Hospital Medicine 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 curriculum will be available to institutions with a hospitalist track in their residency programs or within their fellowships.

"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 Sylvia McKean, M.D., of Brigham and Women's Hospital, Boston. "For example, some programs have general internal medicine fellowships that take different paths, and they could use this for those people who are interested in doing research in hospital medicine and are eager to go down a hospitalist track."

It's important to note that hospitalists do more than provide inpatient care, Dr. McKean said. They also "have the opportunity to lead, participate, and coordinate quality improvement projects in the local hospital."

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. ■

Parity Laws Improved Mental Health Coverage

The Mental Health Parity Act of 1996 has resulted in some gains in employee mental health coverage, but inequities remain, according to a report from the U.S. Department of Labor.

Since passage of the act, which requires employers to equalize dollar benefits for mental health and physical health coverage, the incidence of employees in plans that impose more restrictive dollar limits on inpatient mental health care coverage has decreased from 41% in 1997 to 7% in 2002.

However, employees in plans that contain tighter restrictions on the number of days of inpatient mental health care compared with inpatient medical and surgical care—a disparity allowed under the law—rose from 61% to 77% in the same period.

Differences in substance abuse coverage also remained, with only 8% of employees who had coverage for alcoholism treatment receiving the same coverage for that condition as for other conditions in 2002.

—Joyce Frieden

#1 RECOMMENDED METER*

THEY SAY TO PLAY THE BLUES YOU'VE GOT TO FEEL THE PAIN.

BB KING DIABETES SINCE 1990

UNLESS HE TESTS WITH ONETOUCH® ULTRA®.

The blues are in his blood. Fortunately, OneTouch® Ultra® requires so little that B.B. can also test on his arm† when he wants to save those sensitive fingers for what they do best. Either way, he'll get a less painful test** with results in just five seconds.

Less pain. Less blood. Less time. More compliance.

More info? Call 1-800-524-7226 or visit www.LifeScan.com.

ONETOUCH® changes everything®

*Recommended by Diabetologists, Endocrinologists, Diabetes Educators, and Pharmacists, PET Tracking Study, Fall 2002. † When testing on the arm, patients should read the owner's booklet and talk to their healthcare professional. **Allows for a less painful stick when used with OneTouch® UltraSoft® Adjustable Blood Sampler and OneTouch® UltraSoft® Lancets. © 2005 LifeScan, Inc. Milpitas, CA 95035 1/05 AW 058-882B