

# Factors That Influence Professional Satisfaction in Hospital Medicine: A Review for Prospective Hospitalists

*Melinda E. Kantsiper, MD*

*Neda Ratanawongsa, MD, MPH*

*Scott M. Wright, MD*

*Cheri G. Smith, MLS*

*Rachel B. Levine, MD, MPH*

**T**he discipline of hospital medicine has grown exponentially in the past decade, and it is predicted to continue to grow at a rate of 10% to 20% per year in the near future.<sup>1</sup> Hospital medicine is now comparable in size to emergency medicine and cardiology and is projected to be larger than any other internal medicine field, other than primary care.<sup>1</sup> This growth is attributed to market forces and is also seen as a response to calls for improvements in quality, safety, efficiency, and cost-effectiveness of inpatient medical care. Despite initial concern that this model of care might not be accepted by the public and the medical community, patients and primary care providers have reported satisfaction with the care provided by hospitalists.<sup>2,3</sup> Similarly, medical students and residents are satisfied with the teaching and educational roles taken on by hospitalists.<sup>4-6</sup> Studies also have demonstrated the positive impact of hospitalists on the functioning of hospitals in terms of financial measures, patient care, efficiency, and administrative changes.<sup>7</sup>

A Society of Hospital Medicine survey estimates that at least half of the new positions in hospital medicine are being filled by recent graduates of residencies and fellowships.<sup>8</sup> Students and residents may be drawn to hospital medicine for its novelty, lifestyle, and professional characteristics. However, the work-related factors that affect hospitalists' job satisfaction merit closer scrutiny. Because hospital medicine is a new and changing field, students, residents, and the faculty who advise them may not be aware of the core characteristics of hospital medicine that may promote professional satisfaction. For example, are hospitalists as satisfied as the constituents they serve? What aspects of hospital medicine are likely to promote professional well-being, and what aspects may lead to burnout? Understand-

ing what makes hospitalists flourish professionally can inform students and residents considering a career in hospital medicine and can help their mentors and program directors guide them to a hospital program that matches their goals and interests.

Based on a review of the literature, we describe 4 key factors that impact professional satisfaction for hospitalists: clinical duties, work environment, opportunities for professional development, and lifestyle considerations. Borrowing from the career development and advising literature, we have developed a concise personal/professional inventory related to each domain of professional satisfaction for physicians interested in hospital medicine. These exercises pose reflective questions about personality, communication styles, work habits, motivators, and goals that may assist prospective hospitalists in making career decisions.<sup>9</sup> Mentors and program directors may find these inventories useful as an advising tool.

## **CLINICAL DUTIES**

Hospitalists care for a wide range of patients from diverse backgrounds. Although inpatients often present with acute problems, many have significant chronic illnesses and ongoing psychosocial issues. Hospitalists are responsible for the entire patient, shepherding them through diagnosis, testing, treatment, and discharge.

---

*Dr. Kantsiper is assistant director, Collaborative Inpatient Medicine Service, Dr. Wright is a professor of medicine, Dr. Levine is an assistant professor of medicine, and Ms. Smith is senior informationist; all are at Johns Hopkins School of Medicine and Johns Hopkins Bayview Medical Center, Baltimore, MD. Dr. Ratanawongsa is an assistant adjunct professor, Division of General Internal Medicine, University of California at San Francisco, San Francisco, CA.*

**Table 1.** Personal/Professional Inventory Related to Clinical Duties

---

Which clinical duties might affect your professional satisfaction, both negatively and positively?

Do you view the expansion of your clinical duties as a source of stress or a way to maintain interest in your career?

Does the program you are considering plan for evolution and support its members through change? For example, does the leadership of the program get buy-in from its members before signing on to innovations?

Does the leadership provide training and support when it requires its members to take on new duties? Asking for concrete examples of this may be helpful.

