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Ruth Trailer, BGS, Coordinator, Division of Hospital and Surgical Services

SECTION MEMBER NEWS

SOHM CHAIR LETTER: THE NEW GUIDING PRINCIPLES
Recently, the Section on Hospital Medicine (SOHM) published a revision of the American Academy of Pediatrics (AAP) policy statement “Guiding Principles for Pediatric Hospital Medicine Programs.”1 Originally published in 2005,2 this new iteration of the policy statement reflects 8 years of growth, change, and expanded roles of pediatric hospitalists. However, the spirit and goal of this policy statement remain the same: to address the ideal role and responsibilities of pediatric hospitalists and our programs for our overarching goal of providing the best possible care for hospitalized children. As before, this new document establishes the principles of voluntary referrals, leadership within hospital systems, competency in pediatrics, collection of data, timely communication and follow-up with outpatient providers, and program design that addresses local needs. However, it also updates the role that pediatric hospitalists play in the care of children based on the latest evidence and trends.

For example, the new statement recognizes that pediatric hospitalists have led the way in the development and championing of patient- and family-centered care,3 and it challenges all hospital medicine programs to make family-centered care a guiding principle in their development. Our new statement reaffirms that pediatric hospitalists should be at minimum board certified/board eligible in pediatrics but also recognizes that the published pediatric hospital medicine (PHM) core competencies4 may serve as a better outline for skill development among hospitalists. The new statement reaffirms our commitment to quality improvement and safety, while challenging us to become advocates on behalf of our patients.
by championing programs that make these 2 goals a priority. Finally, the statement introduces the concept of “added value” and calls on program leaders to recognize hospitalists for what they do beyond clinical work. It recognizes that hospitalists, by the nature of our work, are expected leaders, experts in hospital systems and structure, natural educators, and unequivocal patient advocates. This added value should be recognized and adequately compensated.

SOHM stands fully behind this statement and calls on hospital medicine programs and hospital leaders to use these guiding principles as a blueprint for program development and expansion.

Ricardo Quinonez, MD, FAAP

REFERENCES


PHM CONFERENCE TRAINEE EXPERIENCE

The AAP SOHM was pleased to again award 4 travel grants for trainees interested in PHM to attend the PHM conference held in August 2013 in New Orleans. Four winners were selected from a record number of qualified applicants. Awarded were able to have breakfast with AAP SOHM past Chairperson Dr Daniel Rauch and meet with current AAP SOHM Chairperson Dr Ricardo Quinonez. Overall, the awardees had a wonderful conference experience, as described in their own words:

Dr Gabrielle Hester, University of Utah

“PHM continues to be my favorite conference as a trainee in pediatric hospital medicine. To have so many leaders come together to share knowledge, inspire new ideas, and guide trainees and young faculty is a rare opportunity. My experience at the conference was a great mix of refreshing old skills (such as with a pediatric ECG workshop), diving into details on newer clinical skills (such as a great workshop on emergencies in technology-dependent children), presenting research to a warm crowd of experts who asked questions that helped me to reshape the next steps of my project, and getting updates on important articles and debates ongoing in our field. Another important part of the PHM conference was the opportunity to chat with hospitalists and trainees interested in hospital medicine from around the country. It was great to network with leaders whose articles I’ve read, get tips on navigating a conference from SOHM leadership, and to catch up with other PHM fellows as they move forward in training and careers.”

Dr Justin Miyamoto, University of Washington

“From developing standard care based on the best available evidence to improving processes required to deliver those standards, I valued both the breadth and depth of topics that covered my interests at PHM 2013. As a junior resident, I appreciated small group sessions on early career skills, manuscript publishing, and writing quality improvement—sessions led by pillars of the pediatric community who shared their insight to launch the early career pediatrician. Furthermore, large group sessions highlighting variations in inpatient care helped contextualize the challenges of creating consistent approaches to care, and informed the exciting and evolving national research agenda of pediatric hospital medicine.”

Dr Alison Montgomery, University of Colorado

“This was my first year attending the PHM conference, and I was so impressed and inspired by the experience. Not only did I learn practical knowledge that I will use in my everyday practice as a hospitalist, but I was able to expand my research and teaching skills through the focused workshops. In fact, I was inspired to pursue a Hospital Medicine Fellowship next year after meeting and interacting with the extraordinary leaders, researchers, and educators in the field. I am so grateful for the opportunity to attend the conference and the exposure to the national presence within hospital medicine. It (literally) was a career-changing experience.”

