programs are so vastly different from one to the other. The phrase "you've seen one hospitalist program, you've seen one hospitalist program" is apt, but there are similarities among most programs. In most places that are academic, hospitalists are a core element of the educational system. We provide inpatient, comprehensive care. Also, hospitalists tend to be the drivers of quality assessment and improving overall quality of inpatient care.

**GS:** We also provide a majority of the inpatient teaching to medical learners in many academic centers.

**JB:** I'm a little surprised at Brian here. The terminology that we all have agreed upon is not academic, but University/Children's Hospitals. The problem being that folks in community hospital settings felt this implied that they were non-academic when this is not the case.

Also, pediatric hospitalists (PH), especially in community hospital (CH) settings, are essential elements in the medical home for the patient. They can frequently provide, in addition to communication at discharge, follow-up care, care coordination, etc.

**CM:** The Pediatric Hospitalist is the expert in systems care for inpatients. They know the resources available and can easily navigate the inpatient system. In addition, we push the boundaries of knowledge by advancing scholarship through individual hospital projects as well as the inpatient research network, PRIS – Pediatric Research in Inpatient Settings.

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**What is your favorite part of being a hospitalist?**

**BA:** If I have to pick just one thing, it's the teaching, but I really find joy in a lot of what I do. I think that this is the perfect career for someone who likes doing lots of different things… there's so much to take on, from education, to patient care, to quality improvement to advocacy. I do it all, and probably that's my favorite part: the ability to have a really different work day with great regularity.

**JB:** For many the fun is acute care. This is non-appointment based acute care for infants, kids and teens. For many who don't enjoy primary care this is a great way to be a pediatrician and enjoy taking care of the acutely ill patient. Also, realistically these days PH's, especially young ones, just out of training, seem to enjoy the shift work, no call after or between your shifts, consistent pay, etc.

**CM:** Working with a system to provide the safest, highest quality of care at the lowest possible cost drives me on a daily basis. Pediatric hospitalists are the physician leaders in both children's hospitals and community hospitals that care for children. We have a great responsibility to provide timely, efficient and effective care to the families who entrust us. The default should be excellence.
To display the spectrum of pediatric hospital medicine career duties, could you briefly list a few activities you have done today at work?

**BA:** So, I'm not on service at all today, so I'm not seeing any patients. I'm on service 18 weeks a year, which is less than other members of my group, but I've negotiated that because I'm an administrator and I have a variety of national activities. I gave an hour lecture this morning to the new rotating medical students and oriented them to their new clerkship. Also, I attended morning report for the residents. Today I will also review a paper submitted to Academic Pediatrics about bronchiolitis, and then I'll start editing the new AAP guidelines on bronchiolitis. I'm also reviewing submitted workshops to the national meeting, PHM, which happens next year in Orlando, FL. Also I'm buying tickets to a play in New York City this weekend, to attend after I'm giving a Grand Rounds talk at a NY area hospital.

**GS:** I also do a variety of things. I am working an evening shift so I am working on emails and catching up on administrative duties.

**JB:** For PH's in CH's the job description is much leaner and clearer – do high quality patient care. The activities Brian described above would not be part of a day in the life of a PH in a CH. Best estimates are that about 65-70% of all PH's practice in CH's so what Brian describes would actually apply to a minority of PH's in practice.

**GH:** As a fellow, my days vary a lot. My program has a strong focus in health services research training so I might spend a day going to class, fighting with a database, writing code in a statistical program (which I learned in getting a Master's of Science in Clinical Investigation as part of my fellowship), writing an abstract for a conference, meeting with co-investigators, editing a manuscript or completing tasks for one of my leadership roles. Clinical service days are busy with patient care and teaching, and in my program I am the Attending Physician (not a traditional “fellow”) so there is a lot of responsibility. The variety of opportunities is what drew me to hospital medicine! The flexibility of the ‘academic’ time is also a draw; some days I can hang out with my infant in the morning (when she is pleasant) before afternoon daycare and then work into the night (when she is cranky) while my husband watches her...

What is the difference between a "community" hospitalist and a "university/tertiary" hospitalist?