---

This requires a broad knowledge of internal medicine, psychiatry, and geriatric medicine as well as subspecialty medicine.<sup>10</sup> Using ICD-9 data, Glasheen et al<sup>11</sup> described the range of diagnoses commonly managed by community-based hospitalists. They found that in addition to traditional internal medicine diagnoses such as chest pain, gastrointestinal bleeding, and chronic obstructive pulmonary disease, hospitalists were frequently managing neurologic, orthopedic, and general surgical cases, with diagnoses such as acute stroke, hip fracture, and bowel obstruction. In addition, nearly half of the patients in this data set were over age 65 years.<sup>11</sup>

While the challenge of caring for complex patients with diverse diagnoses may bring out the best in some physicians,<sup>10</sup> others may feel overwhelmed with the care of complicated and acutely ill patients.<sup>12</sup> Some hospitalists have rated their competence as suboptimal in certain clinical areas, such as geriatrics and end-of-life or palliative care<sup>13,14</sup> and feel limited in their opportunities for skill enhancement.<sup>13</sup> Prospective hospitalists should be aware of the clinical scope of hospital medicine as well as opportunities for augmenting their skills through fellowship training and continuing medical education programs. While current hospitalist fellowship programs often are designed with the mission of training hospitalists for academic research careers, many also provide opportunities for enhancement of clinical skills, such as training in palliative medicine or invasive procedures.<sup>15</sup>

Hospitalists may be called upon to significantly adjust their clinical roles as the needs of the hospital change.<sup>12,16</sup> Medical consultation is an example where hospitalists' responsibilities are changing. Although only a small fraction of internal medicine residency training, medical consultation may become a substantial part of a hospitalist's professional duties.<sup>13</sup> In one survey, 90% of US hospitalists reported they had medical consultation

responsibilities in addition to providing routine inpatient care.<sup>17</sup> Glasheen et al<sup>11</sup> found that in community-based hospitalist groups, 6.4% of patients seen were billed as consults. Increasingly, hospitalists are being asked to provide collaborative care with other services such as surgery and obstetrics.<sup>13,17</sup> Comanagement of surgical patients by hospitalists, which involves expanded care of these patients beyond the traditional medical consult role, may be adopted more broadly if randomized trials demonstrate improved outcomes.<sup>18</sup> However, while data suggest that surgeons and nurses are more satisfied when hospitalists comanage surgical patients,<sup>19</sup> there is concern that automatically referring all surgical cases for comanagement may place undue stress on a hospitalist program and increase the rate of burnout.<sup>20</sup> Even proponents of comanagement have advised carefully selecting appropriate cases, such as patients with active medical problems, advanced age, or comorbidities, where hospitalist expertise can be most valuable to the surgical team.<sup>21</sup> Other examples of the expanding clinical role of hospitalists include participation in innovations such as rapid response teams<sup>22</sup> and active collaboration with the emergency department to improve patient throughput.<sup>23,24</sup>

This evolution and expansion of duties over time may affect the professional satisfaction of hospitalists. While some hospitalists may embrace these as opportunities, others may be less comfortable with new roles or functions in clinical care. In a well-managed program, the expansion of clinical duties may create opportunities for hospitalists to take on leadership roles to help innovate and enhance the care of hospitalized patients. Prospective hospitalists may use the inventory in **Table 1** to reflect on the importance of various clinical roles for their career decision making.

## WORK ENVIRONMENT

Hospitalists may choose from a variety of work environments, such as community-based versus academic medical centers, urban versus rural settings, and private practice versus hospital-owned groups. There are other factors inherent to each work environment that may impact professional satisfaction. These include working in a collaborative setting, the potential for interpersonal conflict, and professional autonomy.

