

but some institutions already have psychiatry, obstetrics, and cardiology hospitalists, Dr. Nelson said. He also noted that in countries such as Germany, hospital and office practice are already largely differentiated.

The specialization of hospitalists is already raising the question of credentialing, Dr. Nelson noted. At this time, hospitalists can and should just be credentialed in their own specialty, he said. The bigger issue, he added, is what to do about hospital credentials for physicians who never go to the hospital anymore.

In his opinion, office-based practition-

ers can and should still continue to have hospital credentials because knowledge and expertise are not like the technical proficiency needed to perform a particular procedure, for which it has been shown that regular repetition is necessary for competency.

It is a question that hospitals are already asking, Dr. Nelson said. They are also worried about how they will keep doctors loyal to their particular institution, when the doctors no longer go there.

"A lot of people are thinking about ways to keep doctors loyal to a hospital," he said. ■

Hospital Medicine Specialty Firming Up Core Curriculum

BY BRUCE DIXON
Contributing Writer

CHICAGO — The Society of Hospital Medicine has taken a major step toward defining the core content areas and competencies for practicing hospitalists.

Members of SHM got their first glimpse of a draft document at the society's annual meeting. Authors of the curriculum hope

that the document, which is considered a crucial part of becoming a bona fide specialty, will be published in early 2006, possibly in the first issue of the Journal of Hospital Medicine, which is scheduled for publication in January.

"The current iteration of the core curriculum that we've developed was really borne from the first education summit that SHM held in September 2002," Michael J. Pistoria, D.O., chairman of the curriculum task force, said during the meeting in Chicago. "The concept of the core curriculum was really one of trying to find who we are and what we are. We know that what we do we do very well, [but] we don't always know how or why, and we don't know maybe how to teach [to achieve] the best possible hospitalists."

The core curriculum will be a valuable

resource for adult and pediatric hospitalists and for medical education, said Dr. Pistoria, associate program director at Lehigh Valley Hospital in Allentown, Pa.

"For example, a program director who wants to design a hospitalist

The core curriculum will be available to institutions that decide to have a hospitalist track in their residency programs or such a track within a fellowship.

track within his or her residency program, or a hospitalist fellowship, or even simply a class on congestive heart failure—say a lecture series—would have some of the core elements of that training," he said. "And we felt we had significant buy-in from medical education."

The content of the core curriculum will be available to institutions that decide to have a hospitalist track in their medical residency programs, or it could be part of the development of a hospitalist track within a fellowship, said coauthor Sylvia McKean, M.D., of Brigham and Women's Hospital, Boston. "For example, some programs have general internal medicine fellowships that take different paths, and they could use this for those people who are interested in doing research in hospital medicine and are eager to go down a hospitalist track."

It's important to note that hospitalists do more than provide inpatient care, Dr. McKean said. They also "have the opportunity to lead, participate, and coordinate quality improvement projects in the local hospital."

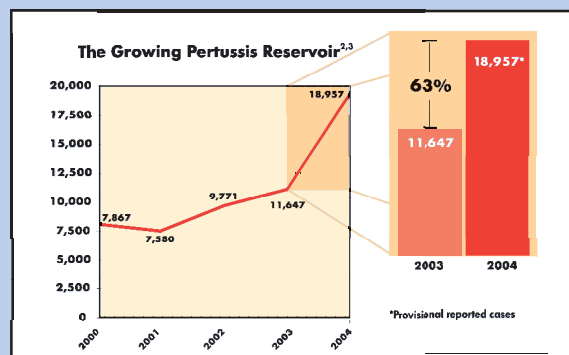
According to the American Hospital Association, some 1,200 U.S. hospitals now have hospitalist programs employing an estimated 10,000 physicians. More than 4,000 of these doctors are SHM members.

In addition to Dr. Pistoria and Dr. McKean, the core curriculum authors included: Alpesh Amin, M.D., University of California, Irvine; Tina Budnitz, Society of Hospital Medicine; and Daniel Dressler, M.D., Emory University, Atlanta. ■

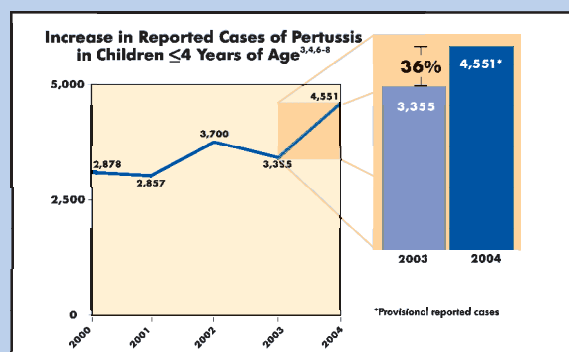
begins at home

The growing threat of pertussis — an often silent disease reservoir

Long thought to be nearly eradicated, pertussis case reports are at a 40-year high.² Today pertussis is the only communicable disease that is on the rise in all age groups for which a routine immunization is available. In 2004 there were 18,957 cases reported to the CDC, a 63% increase over 2003 and a startling 1000% increase from 20 years ago when incidence reached its nadir.^{2,3}



Especially troubling are two facts: first, there has been a 36% increase in reported cases among children ages 4 years or less^{3,4}; second, over the last decade, 80% of deaths attributed to pertussis occurred in infants under 6 months of age.⁵



Among the many explanations on the explosion of pertussis in the United States are better reporting, better diagnosis, and waning immunity. What they all have in common is the acknowledgment that there exists a reservoir of disease among adolescents and adults, and more importantly, from this reservoir pertussis transmission occurs. Pertussis is most contagious during

the first few weeks of illness before it is recognizable.⁹ In both adolescents and adults the disease is often mild in nature, and not associated with the trademark "whooping cough."^{9,10} However, studies have reported significant morbidity including pneumonia, rib fractures, urinary incontinence, weight loss, otitis media, and sinusitis.¹¹ People with pertussis are also at risk of hospitalization and other complications such as seizures and encephalopathy. Beyond the morbidity are the social, financial, and psychological costs of pertussis disease. One recent study reported that 70% of affected adolescents lost 5 to 10 days of school while 49% of afflicted adults were out of work for 5 to 10 days.¹¹ In addition, 49% of adults reported that their sleep was disturbed for more than 21 consecutive nights with 9% reporting disturbed sleep for an astounding 60+ nights.¹¹ It's no wonder the ancient Chinese called pertussis "the cough of 100 days."

Soon pertussis prevention will begin in the home too

Building on the heritage of the proven pediatric acellular DTaP vaccines, acellular Tdap vaccines for adolescents and adults will soon be available. This intervention will allow health-care providers to protect a broad spectrum of people from the morbidity of primary disease, as well as limit the morbidity and mortality in vulnerable infants by curtailing disease transmission.

You can find out more about pertussis by visiting any one of the following Web sites:

www.pertussis.com; www.cdc.gov;
www.nfid.org; www.napnap.org;
www.aap.org

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