LETTERS

Procedures Performed by the Hospitalist and Non-hospitalist

Jeffrey H. Barsuk, MD^{1,2}, Mark V. Williams, MD², William C. McGaghie, PhD³,
and Diane B. Wayne, MD²

¹Department of Medicine, Northwestern University Feinberg School of Medicine, Chicago, IL, USA; ²Department of Medicine, Northwestern University Feinberg School of Medicine, Chicago, IL, USA; ³Augusta Webster Office of Medical Education and Faculty Development, Northwestern University Feinberg School of Medicine, Chicago, IL, USA.

To the Editors:—Thakkar et al. present results from a cross-sectional survey comparing the number of bedside procedures performed by hospitalist and non-hospitalist physicians.¹ This article is a reanalysis of 2004 survey data. The authors studied the performance of nine procedures designated “core competencies” by the Society of Hospital Medicine (SHM) in 2006. Although only 11% of the 175 hospitalists surveyed in 2004 performed all nine procedures, 39% to 50% had performed lumbar puncture, abdominal paracentesis, thoracentesis, and central venous catheter (CVC) insertion in the prior year.¹ To our knowledge, classifying a set of procedures as core competencies does not require that an individual hospitalist perform them all in a specific time period. Therefore, we disagree with the authors’ conclusion that “there is a relatively low frequency with which physicians classified as hospitalists engage in the core competency procedures of hospital medicine.”¹ In our view, the data show that hospitalists perform bedside procedures regularly in American hospitals.

It is misleading to generalize practice patterns of current hospitalists from these results. First, this report presents information from only 175 physicians at a time when there were over 12,000 hospitalists in the United States.² In 2010, the number of hospitalists will approach 30,000.² Second, the survey was designed to sample general internist members of the American College of Physicians,¹ not hospitalists, and had a low response rate that prevents firm conclusions. Third, these results are from 2004, before the development of the core competencies. Last, these results differ from a 2005–2006 survey by SHM that was also limited by a low response rate, but revealed that 68% of hospitalist groups perform procedures.³

This work has an important message despite our concerns. It highlights the need for enhanced, competency-based procedural training for internal medicine residents, especially those pursuing a career in hospital medicine. If residents do not acquire skills needed to perform these procedures safely during

training, they will be unsafe when expected to perform them in practice. Simulation-based education is a safe and effective method to boost physicians’ procedural skills. Simulation provides an opportunity for deliberate practice, improves skills, and reduces complications in core competency procedures including thoracentesis⁴ and CVC insertion.⁵ Simulation is endorsed by the American Board of Internal Medicine. Residents, general internists, and hospitalists all perform bedside procedures. What really matters is that they are evaluated rigorously and demonstrate the skills to perform these procedures safely.

Jeffrey H. Barsuk, MD, Division of Hospital Medicine, Northwestern University Feinberg School of Medicine, 259 East Huron Suite 475, Chicago, IL 60611, USA (e-mail: jbarsuk@northwestern.edu).

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