Hospitalists routinely interact with primary care providers, subspecialty consultants, emergency medicine physicians, nurses, midlevel providers, social workers, pharmacists, and case managers. For many physicians, these daily interactions with health care professionals may increase professional satisfaction by helping to counteract stressors, such as heavy patient loads or productivity pressures.<sup>25–27</sup> A 2001 survey of hospitalists by Hoff et al<sup>28</sup>

found that professional relationships between hospitalists and their colleagues, including specialists, nurses, and midlevel providers, enhanced job satisfaction and prevented physician burnout. More than half of the hospitalists in this survey reported high levels of camaraderie and solidarity within their practices, and 75% reported that their patient care team functioned collaboratively. Moreover, these findings were associated with low levels of burnout and the intent to remain in practice as a hospitalist for at least 8 years.<sup>28</sup> Hoff et al's finding that 67% of hospitalists surveyed intended to remain in their career for at least 8 years<sup>28</sup> is also quite favorable.<sup>29</sup>

While colleagues can be an excellent buffer against burnout, they may also be a source of conflict.<sup>30,31</sup> In the general health care literature, conflict between providers (eg, physicians and nurses) has been described as arising from miscommunication, differences in culture or training, fatigue, and poor interpersonal skills, or from deeper organizational tensions, such as budget constraints.<sup>32–34</sup> Potential examples of conflict for hospitalists might be disagreements with team members regarding treatment plans, difficulty coordinating schedules, or competition for limited resources. Such conflict, when common and when left unresolved, is a source of professional dissatisfaction and burnout and may lead to high employee turnover. Recommended approaches to conflict management in the health care setting have included communication and professionalism training, using managers and role models as mediators, and identifying and addressing common systemic causes of interpersonal conflict.<sup>33</sup> Prospective hospitalists should be aware of potential sources of conflict and consider programs with structures that enhance professional relationships and minimize conflict.<sup>35,36</sup>

Professional autonomy represents another key component of job satisfaction to consider.<sup>28,37,38</sup> Positions with high levels of autonomy allow physicians control over their clinical decisions and the care of their patients as well as adequate freedom within their professional environment.<sup>39</sup> While hospitalists work in a collaborative environment, they also report high levels of clinical autonomy,<sup>28</sup> which may enhance professional satisfaction. A personal/professional inventory related to an optimal work environment for career satisfaction is shown in **Table 2**.

### **PROFESSIONAL OPPORTUNITIES BEYOND CLINICAL ROLES**

Hospital medicine offers many opportunities beyond clinical activities for professional growth and development in both academic and nonacademic settings. Hospitalists can seek advanced education and training for career tracks as educators, quality experts,

**Table 2.** Personal/Professional Inventory Related to Optimal Work Environment

---

Consider the pros and cons of various program types (large, small, academic, community-based). What is the leadership and culture of the program? How might these change over time?
Assess your communication skills and how they impact your relationships with patients and colleagues.
Does working collaboratively with multiple providers enhance or limit your professional satisfaction?
How are decisions made and how is conflict resolved in the programs you are considering?
Weigh the importance of clinical autonomy for your work satisfaction.

---

investigators, and administrators. These pathways offer both potential rewards and challenges.<sup>40</sup> Accepting responsibilities beyond direct patient care may enhance professional satisfaction or may cause physicians to feel overextended. Prospective hospitalists may wish to consider which activities outside of direct patient care best serve their long-term career goals. Experienced hospitalists can mentor newer hospitalists in making career decisions that reflect their professional interests.<sup>41–43</sup>

Many hospitals have developed systems-based programs to address patient safety, efficiency, and evidence-based practice. Hospitalists can use these opportunities to design and lead quality improvement initiatives.<sup>12,23,24</sup> By serving on committees or developing hospital policies, hospitalists are important stakeholders in the ongoing quality improvement movement.<sup>2</sup> As coordinators of inpatient care delivered by interdisciplinary teams, hospitalists can conduct valuable clinical research in areas such as health care delivery and quality improvement. However, attaining success as clinical investigators is challenging for hospitalists, particularly if they lack research skills, protected time for research, or experienced mentors.<sup>15</sup> Programs that promote cross-divisional or cross-institutional networking may ensure the success of their hospitalists in securing grant funding and mentoring.<sup>44,45</sup>

For hospitalists with interests or expertise in finance, there are multiple ways to engage in the business side of hospital medicine. As hospitalists are invited to participate in novel clinical settings, those skilled in economic modeling can provide input on relative costs, benefits, and trade-offs.<sup>35,46,47</sup>

Hospitalists play a vital role in resident and medical student education.<sup>48</sup> Several studies have demonstrated that hospitalists are regarded by their learners as excellent teachers on the wards.<sup>2,4,5,15,49,50</sup> Hospitalists are also at the forefront of implementing improvements to the traditional inpatient internal medicine curriculum.

