

Obstetrics and Gynecology Hospitalist Fellowships



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KEYWORDS

- Obstetrics and gynecology • Hospitalist • Fellowship • Patient safety
- Physician satisfaction

KEY POINTS

- The primary aim of OB/GYN hospitalist fellowships is to train physicians in a way that aligns their interests with those of the hospital with respect to patient care, teaching, and research.
- OB/GYN hospitalist fellowship programs will provide extra training and confidence for recent residency graduates who want to pursue a hospitalist career.
- OB/GYN hospitalist fellowship programs will support the increasing needs for OB/GYN hospitalists, improve patient care and safety, and increase physician satisfaction.

INTRODUCTION

The enormous proliferation of managed care over the past 3 decades has resulted in the need for judicious use of health care resources and cost reduction. This has led to several changes in practice patterns to maintain efficiency and patient safety. Under these circumstances and because most resources are spent in acute hospital settings, it is not surprising that physicians dedicated to hospital work have become key players in an effort to provide high-value health care. Acute hospital settings include emergency rooms, critical care units, postoperative units, and labor and delivery (L&D) suites. As a result, there have been an increasing number of physician hospitalists from many specialties and subspecialties, such as general internal medicine, pediatrics, critical care, surgery, neurology, and obstetrics and gynecology (OB/GYN).^{1,2} A survey in 2011 showed that 13.3% of primary care physicians were hospitalists and that between 2009 and 2011 the percentage of hospital admissions for Medicare patients increased from 25.7% to 31.8%.³

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The term “hospitalist” was coined by Wachter and Goldman in mid 1990s in an article written for the University of California, San Francisco, resident’s “newsletter” and a year later in an official article published in the *Journal of the American Medical Association*.^{3,4} Hospitalists work and provide patient care in the hospital. Their role is to make sure that hospital protocols and guidelines are followed appropriately, to coordinate care, and to improve communication during transitioning of care, thus improving efficiency and patient safety. The challenges for hospitalists are to minimize the use of unnecessary tests and at the same time maintain or improve outcomes. A retrospective historical cohort study has shown that a system using full-time hospitalists may significantly decrease the hospital stay, readmission rate, and overall medical cost of care without any negative effect on patient satisfaction.^{1,5,6}

The first publication regarding hospitalists in OB/GYN was by Weinstein,⁷ who pointed out the need for “laborists” who would concentrate on managing patients in labor. The main reasons for laborists included a projected shortage of obstetricians who deliver infants due to increasing rates of burnout and the medical legal crisis. Additional speculated benefits included improved patient outcomes and physician satisfaction. Indeed, subsequent research showed that OB/GYN hospitalists and laborists have higher job satisfaction as compared with nonhospitalists.⁸ However, large prospective comparative studies of specific maternal and neonatal outcomes with and without laborists are needed to understand the impact of the laborist model.⁹

In a 2010 committee opinion, the American College of Obstetricians and Gynecologists supported the model of care by OB/GYN hospitalists and opined that this model of care will most likely result in physician and patient satisfaction and at the same time will provide effective and safe patient care.¹⁰ The document clarified the term “laborist” as being a physician whose primary responsibility is to manage patients in labor and with obstetric emergencies and “OB/GYN hospitalist” as being a physician whose responsibility is expanded to include emergent gynecologic care of hospitalized OB/GYN patients.

Although the needs for laborists and OB/GYN hospitalists is rapidly increasing,¹¹ their mean age in a 2010 survey was 48.8 years and the average number of years since their residency was 17.0 years.⁸ As a result, it is likely that in the near future there may be a shrinking pool of available hospitalists, given the increasing demand and the fact that recent residency graduates very rarely are choosing to become hospitalists. Possible reasons why recent OB/GYN residency graduates do not choose a hospitalist career is because many of them chose to pursue Accreditation Council for Graduate Medical Education (ACGME)-approved OB/GYN fellowships or because they may not feel equipped or feel they have the necessary experience to manage rare complications. There is no question that the limits in resident work hours that have been imposed on training programs over the past decade must have had a negative effect on resident experience, because the length of training remained the same at 4 years. This lack of experience is mostly for rare obstetric and surgical emergencies. After consideration of all these issues, an OB/GYN hospitalist fellowship may provide a safe “bridge” for those who are interested in a hospitalist career, especially for recent OB/GYN resident graduates.

STEPS UNDERTAKEN TO CREATE THE FIRST OBSTETRICIAN/GYNECOLOGIST HOSPITALIST FELLOWSHIP

Since 2010, Winthrop University Hospital had established an OB/GYN Hospitalist Division within the Department of Obstetrics and Gynecology consisting of 2 senior and very experienced OB/GYN physicians. The challenge was to build the educational

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