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Leadership and Medical Education

Objective Criteria for the Equitable and Fair Distribution of Inpatient Teaching Weeks for Academic Hospitalist Attendings in an Academic Learning Health System

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Abstract

When pursuing a career as an academic hospitalist, the opportunity to work with learners on inpatient teaching services is a top priority. The opportunity to work on these inpatient services is coveted. It has been a consistent challenge to distribute inpatient teaching weeks equitably and fairly to our academic hospitalists. To our knowledge, no information has been previously reported on the distribution of teaching weeks at other institutions. Consequently, we developed specific goals/expectations and objective criteria for our academic hospitalists to help ensure a transparent and equitable distribution of the inpatient teaching weeks.

The structure for academic hospitalists to work clinically with learners (e.g., medical students and residents) varies from institution to institution. In general, the primary opportunity for academic hospitalists to engage clinically with learners is while serving as the supervising attending on the inpatient teaching services. The typical structure for our inpatient services on any given day is 1 supervising academic hospitalist attending, 1 upper-level resident, 2-3 interns, and 1-4 third- or fourth-year medical students. At our institution, hospital medicine is not the only specialty that supervises inpatient services, compounding the challenge of distributing weeks. Three inpatient teaching services are supervised by hospital medicine faculty from a pool of over 30 academic hospitalists that work in the traditional 7-days on, 7-days off model. Two inpatient services are located at our leading academic inpatient teaching site, Atrium Health Wake Forest Baptist Medical Center and one is located at our community inpatient teaching site, Atrium Health High Point Medical Center.

At the end of each academic year, at our institution, the Hospital Medicine Medical Director, the Chair of Education for Hospital Medicine, and the Vice Chair for Education for Hospital Medicine would meet to discuss the distribution of teaching weeks for our academic hospitalists. However, distributing these weeks among a large group of academic hospitalists is understandably challenging. We often received feedback from our academic hospitalists that much subjectivity was involved with the distribution of the weeks, and some perceived it as unfair. Furthermore, the evaluations and feedback from residents showed that their experience working with hospitalists was variable. As a result, we sought to create goals and expectations/competencies for our academic hospitalists when supervising these inpatient teaching services, plus objective criteria to help distribute teaching weeks to providers more transparently and fairly.

We reviewed the literature to help determine the criteria that should be included in the fair and equitable distribution of inpatient teaching weeks. Only one study attempted to determine the appropriate number of weeks an academic hospitalist should work consecutively from a professional fulfillment standpoint.[1] However, no published literature was developed on goals, expectations, and objective criteria for the fair and equitable distribution of inpatient teaching weeks among academic hospitalists. Anecdotally, how the inpatient weeks are distributed seems to vary from institution to institution, but they are often distributed by hospital medicine leadership, sometimes with input from the residency program. Not all hospitalists at an academic center work with learners; it involves a multifaceted role that spans clinical care, education, and mentorship. Given the lack of information in the literature, we felt it prudent to craft our own goals/expectations for our academic hospitalists while supervising these inpatient teaching services. We felt it essential to highlight the areas for academic hospitalists to show competency and use this as a guide to distributing teaching weeks. Our goal was to create objective criteria for the fair and equitable distribution of inpatient teaching weeks. We wanted to share this criterion more broadly so that it could help other institutions across the country that encounter similar challenges each year.

Here are the goals and objective competencies that were created to help the objectivity of our inpatient teaching weeks:

1. Patient Care: As the supervising attending, providing optimal patient care remains paramount. The

supervising attending should model how to integrate clinical expertise with patient values and the best available evidence to make informed decisions about care. The team must be guided to provide patient-centered, compassionate, and ethically sound medical services.

2. Educational Excellence: As the supervising attending, the expectation is to deliver high-quality education to medical students and residents. This includes teaching clinical skills, decision-making, evidence-based medicine, and the application of medical knowledge to patient care. Effective teaching strategies and a commitment to lifelong learning are essential.
3. Professional Development and Mentorship: The supervising attending is expected to serve as role models and mentors for trainees, guiding them in their professional development, career choices, and the intricacies of balancing personal and professional life. The importance of mentorship in medical training is well-documented, with effective mentorship linked to increased productivity, career satisfaction, and professional advancement for both mentors and mentees.
4. Interprofessional Collaboration: As the supervising attending, promoting a culture of respect, teamwork, and effective communication among the multidisciplinary care team is essential. Demonstrating how to collaborate with nurses, pharmacists, social workers, and other healthcare professionals to enhance patient care and outcomes is a key responsibility.
5. Quality Improvement and Patient Safety: As the supervising attending, a crucial role is held in leading and participating in quality improvement initiatives and teaching patient safety principles. This involves fostering an environment where errors are openly discussed and used as learning opportunities to enhance care processes and outcomes.