**Table 3.** Personal/Professional Inventory Related to Nonclinical Opportunities

---

What professional interests do you have beyond clinical duties (eg, teaching, quality improvement, research, administrative)?

Are there opportunities in the programs you are considering for professional development and training outside of clinical duties?

If your interests are primarily clinical in nature, do the hospital programs you are considering require you to participate in nonclinical activities?

Do the programs you are considering provide protected time and compensation for nonclinical activities?

Are experienced mentors available to support your personal and professional development in areas beyond clinical interests?

---

These include formal instruction in evidence-based medicine<sup>6</sup> and mentoring students and residents in quality improvement and patient safety initiatives.<sup>51</sup> In addition, with the advent of the resident duty hour restrictions, hospitalists are highly visible role models for residents learning about appropriate patient handoffs and coordination of care between providers. Hospitalists are beginning to play even more direct roles in resident and medical student training through development of clinical rotations, electives, subinternships, and dedicated residency tracks in hospital medicine.<sup>52</sup> Whether hospitalists are full-time clinician-educators or occasional ward attendings, teaching opportunities may be an important source of fulfillment.<sup>53–55</sup> A personal/professional inventory for assessing the importance of nonclinical activities for career satisfaction is shown in **Table 3**.

### LIFESTYLE ISSUES

Medical students rate lifestyle as important in their selection of residencies.<sup>56</sup> Students and residents may be attracted to hospital medicine because of its lifestyle features. Hospitalists earn 10% to 15% more than primary care providers in the same geographic areas, and self-employed hospitalists typically earn more than those working for organizations.<sup>8,35</sup> Salaried hospitalist positions appeal to physicians who need reliable incomes or those who are wary of running their own businesses. Many programs incorporate bonuses or incentive pay for higher productivity. Some groups are managed like traditional outpatient practices, where members are partners, assuming financial risk in return for higher potential income. However, prospective hospitalists should be aware that, as in other medical fields, female hospitalists may receive lower compensation than their male counterparts. Hoff<sup>57</sup> found that even after control-

**Table 4.** Personal/Professional Inventory Related to Lifestyle Factors

---

What are your financial goals in terms of income and financial stability, and what is your willingness to assume risk for the possibility of greater rewards?

How important is flexibility and control over work hours and schedule for your career satisfaction?

Do the hospitalist programs you are considering have reimbursement and scheduling models that are compatible with your personal and professional needs?

---

ling for age, tenure as hospitalists, job structure, and motivating factor for becoming a hospitalist, gender still accounted for the largest part of the difference. However, this survey did not control for hours worked. Despite this finding, males and females in the survey were equally satisfied.<sup>57</sup> A recent Society of Hospital Medicine survey also found a difference in reported earnings by male and female hospitalists, which may be attributed to differences in revenue generated.<sup>8</sup>

The scheduling structure of hospitalist programs may enhance physician satisfaction and well-being. Many hospitalist programs are organized into shifts, where hours are relatively predictable. Days off for hospitalists are generally protected. Shift work also allows for part-time and family-friendly scheduling. However, because hospital wards are open 24 hours a day, 365 days a year, hospitalist programs need to provide continuous coverage. This necessitates adequate staffing for colleagues who are ill or on leave. An inventory for weighing lifestyle factors in career decision making and satisfaction is shown in **Table 4**.

