Why I Like Being in with the Inpatient Crowd: How I Took the Non-traditional Path of the GI Hospitalist

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When I tell people what I do, the response is usually the same: “you’re a what?” Two years into practice, I now have a well-practiced elevator pitch ready to answer such questions. I am a gastroenterologist focused on the in-hospital care of GI disorders. No, I do not have a clinic or routine outpatient responsibilities and yes, I like my job.

GI hospitalists are a growing niche within GI. Whereas the number of hospitalists in the fields of internal medicine, pediatrics, intensive care, emergency care, and specialties such as obstetrics has increased exponentially over the past twenty years, the concept has been slow to catch on in GI [1, 2]. When I started my job in 2019, the literature on the role was sparse with only 2 published papers on the topic of GI hospitalists dating to the early 2000s [3, 4]. I knew of only one other GI hospitalist, who knew of a few more. It was understandable why people reacted with such a puzzled look when I explained what I did for a living.

Given the rarity of GI hospitalists and lack of role models, how did I shape my career path to achieve this goal? I initially knew that I wanted to practice general GI in an academic center but maintain adequate flexibility so that I could find and develop a niche, participate in medical education, and contribute to quality and safety initiatives while growing professionally. The more jobs I looked at, the more the possibility of becoming a GI hospitalist became appealing, primarily since I could define my career trajectory. The downside, however, was that it also meant committing to uncertainty. I had no experience working with GI hospitalists and was unsure about what such a position entailed since the job requirements were going to be developed and defined in real time. Though the clinical volume and variable demands combined with an unpredictable career path

were daunting, the appeal of creating something new with sufficient flexibility to grow into won out.

My first year was largely spent defining and developing my duties and responsibilities as a GI hospitalist and building a network of peers in the hospital while exploring professional interests alongside my co-GI hospitalist who shared the consult service responsibilities. By year two, increasing volumes necessitated that we add a third GI hospitalist and restructure our coverage to better support demand. While I had some time to explore my interests during my first year, our restructured staffing model meant I had even more time to expand beyond patient care and develop as an academic. I took the position of medical chair of quality and safety for our service line, a position perfectly suited for a GI hospitalist with a network that already encompasses multiple specialties. Being based in the hospital also afforded opportunities to participate in a number of committees within and outside of GI. The inpatient nature of the job also facilitated participation in clinical research studies of common conditions such as GI hemorrhage and peptic ulcer disease combined with health services research studying transitions of care and the impact of GI hospitalists on productivity and quality-of-care. With a good working relationship with trainees, I was able to develop several trainee lectures, endoscopy hands-on training sessions, and curricula for both inpatient GI and quality improvement (QI) in addition to being one of the primary educators for the first-year fellows.

Part of what I love about being a GI hospitalist is the variety. Some days I spend working on QI initiatives or on clinical research. On other days I’m running a consult team of trainees taking care of complex inpatients. I may start a day on service by initiating infliximab therapy for a complicated Crohn’s patient, endoscope a patient with active variceal hemorrhage in the ICU, and then evaluate a patient with multi-system complaints and a potential genetic disorder. Next I read a video capsule endoscopy, teach the fellows about a common inpatient condition such as malnutrition, and finish my day by seeing new consults (with the trainees)

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for patients with complaints including diarrhea, odynophagia in the setting of immunosuppression, ileus, and abnormal imaging suggestive of colon cancer. Though every day is different, life-threatening GI emergencies, unpredictable patient volume, and challenging endoscopies are frequently encountered. Certainly, this is not appealing to everyone, but the excitement and need for creativity and quick thinking is what draws some of us to be GI hospitalists. And while days can be busy, one of the major benefits is the lack of need for prior authorizations, patient calls, or inbox messages that plague outpatient GI practice. Your work is done when you leave the hospital.

Though we are still a small, largely unorganized group, over the last few years, GI hospitalists have become more common in academic practices. We now have a collaborative network of our peers, meeting with over 20 GI hospitalists virtually each month though there are certainly others in different practice models who have not yet been connected. We have also launched a special interest group through the American Society for Gastrointestinal Endoscopy and published on multiple GI hospitalist-related topics to help share our experiences with others. As more people become

focused on inpatient-based GI care in the future, we hope to foster GI hospitalist providers and programs across the country for those that may find this as an exciting career path.

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