- *Objective Criteria*

  To be considered for as a supervising attending for Inpatient Teaching Weeks, academic hospitalists must share via email the following information with Chair/Vice Chair of Education and Medical Director for Hospital Medicine 2 months prior to the new academic year.

1. The hospitalist must be at least 1-year post-residency training (exceptions may apply)
2. The hospitalist must be in good standing with Hospital Medicine and Internal Medicine Residency Program
3. The hospitalist must do a minimum of four weeks of direct patient care in hospital medicine
4. Timely completion of evaluations for residents and students within two weeks of working with them
   - Any feedback should be verbally communicated to the learners while working with them such that there are no surprises in a learner's evaluation
5. The hospitalist must meet Hospital Medicine metrics (e.g., Discharge Summary completion rate within 48 hours as assessed by faculty attestation time)
6. The hospitalist must perform at least four formalized teaching sessions during the academic year, including any of the following:
   - CME presentations locally (e.g., Department of Internal Medicine Grand Rounds, Hospital Medicine Grand Rounds, Hospital Medicine M&M Conferences, Hospital Medicine Journal Club)
   - Dates and topics/titles must be provided to receive credit
   - CME presentations regionally or nationally
   - Dates and topics/titles must be provided to receive credit
   - PA student teaching sessions
   - Dates and topics/titles must be provided to receive credit
7. Qualitative and quantitative scores from medical student and resident evaluations will be reviewed to gauge their assessment of the hospitalist's clinical teaching abilities
8. Active participation in committees, either within the section of Hospital Medicine, Internal Medicine Residency, Medical School, or within the Hospital / Hospital System
   - Involvement with these committees and any resulting output must be provided to receive credit
9. Active participation or mentorship in scholarly activity including presenting abstracts at local, regional or national meetings, publishing a manuscript, or serving as PI or co-investigator of a research project
   - Title, dates, meeting, journal citation, or research IRB must be included to receive credit
10. Active involvement with the Hospital Medicine pathway as a mentor and/or mentoring medical students and residents in other applicable ways (e.g., 1:1 coaching)
    - Dates of meetings and names of residents or students mentored must be provided
11. Involvement in teaching activities within the residency program or medical school (e.g., Core Faculty, Associate Program Director, Clinical Skills Coach, Medical School Course Director, etc.)

12. Participate as a supervising attending on the Internal Medicine Procedure Service for residents and supervise at least 10
    - Names must be provided

Items 1 – 7 are mandatory. All items mentioned are then evaluated yearly by the Chair/Vice Chair of the Education and Medical Director for Hospital Medicine to determine the distribution of inpatient teaching weeks. In general, meeting all required criteria (items 1-6) and being involved in other areas will result in a minimum allocation of four teaching weeks. Additional teaching weeks will be granted based on further items or contributions.

CONCLUSION

Academic hospitalists vie for inpatient teaching weeks because it is one of the few opportunities to work clinically with learners and remains the cornerstone of clinical education. However, creating fair and equitable criteria for distributing inpatient teaching weeks among academic hospitalists can be challenging, especially without any literature to guide these decisions. Creating a robust framework that outlines the goals/expectations for academic hospitalists will make the distribution of teaching weeks more transparent and fairer. We hope the criteria we outlined can be shared more globally at other institutions facing similar challenges in determining the distribution of the inpatient teaching weeks for academic hospitalists.

Author Contributions

All authors have reviewed the final manuscript prior to submission. All the authors have contributed significantly to the manuscript, per the International Committee of Medical Journal Editors criteria of authorship.

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Disclosures/Conflicts of Interest

The authors declare no conflicts of interest

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REFERENCES

1. Lucas BP, Trick WE, Evans AT, et al. Effects of 2- vs 4-week attending physician inpatient rotations on unplanned patient revisits, evaluations by trainees, and attending physician burnout: a randomized trial. *JAMA*. 2012;308(21):2199-2207. doi:10.1001/jama.2012.36522