### CONCLUSION

The success of the hospital medicine movement appears to have established it as an increasingly attractive medical specialty (**Table 5**). However, the ever-changing nature of hospital medicine in clinical, administrative, and academic spheres creates some degree of uncertainty for prospective hospitalists. Opportunities exist for prospective hospitalists to create a niche of interest within and beyond clinical care. Medical students and residents considering careers in hospital medicine may wish to examine how their professional satisfaction could be enhanced by the unique opportunities and challenges related to clinical duties, the work environment, opportunities for professional development, and lifestyle issues in hospital medicine. After reflecting upon their professional and personal needs, they can seek an environment where they will thrive. **HP**

**Table 5.** Domains That May Impact Professional Satisfaction Among Hospitalist Physicians

Domain	Characteristics	Pros	Cons
Clinical duties	Patient diversity and complexity Clinical roles may evolve (eg, rapid response teams and surgical comanagement)	Variety of patients are appealing to many providers Opportunities for professional growth and leadership Appreciation by colleagues and hospital Financial rewards	Increased stress due to insufficient training and support
Work environment	Collaboration and teamwork Autonomy	Support from colleagues Independent clinical decision making	Conflict potential
Professional development	QI and systems-based innovations Research Business Medical education Administration and leadership	Ability to satisfy interests beyond clinical care Leadership opportunities	Potential for increased stress and burnout unless protected time, mentorship, and support are provided
Lifestyle	Salary Scheduling	Competitive reimbursement Variety of practice arrangements and salary structures Flexible scheduling, including part-time and protected days off	Salaries may vary depending on revenue generated, hours, and possibly gender Need to cover nights, weekends, holidays, and sick coverage

QI = quality improvement.

*Acknowledgment: The authors thank Drs. Eric Bass, Daniel Brotman, Colleen Christmas, and Eric Howell for their review and feedback on the manuscript.*

*Dr. Wright is an Arnold P. Gold Foundation Professor of Medicine, and he also receives support as a Miller-Coulson Family Scholar through the Johns Hopkins Center for Innovative Medicine.*

*Dr. Levine is the Mary O'Flaverty Horn Scholar in General Medicine awarded through the Society of General Internal Medicine.*

*Corresponding author: Melinda E. Kantsiper, MD, Collaborative Inpatient Medicine Service (CIMS), Department of Medicine, Johns Hopkins Bayview Medical Center, 4940 Eastern Avenue, Baltimore, MD 21224; Mkantsi1@jhmi.edu.*