**BA:** I think, in general, the point of distinction is mostly around whether trainees are present and are a primary driver of activity at that hospital center. Typically, university/tertiary hospitalists have additional activities around teaching and scholarship in addition to patient care. Community hospitalists are more focused on patient care and often do QI work as well, or may have a governance position in their hospital. There's so much overlap, though, that I'm not sure one could find a definition that easily explains the differences between people who qualify themselves as one or the other.

**JB:** Consider these differences:

<table>
<thead>
<tr>
<th>Mission</th>
<th>University/Tertiary</th>
<th>Community</th>
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<tbody>
<tr>
<td>Teaching, research, service and administration</td>
<td>SERVICE and some administration. Some programs also have a teaching mission. Generally little research.</td>
<td></td>
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<table>
<thead>
<tr>
<th>Financial management</th>
<th>Generally non-profit.</th>
<th>Can range from public – non-profit – for-profit</th>
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<tr>
<td>PH's generally employees of U/C.</td>
<td>PH's can be employees of institution or in practice that contract with hospital for peds hospitalist services. These practices can range in size from small to large. Pediatrix – the group I work for – has over 2,000 pediatrician employees.</td>
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<tr>
<th>Budget</th>
<th>Usually budget driven.</th>
<th>Usually productivity and revenue driven.</th>
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<tbody>
<tr>
<td>Practice size</td>
<td>Usually large</td>
<td>Generally small-medium</td>
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<tr>
<td>Integrated delivery systems</td>
<td>Common</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Clinical schedules:</td>
<td>Usually some built in time for teaching, research and possibly some for administration (Director of MS-II Course, Co-residency Director, PH Fellowship Co-Director, etc.)</td>
<td>Generally all paid time is clinical or some small amount of administration time. Generally majority of time is clinical – that is where the revenue is generated from.</td>
</tr>
<tr>
<td>Career advancement:</td>
<td>Traditional academic currency – papers, grants, talks, etc.</td>
<td>Revenue. Golden rule: &quot;He who makes the gold, rules.&quot; Major promotional opportunities tend to be into management/administrative positions.</td>
</tr>
<tr>
<td>Clinical services:</td>
<td>Usually comprehensive array of peds subspecialty and peds surgical services</td>
<td>Ranges from none to comprehensive array of peds subspecialty and peds surgery services.</td>
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**CM:** I think one of the major differences is the focus on children. In a children's hospital the obvious focus is on children. In a community hospital, as Jeff points out, the focus may shift to "who makes the gold rules." In that case, surgeons make the gold in our current fee for service market. The community pediatric hospitalist has to be much more aggressive to advocate for children in that system. For many pediatric hospitalists working in community hospitals I believe they are highly motivated to assure all children (ages 0-18 years) are provided the highest quality of care the system can offer. Sometimes that means putting the pediatricians nose into the business of surgeons -- a fun challenge for many.

**How would you advise a resident to prepare for a career in PHM?**

**BA:** I worry for residents with the new work-hours restrictions that they don't get enough clinical time. I would suggest if a resident wants to apply for a fellowship, they might spend extra time working on a poster to present at PHM Conference (Pediatric Hospital Medicine, the annual summer meeting for our field). The posters from trainees have a high acceptance rate and can even just be a clinical case with some interesting discussion (called a "conundrum"). For someone interested in going straight into the workforce, I would suggest spending your electives covering clinical questions you feel weakest on. It's harder to learn once you enter the "real world." Procedures reimburse well, learn how to do sedations and how to circumcise, but don't worry too much about this; you'll learn this stuff wherever you go, if you need to do it. Because jobs vary so much, this is difficult to predict. I suggest, if you can, you have a few empty blocks at the end of your senior year to "buff up" your skills in areas your new job is likely to need.

**JB:** I think the key fork in the road would be whether you want to pursue PHM in U/C or Community (CH) setting. If you are thinking CH would be great to get some experience in these settings before you start practice. It is very difficult to get a true sense of practicing in a CH setting while training in a U/C Hospital setting.

**GH:** There is so much variety in our field. Think about what you want your career to look like and talk to people who are doing what you think you'd be interested in and get their advice on how to design residency electives. I do wish I'd had exposure in the community hospitalist setting, so if there is an opportunity for that you should consider it.

