

LETTERS—CONCISE RESEARCH REPORTS

Equal rights for general internists?

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Dear Editor,

We are responding to the recent commentary from The Editors Desk by Carol Bates on “Equal Rights for General Internists?”¹. In the editorial, Dr. Bates advocates for equity in dedicated time for academic pursuits between outpatient and inpatient academic generalists. We agree that dedicated non-clinical time devoted to academic pursuits is vital for successful promotion for generalists regardless of where they are practicing; previous studies of successfully promoted academic internists have identified this as a key element.² Academic hospitalists work an average of 15 clinical shifts per month compared to between 15 to 19 shifts per month for non-academic hospitalists and 16 to 19 clinical days per month estimated by Bates for outpatient generalists. An implicit assumption made by Bates was that hospitalists do not have responsibilities outside of clinical work. During non-clinical time, academic hospitalists have been called upon to educate learners, perform institutional quality improvement and patient safety initiatives, and serve on hospital committees. These responsibilities do not cease during inpatient clinical time. As with our outpatient academic colleagues, this allows for little to no dedicated time for research.³

Increasing time pressures and clinical loads are an issue across the board for all specialties, making the need for adequate time for scholarship critical for everyone. Adding to these struggles, hospital medicine is a relatively new area within general internal medicine. Due to the relative infancy of the field, there are few senior members to provide

mentorship, potentially inhibiting academic promotion and scholarship.⁴ The qualitative study in last month’s issue of *JGIM* by Cumbler and colleagues offers potential solutions and much-needed resources for academic hospitalists early in their careers.⁵ We are all generalists on a continuum of outpatient and inpatient care and we should be working together to help solve mutual issues like dedicated time for non-clinical academic pursuits. I am hopeful that the editorial board of *JGIM* shares these values and will continue to be a forum for articles, like the one by Cumbler and colleagues, wherein we can accomplish this shared strategic priority inclusively.

Sincerely,

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Chair and Co-Chair of the Society of General Internal Medicine’s Academic Hospitalist Commission

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