Dr Terrell Nabseth Stevenson, Stanford University

“I felt at home at the PHM conference, surrounded by so many like-minded people. It was inspiring to watch participants
excitedly discuss clinical conundrums, argue passionately about the evidence-based management of common pediatric illnesses, and push to “safely do less.” The presentation of the “Top Articles in Pediatric Hospital Medicine” at this year’s conference was a practical reminder of the breadth and depth of research possibilities within the field, and now I am even more interested to learn how to do good clinical research during fellowship. I appreciate the candid career advice given to me by some of the top leaders in pediatric hospital medicine, particularly during those sessions that were part of the “Early Career” track. In all, I left the conference proud to be a part of PHM and excited to contribute to the future of the field.”

In addition to the Pediatric Hospital Medicine Resident Travel Grant, which provides funding toward the annual PHM conference, the AAP SOHM offers a multitude of opportunities, including:

- Legislative Conference Grant Program: funds a SOHM member to attend the Academy’s Legislative Conference.
- Pediatric Hospital Medicine Abstract Research Award: recognizes outstanding original research presented as part of the National Conference & Exhibition.
- Pediatric Hospital Medicine Fellows Conference: supports a group of PHM fellows for a weekend conference in Park City, Utah.
- Pediatric Hospital Medicine International Travel Grant: funds up to 2 physicians from countries outside the United States to attend the annual PHM conference.

For information on all of the Section’s activities, please visit www.aaphospmed.org.

**PLEASE CONGRATULATE THE NEWEST MEMBERS OF THE AAP SOHM EXECUTIVE COMMITTEE!**

**Jeff Brown, MD, MPH, FAAP**

Dr. Jeff Brown is the Section’s first Executive Committee member elected to represent the interests of community hospitalists. His relevant background and experience include the following:

- Full-time pediatric hospitalist and medical director in a community hospital setting for the past 5 years.
- Very active member of SOHM, co-chairing the Section’s Subcommittee on Community Hospitals.

- Last 2 years was coordinator of the successful PHM workshop “Pediatric Hospital Medicine in Community Hospitals: Lessons Learned in the Trenches.”
- Extensive past AAP experience, including nearly 20 years on the Executive Committee of the Colorado AAP State Chapter and 6-year terms on the AAP Committee on Child Health Financing and on the Executive Committee of the AAP Council on Community Pediatrics.
- Currently the coordinator of the CQI/Quality Initiative for the Pediatrix Medical Group, a national practice with >2000 physicians, of which I am an employee. In this role, we are developing a CQI/Quality Program for the >200 community hospital-based pediatric hospitalists in the practice.
- Professor of Pediatrics in the Department of Pediatrics at the Colorado School of Medicine from 2002 to 2010.

**Geeta Singhal, MD, MEd, FAAP**

Dr. Geeta Singhal has been a pediatric hospitalist for >14 years. She has worked in the community setting and has also had the opportunity to see the field of PHM grow by leaps and bounds in the last decade.

Dr. Singhal has had a variety of experiences throughout her career, including creating a community-based hospitalist program at a tertiary children’s hospital, working as an academic hospitalist, and leading a fellowship program. She was also able to lead a PHM section for >2 years and gained experience in administration.

Dr. Singhal has undergone specialized training in leadership, faculty development, finances, and patient safety. Her interests include family-centered rounding, professional and career development, diagnostic errors, and medical
education. She completed a Masters of Education degree and now holds an educational leadership role at the Baylor College of Medicine while still working as a pediatric hospitalist.

There is an open spot available in the next election. If you are interested in possibly running, please contact Nicole Alexander at nalexander@aap.org.

GUIDING PRINCIPLES FOR PHM PROGRAMS

One of the last things that the late Dr Laura Mirkinson did before retiring from the AAP SOHM leadership was revise/update the Section’s policy statement “Guiding Principles for Pediatric Hospital Medicine Programs.”

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Abstract: Pediatric hospital medicine programs have an established place in pediatric medicine. This statement speaks to the expanded roles and responsibilities of pediatric hospitalists and their integrated role among the community of pediatricians who care for children within and outside of the hospital setting.