**CM:** The PHM summer meeting is hosted by three organizations (the AAP, the SHM, and the APA). I strongly recommend this conference and every year several of our residents attend. They enjoy it a lot, and it really allows for

**Are there resident electives you would recommend?**

**BA:** Pediatric ID is pretty high yield, as is ER. Even just do a few extra floor months. I think you learn best by doing, not reading.

**GS:** I also recommend pediatric GI, pediatric neurology and working in a special needs clinic, if that opportunity is available.

**GH:** I did several research electives in residency which helped me to decide I wanted to do a fellowship. Again, talk to people who are doing what you think you'd be interested in and get their advice on how to design residency electives. I do wish I'd had exposure in the community hospitalist setting, so if there is an opportunity for that you should consider it.

**CM:** Getting comfortable with uncertainty is helpful. I believe working in a community hospital without the backup associated with a children's hospital i.e. PICU/PEM/NICU is a daunting prospect. Spending extra time in the Children's Hospital ED thinking how you would respond if asked to consult on that patient in a community ED would be high yield as Brian points out. Making sure NRP and PALS skills are up to date is also very important.

**What about procedures (extra time with sedation, line training, transport time, intubations in non-emergent settings)?**

**BA:** Yes, I think that might be useful, but not as useful as you think it is. Frankly, procedural expertise is through practice, but also fades with time. The procedures you do in your next job will be the ones you're best at, and if you don't use them, you lose them. Not much point in focusing on how to do IV's if your next job doesn't require you to place them, and then you'll forget how to do it well over the following year anyway.

**CM:** I continue to point out that one should attempt to mitigate their fear of things that happen infrequently. At the start of every night shift run through all of the PALS algorithms. If you do that for an entire year you will remember them without prompting for the rest of your career. Similar to ADCVANDIML.

**Are there conferences that residents/fellows interested in PHM should attend?**

**BA:** The PHM summer meeting is hosted by three organizations (the AAP, the SHM, and the APA). I strongly recommend this conference and every year several of our residents attend. They enjoy it a lot, and it really allows for
networking for future employers and grappling better with the problems hospitalists face on a routine basis. It's a great way to tell if this is really the job for you.

JB: PHM Meeting, PHM Fellows Meeting, AAP NCE.

GH: If you are interested in research or pursuing an "academic" career (whether that is doing research at a University hospital or rigorous QI at a community hospital) consider going to PAS (Pediatric Academic Society) in late spring. There are sessions that focus on skill-building for trainees (how to write an abstract, how to do a poster, etc.), hospitalist sessions, and lots of networking opportunities! If I could only go to one conference though I would recommend PHM Conference as every session is pertinent to the hospitalist. You can also learn about other conferences such as legislative advocacy, QI, med ed through postings on the AAP SOHM listserv® or website.

How do I network with hospitalists at national conferences?

BA: It’s a good idea to try to meet people in a particular area of the country that you expect you might want to work in. Often times, you can ask one of the organizers of the conference "hey, do you know any hospitalists I could meet up with from Tennessee?" and we'll have a bunch of people you could easily chat with. Most hospitalists are happy to make introductions. Walk up to someone, smile, and shake their hand. Hospitalists are about the friendliest bunch of people on the planet, and we all love welcoming new people to the fold. Come say "hi" to me. I'll probably buy you a drink.

JB: AAP SOHM, APA SIG on PHM, Resident Section of AAP

GH: I am/was nervous about this as well. Poster sessions are a great way to chat with people (even if it's not about their research, you can see which program they are from and ask them questions about that) or at lunch sessions where the vibe is a bit more informal. I was encouraged by a mentor to ask questions in the big abstract sessions but have been too shy to do this so far.

CM: I think you should go to the meetings noted by others and use your local mentors to introduce you to other pediatric hospitalist. We are a very small family with less then 6 degrees of separation. I remember introducing myself to Jack Percelay over 10 years ago and now he has asked me for advice - go figure.

Residents usually have limited if any exposure to the administrative and QI side of hospitalist life - do you have recommendations to help residents become more familiar with these fields?

BA: On a local level, it's great to ask a hospitalist in your program if you can help them on a project. That's a great way to get started. Or, initiate your own project, and ask a hospitalist to mentor you. You have to do a QI project in residency, it's pretty easy to find an inpatient-focused one and get a hospitalist to help you out and give you advice. I really believe that you learn by doing. We can only read so much. Get your feet wet!

