

# Key Points from ACGIM Summit

## 12/10/06

- Determinants of the best organizational structure for hospitalist groups are largely local, but
- Organizational needs and site of practice can be separated from the intellectual domains that define a professional specialty
- Academic GIM must change to successfully integrate faculty with a hospital practice focus

# Key Points from 12/10/06

- Success of academic hospitalists is key to the success of academic GIM
- Issues of respect, financial dependency and professional identity cross all GIM disciplines
- There is a need for academic leadership & wisdom across GIM to assure hospital medicine and ambulatory medicine are integrated

# Key Points from 12/10/06

- Ask not:
  - Should hospitalists be in a separate Division from GIM?
- But rather:
  - What can Chiefs of GIM do to facilitate and support the recruitment, academic development and retention of academic hospitalists?

# Recommendations for ACGIM

- Assure that infrastructural support is conducive to academic achievement
- Identify important arenas for negotiation and advocacy for hospital practice and that hospitalists have a voice there
- Identify and support educational and research training for hospitalists that are relevant to them
- Build a pipeline for academic mentoring and research collaboration among hospitalists

# Recommendations for ACGIM

- Create work structure (adequate non-clinical time) that allows for work on quality and systems issues
- Advocate for promotion criteria that reward creative work in quality improvement
- Assist in development of 'Quality Portfolios'
- Advocate to SGIM for a quality performance segment