## REFERENCES

- Wachter RM. The state of hospital medicine in 2008. *Med Clin North Am* 2008;92:265–73.
- Wachter RM, Goldman L. The hospitalist movement 5 years later. *JAMA* 2002; 287:487–94.
- Wachter RM. Hospitalists in the United States—mission accomplished or work in progress? *N Engl J Med* 2004;350:1935–6.
- Hauer KE, Wachter RM. Implications of the hospitalist model for medical students' education. *Acad Med* 2001;76:324–30.
- Kulaga ME, Charney P, O'Mahony SP, et al. The positive impact of initiation of hospitalist clinician educators. *J Gen Intern Med* 2004;19:293–301.
- Nicholson LJ, Shieh LY. Teaching evidence-based medicine on a busy hospitalist service: residents rate a pilot curriculum. *Acad Med* 2005;80:607–9.
- Wachter RM. The benefits of using hospitalists. *Health Forum J* 2001;44: 34–6.
- Society of Hospital Medicine. SHM results of the 2007–2008 survey on the state of the hospital medicine movement. Available at [www.hospitalmedicine.org/survey](http://www.hospitalmedicine.org/survey). Accessed 2 Feb 2009.
- Gordon VN. Career advising: an academic advisor's guide. San Francisco (CA): Jossey-Bass; 2006.
- Kingston M. Determining the professional attributes of a hospitalist: experience in one Australian metropolitan hospital. *Intern Med J* 2005;35:305–8.
- Glasheen JJ, Epstein KR, Siegal E, et al. The spectrum of community-based hospitalist practice: a call to tailor internal medicine residency training [letter]. *Arch Intern Med* 2007;167:727–8.
- Sehgal NL, Wachter RM. The expanding role of hospitalists in the United States. *Swiss Med Wkly* 2006;136:591–6.
- Plauth WH 3rd, Pantilat SZ, Wachter RM, Fenton CL. Hospitalists' perceptions of their residency training needs: results of a national survey. *Am J Med* 2001;111:247–54.
- Muir JC, Arnold RM. Palliative care and the hospitalist: an opportunity for cross-fertilization. *Am J Med* 2001;111:105–14S.
- Ranji SR, Rosenman DJ, Amin AN, Kripalani S. Hospital medicine fellowships: works in progress. *Am J Med* 2006;119:72.e1–7.
- Wachter RM. The evolution of the hospitalist model in the United States. *Med Clin North Am* 2002;86:687–706.
- Lindenauer PK, Pantilat SZ, Katz PP, Wachter RM. Hospitalists and the practice of inpatient medicine: results of a survey of the National Association of Inpatient Physicians. *Ann Intern Med* 1999;130(4 Pt 2):343–9.
- Huddleston JM, Long KH, Naessens JM, et al. Medical and surgical comanagement after elective hip and knee arthroplasty: a randomized, controlled trial. *Ann Intern Med* 2004;141:28–38.
- Salerno SM, Hurst FP, Halvorson S, Mercado DL. Principles of effective consultation: an update for the 21st-century consultant. *Arch Intern Med* 2007;167: 271–5.
- Siegal EM. Just because you can, doesn't mean that you should: a call for the rational application of hospitalist comanagement. *J Hosp Med* 2008;3: 398–402.
- Whinney C, Michota F. Surgical comanagement: a natural evolution of hospitalist practice. *J Hosp Med* 2008;3:394–7.
- Hospitalists take on role in rapid response teams with early success. *Perform Improv Advis* 2005;9:69–71, 61.
- Howell EE, Bessman ES, Rubin HR. Hospitalists and an innovative emergency department admission process. *J Gen Intern Med* 2004;19:266–8.
- Howell E, Bessman ES, Kravet S, et al. Active bed management by hospitalists and emergency department throughput. *Ann Intern Med* 2008;149:804–11.
- Shanafelt TD, Sloan JA, Habermann TM. The well-being of physicians. *Am J Med* 2003;114:513–9.
- Weiner EL, Swain GR, Wolf B, Gottlieb M. A qualitative study of physicians' own wellness-promotion practices. *West J Med* 2001;174:19–23.
- Williams ES, Linzer M, Pathman DE, et al. What do physicians want in their ideal job? *J Med Pract Manage* 2003;18:179–83.

