An Annual Checkup With an Insulting Surprise

By <u>Ann F Beach, MD</u> June 26, 2023 <u>Original article</u>

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My annual physical exam took an unexpected turn yesterday. My long-time regular doctor had moved away, so I was seeing a new-to-me internist in the same large multispecialty group. After she introduced herself, I told her I should probably let her know that I'm a pediatric hospitalist. "That just means I don't know any adult medicine," I cracked.

"Oh God," she replied, "I hate the hospital. I'm so glad my group has hospitalists now and I can concentrate on my office patients."

"Ah, well, it's interesting how we all find our niche," I replied. "I saw enough well children in my 15 years as an office pediatrician. I loved the last 20 years as a pediatric hospitalist, when every child was sick."

So far, not an unusual conversation. I've had similar chats with plenty of gerontologists who can't imagine working with children, surgeons who don't tolerate patients who cry, anesthesiologists who like their patients asleep, etc. We all find where we are meant to be.

She continued musing, as she examined me.

"Yea, hospitalists are just those doctors who can't make it anywhere else. You know, the ones with terrible bedside manner who would never keep a panel of patients in the office world. Or doctors with bad language skills. Or those people just looking for an interim job until their fellowship in something else starts. You know."

Startled, I looked at her closely and realized she was unaware she was being insulting to me, a hospitalist.

She sat down at the computer to type, and continued. Almost as if she were talking to herself, she said, "Yea, our hospitalist group is just a revolving door. Nobody stays very long. And why would they? The specialists get all the interesting patients, and the hospitalists are left with the boring chronic patients who are never going to get better." She sounded like she felt sorry for the hospitalists.

Taken aback, I was finally able to say something. "I'm surprised to hear that. That's not my reality at all! My group of pediatric hospitalists has had almost no turnover at all in the past 15 years. We always have plenty of job applicants. It's a really popular job. We admit some garden variety stuff like asthma and dehydration, but also lots of complex, hard-to-diagnose patients. Sure, the subspecialists get patients, but we work closely with them to coordinate care. It's great! I get to learn from the subspecialists every day." I wanted her to understand how much I loved my job and how committed pediatric hospitalists were.

"Well, pediatrics is different," she replied, smiling. "I know, I've taken my kid to your ER. But kids are simple. It's just stuff like broken arms or colds. They all get well. Not like the complex patients we take care of."

I laughed. "Oh, please don't say 'little people, little problems' to me. Children are just as complex as adults. As a big city, tertiary care hospital, we have plenty of fascinoma multiplex patients, complex premie graduates who see every specialist in the hospital, genetic problems requiring chronic management, and lots more unusual infectious diseases than you see. Not easy by any stretch of the imagination." She looked up from her computer, unconvinced. She continued, in a musing, collegial tone, "They leave a lot of loose ends. Hospitalists are incentivized on how fast they discharge patients, and when my patients come to me after being in the hospital, I have so many loose ends to take care of."

"Yep, discharges can be tricky," I replied. "We always call and send a discharge summary to every PCP at the time of discharge. Time-consuming, but it helps a lot. I think I have a different reality than you do."

She turned the conversation back to me, my immunization status, medication refills, and upcoming lab work. The visit concluded, with both of us being pleasant, professional, and friendly.

But when I left the office, I was shaken. So many questions.

Do I want to see a doctor who thinks of me as one of those low-performing doctors who just couldn't make it anywhere else? I'm insulted, personally.

Did I just encounter a single pessimistic internist? Or did I just learn some important insider information about her group? Did her cynical comments reflect reality? Is her hospitalist group full of uncommitted short-timers? Are they all burned out after several COVID years?

She did a good physical exam and took a thorough history. Her diplomas were on the wall; I know she's well-trained. I think she would take good care of me. Should I stick with her or jump to another group that uses a different hospital? But, I like that hospital. Over the years, several family members and I have gotten very good care there. But what if I need to be hospitalized and cared for by her group of hospitalists? Will I be comfortable?

Curious now, I decided to look at the data. There are <u>60,000 adult</u> <u>hospitalists</u> and <u>4,000 pediatric hospitalists</u>, according to best estimates. Pediatricians are, as always, a small part of the health care workforce. A 2014 article in <u>Today's Hospitalist</u> stated that over 80% of pediatric hospitalists are satisfied or extremely satisfied with their career. Sixty-three percent of adult hospitalists made the same statement. Newer data has been confounded by COVID; 50% of all hospitalists now say they are suffering from burnout, in a <u>2021 Medscape survey</u>. A 2022 article in <u>Journal of</u> <u>Hospital Medicine</u> noted that annual turnover is higher in hospital medicine than in any other specialty and averages 11% per year (I can't tell if pediatricians were included in this data or not.). Gosh, that seems high! When I talk with my pediatric hospitalist colleagues, they are in the middle of an unprecedented RSV deluge that is overwhelming hospitals, offices, and emergency rooms. They barely have time to catch their breath. But they don't want to work anywhere else. They love the hospital.

So, how do I think about this odd encounter? I have written this article to ask questions.

Are pediatric hospitalists and adult hospitalists the same? Or different?

What is the state of the adult hospitalist world?

Do you believe you have the best job ever? Do you want to stay where you are for a long time?

Really, how are you guys doing?

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