JB: Find a PH doing administrative work and spend some time asking them how they prepared for it, what they like/dislike about it, how they are having an impact, etc.

Additional training: MBA, ACPE CPE Program, Leadership training program, Many large practices have in-house leadership/admin training programs.

GH: Check out Institute for Healthcare Improvement (www.ihi.org) and their "Open School." Online modules are free for students (which you are likely considered if you are in training) and are a great overview of QI, patient safety, etc.

CM: If you are really interested in a pediatric hospitalist career I suggest asking your residency program director to develop an elective to follow the c-suite for a month. What does that mean. The c-suite are the Chiefs of the hospital – Chief Executive Officer, Chief Nursing Officer, Chief Financial Officer, Chief Operating Officer, Chief Medical Officer. If you followed each of them around for a week, attending all of the meetings they allowed you to attend and asking questions you would learn a lot about hospital operations. The business is required for a successful organization.

Do I need to do research during residency in order to get into fellowship or find a job in PHM?

BA: It certainly helps, but it's not necessary. Research is not something you can do in a month, or even in half a year. There's a lot of it that's painful to some people: applying for grants, filling out IRB applications, etc. Even writing a poster or a paper can be really challenging. Nobody can do this alone the first time, as there's so much to think about that requires a comprehensive understanding of the literature, etc. I think the most important thing for getting into a fellowship is likely strong letters of support and someone advocating for you. Get to know a hospitalist in your program who "knows the lay of the land" and try to get them to help you consider things. Doing research that does not end in a poster or a publication probably won't help too much, and a poster or paper takes a long time to do.

JB: N/A for CH practice unless you have a desire to do research

CM: No
If I want to be a hospitalist do I need to do a PHM fellowship?

**BA:** Right now, the answer is "no", but that may change in the future. Most of us believe that subspecialty status is inevitable, but there's a good chance fellowships will not be a full three year experience. Nobody knows for sure, and this is being hammered out right now. Either way, if you don't go into a fellowship, you will be "grandfathered" in to allow you to take the boards if you go straight into the workforce. Realistically, most academic programs will not hire a resident straight out of residency without additional training or experience. Last year I had one hospitalist opening at our academic center. There were 20 applicants, 10 were residents. Those residents were not considered for the position. Of the 10 experienced applicants, only one had done a fellowship, which made them very attractive to us as a possibility for a hire. In a community hospital, that's not as important, and it's more about teamwork skills, clinical skills, etc.

**JB:** Not necessary now for CH's but may be more so in future.

**GH:** Fellowship, while not currently required, will likely set you apart from many other applicants as you job search. It may also give you an opportunity to acquire new skill sets and have experiences that will shape what type of job you will pursue.

How do I pick which PHM fellowship to do?

**BA:** Hard to know. There are certainly some fellowships with particular strengths. One is well known for QI, another for teaching. Another option is to do a general academic fellowship, but ask them if your clinical work can be inpatient, rather than outpatient. There are lots of options. Keep in mind; your fellowship is really more for learning how to do the "other stuff," not the clinical stuff. Your clinical skills are often honed enough out of residency to be a hospitalist, with, obviously, some variability based on the applicant.

**JB:** Ask around.

**GH:** A list of fellowships with a general description and a contact name and e-mail are on the AAP SOHM website. Some programs have websites; e-mail the program director if you are interested in more info. There is also a Facebook Page for PHM Fellows; search for this, and feel free to post a question or message someone from a program you might be interested in.

What is the application/interview process for PHM fellowship like?

**BA:** I'm not sure, as we don't have a fellowship and they didn't exist when I graduated from residency. Make sure you touch base with many fellows at different programs out there. They probably know what it's like even better than the fellowship directors.

**CM:** We have a pseudo-formalized process amongst the Pediatric Hospitalist Fellowship Directors. You can find out about all of the fellowships at www.phmfellows.org (when the server is working). Applications are accepted beginning in July of the previous year. Interviews occur in the fall and offers are sent out around December 15. Fellowships are not accredited so there is not a formal match.

How do I find jobs in PHM?