28. Hoff TH, Whitcomb WF, Williams K, et al. Characteristics and work experiences of hospitalists in the United States. *Arch Intern Med* 2001;161:851–8.
29. Linzer M, Konrad TR, Douglas J, et al. Managed care, time pressure, and physician job satisfaction. *J Gen Intern Med* 2000;15:441–50.
30. De Dreu CK, van Dierendonck D, Dijkstra MT. Conflict at work and individual well-being. *Int J Conflict Manage* 2004;15:6–26.
31. Dijkstra MT, van Dierendonck D, Evers A, De Dreu CK. Conflict and well-being at work: the moderating role of personality. *J Managerial Psychol* 2005;20: 87–104.
32. Lee L, Berger DH, Awad SS, et al. Conflict resolution: practical principles for surgeons. *World J Surg* 2008;32:2331–5.
33. Gerardi D. Using mediation techniques to manage conflict and create healthy work environments. *AACN Clin Issues* 2004;15:182–95.
34. Kressel K, Kennedy CA, Lev E, et al. Managing conflict in an urban health care setting: what do “experts” know? *J Health Care Law Policy* 2002;5: 364–446.
35. Nelson JR, Whitcomb WF. Organizing a hospitalist program: an overview of fundamental concepts. *Med Clin North Am* 2002;86:887–909.
36. Blackard K. Assessing workplace conflict resolution options. *Dispute Resolution J* 2001;56:57.
37. Lloyd S, Streiner D, Shannon S. Burnout, depression, life and job satisfaction among Canadian emergency physicians. *J Emerg Med* 1994;12:559–65.
38. Freeborn DK. Satisfaction, commitment, and psychological well-being among HMO physicians. *West J Med* 2001;174:13–8.
39. Stoddard JJ, Hargraves JL, Reed M, Vratil A. Managed care, professional autonomy, and income: effects on physician career satisfaction. *J Gen Intern Med* 2001;16:675–84.
40. Arora V, Fang MC, Kripalani S, Amin AN. Preparing for “diastole”: advanced training opportunities for academic hospitalists. *J Hosp Med* 2006;1:368–77.
41. Stelzner M. Achieving balance in academic surgery. *J Surg Res* 2004;116: 350–4.
42. Bickel J, Brown AJ. Generation X: implications for faculty recruitment and development in academic health centers. *Acad Med* 2005;80:205–10.
43. Zucker DR. “Keeping the balance”: life and time as a clinical researcher. *J Investig Med* 2004;52:254–5.
44. Howell E, Kravet S, Kisuule F, Wright SM. An innovative approach to supporting hospitalist physicians towards academic success. *J Hosp Med* 2008;3: 314–8.
45. Flanders SA, Kaufman SR, Nallamothu BK, Saint S. The University of Michigan Specialist-Hospitalist Allied Research Program: jumpstarting hospital medicine research. *J Hosp Med* 2008;3:308–13.
46. Hauer KE, Flanders SA, Wachter RM. Training future hospitalists. *West J Med* 1999;171:367–70.
47. Wachter RM, Whitcomb WF, Nelson JR. Financial implications of implementing a hospitalist program. *Health Financ Manage* 1999;53:48–51.
48. Pressel DM. Hospitalists in medical education: coming to an academic medical center near you. *J Natl Med Assoc* 2006;98:1501–4.
49. Whitcomb WF, Nelson JR. The role of hospitalists in medical education. *Am J Med* 1999;107:305–9.
50. Goldenberg J, Glasheen JJ. Hospitalist educators: future of inpatient internal medicine training. *Mt Sinai J Med* 2008;75:430–5.
51. Fitzgibbons JP, Bordley DR, Berkowitz LR, et al; Association of Program Directors in Internal Medicine. Redesigning residency education in internal medicine: a position paper from the Association of Program Directors in Internal Medicine. *Ann Intern Med* 2006;144:920–6.
52. Glasheen JJ, Siegal E, Epstein K, et al. Fulfilling the promise of hospital medicine: tailoring internal medicine training to address hospitalists’ needs. *J Gen Intern Med* 2008;23:1110–5.
53. Cook DJ, Griffith LE, Sackett DL. Importance of and satisfaction with work and professional interpersonal issues: a survey of physicians practicing general internal medicine in Ontario. *CMAJ* 1995;153:755–64.
54. Hartley S, Macfarlane F, Gantley M, Murray E. Influence on general practitioners of teaching undergraduates: qualitative study of London general practitioner teachers. *BMJ* 1999;319:1168–71.
55. Horowitz CR, Suchman AL, Branch WT Jr, Frankel RM. What do doctors find meaningful about their work? *Ann Intern Med* 2003;138:772–5.
56. Hauer KE, Durning SJ, Kernan WN, et al. Factors associated with medical students’ career choices regarding internal medicine. *JAMA* 2008;300:1154–64.
57. Hoff TJ. Doing the same and earning less: male and female physicians in a new medical specialty. *Inquiry* 2004;41:301–15.

Copyright 2009 by Turner White Communications Inc., Wayne, PA. All rights reserved.