Hospitalists Are Finalizing Core Curriculum

BY BRUCE DIXON
Contributing Writer

CHICAGO — The Society of Hospital Medicine has taken a major step toward defining the core content areas and competencies for practicing hospitalists.

Members of SHM got their first glimpse of a draft document at the society's annual meeting. Authors of the curriculum hope that the document, which is considered a crucial part of becoming a bona fide specialty, will be published in early 2006, possibly in the first issue of the Journal of Hospital Medicine, which is scheduled for publication in January.

"The current iteration of the core curriculum that we've developed was really borne from the first education summit that SHM held in September 2002," Michael J. Pistoria, D.O., chairman of the curriculum task force, said during the meeting in Chicago. "The concept of the core curriculum was really one of trying to find who we are and what we are. We know that what we do we do very well, [but] we don't always know how or why, and we don't know maybe how to teach [to achieve] the best possible hospitalists."

The core curriculum will be a valuable resource for adult and pediatric hospitalists and for medical education, said Dr. Pistoria, associate program director at Lehigh Valley Hospital in Allentown, Pa.

"For example, a program director who wants to design a hospitalist track within his or her residency program, or a hospitalist fellowship, or even simply a class on congestive heart failure—say a lecture series—would have some of the core elements of that training," he said. "And we felt we had significant buy-in from medical education."

The content of the core curriculum will be available to institutions that decide to have a hospitalist track in their medical residency programs, or it could be part of the development of a hospitalist track within a fellowship, said coauthor Syliva McKean, M.D., of Brigham and Women's Hospital, Boston. It's important to note that hospitalists do more than provide inpatient care, she said.

According to the American Hospital Association, some 1,200 U.S. hospitals now have hospitalist programs employing an estimated 10,000 physicians. More than 4,000 of these doctors are SHM members.

In addition to Dr. Pistoria and Dr. McKean, the core curriculum authors included: Alpesh Amin, M.D., University of California, Irvine; Tina Budnitz, Society of Hospital Medicine; and Daniel Dressler, M.D., Emory University, Atlanta. ■

Track Details

Shared Care *from page 1*

if you're only found to be 5% liable, you could be put in a position of paying full damages," Dr. Morenz said.

Likewise, if a patient refuses treatment, make sure to document the specific decision the patient made and the fact that you talked to him or her about all the recommendations for medication.

"Put down in your notes the exact verbatim reason they're refusing the medication, and even put it in quotes," Dr. Morenz advised.

When going out on a limb with a medication recommendation, it's especially important to document the evidence used to back the decision. That's because juries don't like to hear that an unusual treatment was prescribed simply because it worked well with another patient or was backed by anecdotal evidence.

The informational sheets provided by some companies as handouts for patients can serve as another source of backup to support evidence that efforts were made to clearly convey information on a medication or treatment. In addition, a variety of tools, such as Epocrates, are available that clinicians can use to keep themselves well informed with updated medication information.

If a patient wants to look at his or her own chart, Dr. Morenz suggested sitting down with the patient and letting the patient do so. With that potential scenario in mind, notes should be written in a manner that would not be upsetting to the patient. In addition to the patients' reference, keep in mind all other potential situations under which charts and records may be viewed.

The best approach is to write every note on every patient just as you would want it read back to you in court, Dr. Morenz said. ■