As a medical student, do you ever wonder what it’s like to specialize in hospital medicine? Meet Kiran Gupta, MD, MPH, a hospitalist and featured physician in the AMA Wire® “Shadow Me” Specialty Series, which offers advice directly from physicians about life in their specialties. Check out her insights to help determine whether a career in hospital medicine might be a good fit for you.

“Shadowing” Dr. Gupta

Specialty: Hospital medicine

Practice setting: Academic medical center

Employment type: Employed by a hospital

Years in practice: Four

A typical day and week in my practice: It depends on the day. I usually wake up early and try to squeeze in a run before work. If I’m on a clinical service, I usually arrive at the hospital around 7:30
a.m. to get sign-out from the nighttime hospitalist on my patients. If I’m on the teaching service with residents and medical students, I’ll spend some time in the morning thinking about which patients might provide an opportunity for the medical students to practice parts of the physical exam and preparing a brief teaching lesson for the team on a topic related to one of our patients.

By 8:30, it’s time to round on the patients. On the teaching service, the resident leads rounds. We examine the patients together, review their questions and concerns, update them and their families on the plan of care, and check in with the bedside nurse. Later in the morning, we sit down with our case-management team and talk about discharge planning and care coordination for all of the patients on the service.

The day ends when the work is done. Sometimes, that’s 5 p.m., and other times, it might be quite a bit later. It depends on how many patients we have on the service, how sick they are and how many notes I have to write! I also work a few nights and spend some time on the medicine consultation service. On those rotations, the schedule is slightly different.

Every week has a different rhythm and a different schedule. I spend about half of my time as a clinician caring for patients on a variety of hospital medicine services including the teaching service, the direct-care hospital medicine service, the medical consultation service and our nighttime service. When I’m not doing clinical work, I spend time focusing on a variety of patient-safety issues as our hospital’s assistant medical director for patient safety. When I’m on a clinical service, I sometimes work nights and weekends. When I’m not on a clinical service, the day is a little more predictable and usually involves a number of meetings, as well as time to work on a variety of patient-safety initiatives.

**The most challenging aspects of caring for patients in hospital medicine:** Care coordination is one of the most challenging aspects of hospital medicine. When it’s time for discharge, every patient needs different things and the plan of care has to be tailored to meet those needs. Sometimes that means that if a patient doesn’t have a primary care doctor who will follow them after they leave the hospital, I’ll try to find them one. Other times it means making sure we can provide medications to a patient at no cost, because if we don’t, the patient won’t take them and will probably end up back in the hospital.

Our fragmented health care system, in which patients often receive care from different institutions with different medical record systems, makes care coordination quite difficult because the relevant information is not all in one place. It’s sometimes hard to communicate with other doctors caring for my patient, who might work in a different system. In addition, many of our patients struggle with issues like homelessness, food insecurity, lack of social support systems and mental illness, which significantly impact their health and ability to self-care when they leave the hospital. We try to support them as best as we can, but sometimes, we are not able to provide them with all the resources they need.
The most rewarding: It's a privilege to care for patients. It's also particularly rewarding to do it together as a team. That’s part of what drew me to hospital medicine—I really enjoy working with the medical students, residents, subspecialists, nurses, pharmacists, social workers and case managers. Often, the patients are quite complicated and all the different perspectives add tremendous value to their care. I also find myself continuously learning.

Three adjectives to describe the typical hospitalist: Compassionate. Communicative. Problem-solving.

How my lifestyle matches or differs from what I envisioned in med school: In medical school, I don’t think I thought about lifestyle or work-life balance, but I do remember really enjoying my third-year medicine clerkship. The primary faculty members for the clerkship were hospitalists and I remember thinking that’s what I wanted to do. They each spent some portion of time seeing patients and teaching residents, but they also managed to carve out time to do research, work on quality and safety and do a variety of other things. Depending on where you practice, hospital medicine can be extremely flexible. The ability to pursue both clinical medicine as well as nonclinical interests creates the opportunity for a very dynamic career.

The main skills every physician in training should have for hospital medicine but won’t be tested for on the board exam: I think that compassion, communication, patience, flexibility, resilience and the ability to see the big picture but also focus on the details when necessary are important qualities or skills for practicing hospital medicine.

Questions every physician in training should ask themselves before pursuing hospital medicine: Do you like general medicine? And do you like working in the hospital environment? The hospital is very different from the clinic. The patients are sicker and the urgency to make decisions is often greater. In addition, working in the academic environment means teaching while caring for patients. It’s important to think about whether that appeals to you. I think it’s a lot of fun.

Books every medical student interested in hospital medicine should be reading: I spend a lot of time thinking about patient safety and how to prevent harm to patients. I think Atul Gawande is a phenomenal writer and provides a wonderful perspective on many of the challenges we encounter in the health care system. He also offers some thoughtful solutions. I think every medical student would enjoy reading his writing, including several of his books: *Complications*, *Better* and *Checklist Manifesto*. In addition, information technology is transforming the way we practice medicine. I’d recommend reading *The Digital Doctor: Hope, Hype, and Harm at the Dawn of Medicine’s Computer Age*, by Bob Wachter, my department chair and the founder of the field of hospital medicine.

One online resource they should follow: There are plenty of websites and resources dedicated to clinical medicine, but the practice of hospital medicine is very much impacted by changes in health care policy. I think it’s really important to be aware of policy initiatives and how they shape the
incentives of the system in which we practice. I think The New York Times does a pretty thorough job covering important health care issues.

**A quick insight I'd give students who are considering hospital medicine:** Talk to hospitalists who work in different places and in different settings. A community hospital might have a very different feel from an academic medical center, and the job might look completely different. Think about your interests and passions outside of clinical medicine and ask hospitalists how they are able to balance those or incorporate them into their job descriptions.