

INTRODUCTION TO THE CORE COMPETENCIES IN HOSPITAL MEDICINE

Background

Hospital Medicine is emerging as the next generation of the site-defined specialties, following Emergency Medicine and Critical Care Medicine. The Society of Hospital Medicine estimates the need for 20,000-30,000 practicing hospitalists in the next five to ten years. A variety of changes in healthcare delivery system and residency training programs has spurred this development. However, this growth has occurred in the absence of any standards of what knowledge, skills and attitudes a hospitalist must possess to successfully practice Hospital Medicine.

The publication of *The Core Competencies in Hospital Medicine: A Framework for Curriculum Development by the Society of Hospital Medicine (The Core Competencies)* represents the first attempt to define the specialty of Hospital Medicine. The Core Competencies culminates approximately four years of thoughtful research, planning, and development. *The Core Competencies* are a result of the contributions of over one hundred hospitalists and other content experts, under the guidance and leadership of the SHM Core Curriculum Task Force and Editorial Board. Task Force members were chosen from university and community hospitals, teaching and non-teaching programs, for- and not-for-profit programs, and from all geographic regions of the United States to ensure broad representation of practicing hospitalists and SHM membership. A companion article to this supplement (Dressler DD, Pistoria MJ, Budnitz TL, McKean SCW, Amin AN. Core competencies in hospital medicine: development and methodology. *J Hosp Med.* 2006;1:48-56) details the project methodology.

Purpose

The Core Competencies provide a framework for professional and curricular development based on a shared understanding of the essential knowledge, skills and attitudes expected of physicians working as hospitalists. *The Core Competencies* document specifically targets directors of continuing medical education (CME), Hospitalist programs and fellowships, residency programs, and medical school internal medicine clerkships. The goal is to standardize the expectations for training and professional development and to facilitate the development of

curricula. The competencies were written to reflect learning outcomes, not convey specific content. They can be used to establish targets for learning outcomes. With these targets in mind, instructors can select content and instructional methods and shape the curricula based on the unique characteristics of the intended learners and learning context. A second companion article to the Core Competencies (McKean SCW, Budnitz TL, Dressler DD, Amin AN, Pistoria MJ. How to use The Core Competencies in Hospital Medicine: A Framework for Curriculum Development. *J Hosp Med.* 2006;1:57-67) details how the competencies can be utilized to develop training and curricula to solve specific problems within an institution.

Organization Structure

The Core Competencies comprise three sections—Clinical Conditions, Procedures and Healthcare Systems. Within each section, individual chapters present competencies as three domains of educational outcomes: the Cognitive domain (Knowledge), the Psychomotor domain (Skills), and the Affective domain (Attitudes). The competencies have been carefully crafted as learning outcomes to indicate a specific, measurable level of proficiency that should be expected. Each chapter of the Clinical Conditions and Procedures sections also includes a Systems Organization and Improvement subsection. Outcome statements in this subsection possess attributes of each domain and indicate how the role of hospitalists should evolve. These outcome statements also acknowledge the current variance of responsibilities related to leading, coordinating or participating in the assessment, development or implementation of system improvements. More than any particular knowledge or skill, this systems approach distinguishes a hospitalist from other clinicians practicing in the hospital.

Conclusion

The educational strategy of the Society of Hospital Medicine was to stress the key concepts in hospital medicine in this first edition that would provide a framework for the development of timely, context-specific training and curricula to meet the evolving needs of practicing hospitalists. Therefore, the Task Force selected to include the most commonly en-

countered clinical conditions, procedures, and healthcare systems that are central to the practice of Hospital Medicine today. We anticipate that future editions will build upon *The Core Competencies* with additional chapters and revisions to reflect feedback from its users, formal evaluation of its application and advances in the field of hospital medicine.

It is our goal that *The Core Competencies in Hospital Medicine* serve as a valuable resource. For the practicing hospitalist, it should aid the refinement of skills and assist in institutional program development. For residency program directors and clerkship directors, the chapters can function as a guide in

curriculum development for inpatient medicine rotations or in meeting some of the Accreditation Council on Graduate Medical Education's Outcomes Project. Lastly, for those developing continuing medical education programs, *The Core Competencies* should serve as an outline around which educational programs can be developed.

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