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 practitioners 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.

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.

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