**BA:** I can't overemphasize the value of networking. Put together a good CV, and then email everyone you know who runs a program in the area where you're looking. Even if they don't have a job, ask that they refer you to anyone in the area who might. Options will eventually become clear. PedJobs at www.pedjobs.org is a great place to start if you don't have a geographical limitation, or even if you do.

**JB:** Network. AAP job site, PedJobs. Search firms, journals, friends, colleagues.

**GH:** Ask your residency or fellowship director to e-mail the head of the hospitalist group at the programs you are most interested in. PedJobs and the AAP SOHM listserv® are great ways to hear about advertised positions as well.

What is the application/interview process like for jobs in PHM?

**BA:** You start off by emailing your CV everywhere. A CV is not a private thing. Send it to anyone who has any options that you can think of, and allow people it to forward to those they may know. Send very polite emails with CV attached expressing interest in programs. If you were referred by someone that the employer may know, make sure you state that in your first sentence or two. When you get interviews, expect to have the hospital fly you to their program and put you up. If they aren't paying your interview, they're not being serious. Negotiating is hard, and interviewing is a complex experience. Find a mentor to sit with you and talk over frequently asked questions or strategies for success before you go and interview.

**GH:** I agree that asking a mentor what to expect is helpful. There are often preliminary phone interviews with a division chief, etc. to get an overview of what you are each looking for. This is helpful to screen programs. The program may also set you up with their local recruiter or an administrator who will help set up further interviews and they are a great resource for questions on what to expect.
Do I need a mentor during medical school/residency? If so, how do I find one?

**BA:** The best mentor is a local one, but sometimes that's hard for some people. If you don't have a hospitalist nearby who can help you strategize and answer questions, I really think going to PHM will help a ton. You can't be shy. Just walk up and ask. You'd be amazed how many hospitalists are more than happy to help you get going. There really isn't much competition in our community. We're all in it for the right reasons, and our friendships transcend inter-hospital competition.

**GH:** My mentor helped me define my residency, fellowship and now career goals and has been essential in helping me network and complete projects. We "met" while staffing a bronchiolitic patient at 2 am. It may be better to get to know the members of your hospitalist division and set up chats with people you think might have a job description that would interest you. Don't 'force' each relationship to be a mentorship- different people may help you in different ways at different stages of your career. The AAP SOHM also has a distance 'mentorship' program to link trainees or junior hospitalists with more experienced hospitalists. Check it out on the AAP website and apply if interested. While this person may not be a true "mentor" they may help point you in the direction of someone who could be over time.

How do I make the most out of a mentorship relationship?

**BA:** Have a question. Don't simply set up a time if there's nothing you need. Also, feel free to have more than one mentor. I've never had one single mentor. I have many mentors, and I go to different people for different types of advice. I think that's a great way to do it. If you see me at a meeting, feel free to pull me aside and we can set up some time to chat about something, but make sure you have a question. The question can be "how do I set myself up for a good job", or "how do I start a research project on a shoestring budget." It can be anything, and if one person doesn't have the knowledge to help, you can certainly ask them, "who do you think I should talk with to get the best advice going forward?"

**GH:** I would encourage you to view a true 'mentor' as someone who is interested/active in making your career the best for your needs as possible. You may have people who answer specific questions or work on certain projects with you but hopefully you will stumble upon someone that will work with you on a variety of aspects of career and life development over a long period of time. This does require work on the part of the mentee! Don't waste your mentor's time; be responsible for driving the communications, send a mini-agenda for your meetings, follow-up, ask specific questions, etc.

What are some websites/resources that can help me learn about PHM or the components of the work of a pediatric hospitalist?

**BA:** I think the best website to start with is the AAP Section on Hospital Medicine. Also, really make sure you join the national listserv. It's a great place to start for asking questions. Don't feel awkward at all about asking "stupid" questions on the listserv. Just say, "Hey, I'm new here, got a quick question." You'd be amazed how many people line up to support you.

**GH:** The AAP SOHM: [http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-on-Hospital-Medicine/Pages/Section-on-Hospital-Medicine.aspx](http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-on-Hospital-Medicine/Pages/Section-on-Hospital-Medicine.aspx)

From there, use the left sidebar to navigate to find info on fellowship programs, mentorship, etc.