

## LETTER TO THE EDITOR

Global Health Hospitalists: The Fastest Growing Specialty's  
Newest Niche

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Over the last decade, health systems strengthening, workforce training, and patient safety have come to the forefront of global health (GH) priorities.<sup>1</sup> Although a growing literature describes the advantages and challenges of GH experience during medical school and residency, little is known about patterns of GH activity among hospitalists.<sup>2</sup> As the fastest growing US medical specialty, hospital medicine is well suited to meet these global health challenges through specific emphasis on quality improvement, safety, systems thinking, and medical education.<sup>3</sup>

To learn about hospitalist involvement in GH, we conducted a survey study of hospitalist members of the Society of Hospital Medicine (SHM). Our survey was sent to the entire SHM membership (~8000) and examined demographics, characteristics, and patterns of involvement in GH, and explored perceived synergies as well as barriers to GH work.

Among the 232 participants who responded to the questionnaire, 60% were male; the mean age was 43 years. Seventy percent had internal medicine training, 41% indicated a community-based nonacademic hospital as their primary professional setting, and 81% indicated that clinical work was their primary professional activity (Table 1).

Overall, 51% of all respondents in our study reported having GH experience prior to becoming hospitalists, and 33% of all respondents said that they participated in GH activities after entering the field of hospital medicine. Sixty-five percent of respondents stated that their GH work since becoming hospitalists primarily addressed infectious diseases, and 42% indicated that their activities were in the outpatient setting. Seventy-eight percent of respondents had no funding to support their GH work. Among the 67 respondents who answered a question on the possible influence of GH work on their decision to enter hospital medicine, 29% indicated that scheduling flexibility inherent in hospitalist work is an important enabling factor for continued engagement in GH.

Qualitative analysis of responses to open-ended questions revealed several challenges that hospitalists face in the field: 1) lack of mentorship, career development plan, and recognition of GH activities; 2) lack

**TABLE 1.** Demographics (Total N=232)

	No. (%)
Sex	
Male	140 (60)
Female	92 (40)
Age, mean (y)	43
Clinical specialty	
Internal medicine	163 (70)
Family medicine	24 (10)
Medicine-pediatrics	19 (8)
Internal medicine subspecialty	17 (7)
Pediatrics	9 (4)
Practice setting in the United States	
Community-based nonacademic hospital	95 (41)
Community-based academic hospital	64 (27)
University-based academic hospital	62 (26)
Other	2 (1)
Veterans affairs	10 (4)
Primary professional activity as hospitalist	
Clinical work	187 (81)
Administrative	24 (10)
Education	14 (6)
Research	2 (1)
Other	5 (2)
Have prior experience in global health	
Yes	117 (51)
No	115 (49)
Participated in global health activity after becoming hospitalist	
Yes	77 (33)
No	155 (67)
Focus of global health work <sup>a</sup>	
Infectious diseases	43 (65)
Chronic diseases	35 (53)
Prevention/public health	26 (39)
Medical education/health workforce	22 (33)
Clinical setting for global health work <sup>a</sup>	
Outpatient	28 (42)
Inpatient	24 (36)
Did not participate in clinical work	22 (33)
Supervised trainees	18 (27)
Other	9 (13)

<sup>a</sup>Respondents were instructed to choose all applicable answers; only 66 respondents answered this question.

of GH training and knowledge of local systems of care, and difficulty applying domestic clinical experience in GH settings; 3) lack of materials resources and funding; and 4) lack of hospitalist model for inpatient care in many GH settings (Table 2).

Despite these challenges, respondents thought that hospitalists could make several important contributions to GH: 1) service delivery, 2) clinical training of healthcare providers and capacity building, 3) quality improvement and systems change, 4) donation of

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**TABLE 2.** Challenges and Contributions

Themes	Illustrative Quotes
<b>Challenges</b> Lack of mentorship, career development plan, and recognition of GH activities  Lack of GH training, knowledge of local systems of care, and difficulty applying domestic clinical experience in GH settings. Lack of resources (clinical supplies, medications, technology) and funding  Lack of hospitalist model for inpatient care in many GH settings	<b>Challenges</b> "No funding or time support. I just finally got my department to agree to 5% salary support for all the time I am putting into this. There is no precedent at our institution and not much incentive for creating and expanding a global health center." "Colleagues at home do not appreciate or understand what I'm doing when I'm away." "Different approaches, different diseases, hard to apply knowledge from here to tropical medicine in resource limited setting." "I'm not used to the lack of structure that you have in American hospitals. . . . Practicing with limited access to tests and procedures is hard." "A great deal of the demand is in office/clinic-based settings. The hospitalist model is nonexistent outside the United States."
<b>Contributions</b> Service delivery—clinical, preventative, disaster relief  Clinical training of healthcare providers and capacity building  Quality improvement and systems change, including patient safety, program development, and evidence-based medicine Donation of materials resources  Research and advocacy	<b>Contributions</b> "Improving service delivery, increasing patient safety in low-resource settings, increasing provider capacity, advocating for increased resources for developing countries." "Training other clinicians to work in the inpatient setting. This has been primarily the work of outpatient clinicians and I think there is a strong need for inpatient clinician educators and hospitalists in the global medical field." "Exporting US standards regarding antibiotic stewardship, nosocomial infection policies. Decompressing subspecialty workload. Informing and implementing local medical education." "Bring our standard of care to poor patients in areas where these patients would have few or no options, on a volunteer basis with donated supplies." "Raise awareness about medical care inequities; provide medical care; recruit others to global health."

NOTE: Abbreviations: GH, global health.

materials resources, and 5) research and advocacy (Table 2).

Among respondents with GH experience, 46% reported interest in collaborating with other hospitalists within SHM to increase the impact that hospitalists have on achieving equity in health for all people. Finally, 40% of our respondents indicated that they planned to participate in GH teaching, research, clinical care, or policy work in the next 2 years.

This is the first empirical study to explore the interface between the fields of hospital medicine and global health (GH). Although hospitalist respondents recognize important challenges to GH work, they also view themselves as uniquely positioned to contribute to this growing field, particularly in areas such as quality improvement, safety, systems thinking, and medical education, all strengths of the hospital medicine model that could be translated to resource-limited settings. Future work could focus on developing resources for hospitalists to fund GH work and career development opportunities through local institutions and national or international organizations. In recognition of this growing interest among hospitalists, the Society of

Hospital Medicine (SHM) has very recently approved a Global Health and Human Rights Section, founded by the authors. This section will hopefully become an avenue for networking, mentorship, and research collaboration among hospitalists interested in global health. Further investigation will be essential to examine the impact of this young field on global health priorities and to refine this model of engagement for various resource-limited settings.

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