The challenge of pediatric hospital medicine research.

The launch of *Hospital Pediatrics* as a full-fledged journal represents a major turning point in the development of pediatric hospital medicine as an academic field and demonstrates that we have a sufficient number of scientific inquiries to warrant an independent, peer-reviewed journal. However, there are persistent challenges for hospitalists who desire an academic career, including insufficient research training, dedicated research time, and academic mentorship and role models. An additional challenge, as well as opportunity, for those with an interest in pediatric hospital medicine research is the wide range of activities in the field, including quality improvement (QI), comparative effectiveness research, educational evaluation, health services research, and practice management. Although there is often overlap among these areas, they are rapidly evolving so that definitions and training needs are not always clear.

The demand for high-quality research in all of these areas has never been greater. QI has taken a place at center stage, as we all strive to reduce medical errors and to improve the quality and value of care for hospitalized children. Many national organizations, such as the National Initiative for Children’s Healthcare Quality and Child Health Corporation of America/the National Association of Children’s Hospitals and Related Institutions, are actively supporting pediatric QI in hospitals. Within pediatric hospital medicine, grassroots efforts are highlighted in the growth of the Value in Pediatrics Network (www.vipnetwork.webs.com), whose members are collaborating to provide timely feedback to practitioners so that care may be continually improved. Meanwhile, QI researchers are challenged with identifying the successful aspects of local QI initiatives that are generalizable to other settings.

With health care reform looming and the current challenges in funding medical treatment, especially for underserved populations, studying the delivery of health services to hospitalized children is more important than ever. Currently, most pediatric inpatient practice is still based on relatively small, single-center studies, and even the most common diagnoses, such as asthma, do not have a strong evidence base to guide clinical practice. To improve care for hospitalized children we must increase our portfolio of comparative effectiveness research. The National Institutes of Health and the Agency for Healthcare Research and Quality have made funding comparative effectiveness research a priority, which makes now an ideal time for academic faculty to consider planning and submitting proposals. The Pediatric Research in Inpatient Settings Network (www.prisnetwork.org) provides hospitalists with opportunities to participate in multicenter comparative effectiveness research collaborations to improve the care of hospitalized children.

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Improving the quality of educational programs for medical students and residents must also be a major priority, especially as the number of hours residents spend in the hospital—and thus their opportunities for learning—are reduced. Pediatric hospitalists often play a central role in medical student and resident education, and fostering programs to extend these roles into research will strengthen the field. The future of pediatrics depends on our ability to determine the best ways to improve the quality of training programs in this new environment. Finally, as the field of pediatric hospital medicine rapidly grows and evolves to meet the clinical demand, there is ample opportunity to study practice change so that we can determine the best way to organize hospital medicine groups and systems to provide the highest quality care.

Whenever there is rapid growth in a field, whether in manufacturing or medicine, maintaining a focus on quality can be challenging. It is imperative that we find ways to foster the research skills of pediatric hospitalists. Although creating academic fellowship programs to train promising young researchers is critical for the future, we need more immediate solutions. A broad array of strategies will be necessary to address the diverse clinical and academic interests in pediatric hospital medicine. Some of these strategies currently include interactive workshops at academic meetings, such as the Pediatric Hospital Medicine and Pediatric Academic Societies meetings; hands-on QI training, such as those at Cincinnati Children’s Hospital Medical Center (Cincinnati, OH) and Intermountain Healthcare (Salt Lake City, UT); mentored projects such as the Academic Pediatric Association’s Educational Scholars Program and Young Investigator Award Program; and participation in local career development award programs.

Now is the time to act. We challenge all pediatric hospitalists to become engaged in pediatric research and further our subspecialty’s knowledge base. Publications, whether about a multicenter clinical trial funded by the National Institutes of Health performed over years by a team of experienced investigators or a local QI initiative completed during pressured academic time by a novice investigator, build our understanding of the best way to care for hospitalized children and the growth of our field as an academic discipline. Hospital Pediatrics is our forum to disseminate what is important to us as pediatric hospitalists.