



A National PHM Workforce Survey Sheds Lights on Clinical Coverage Models

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How many hours is 1.0 clinical full-time equivalent (FTE) for a pediatric hospitalist? How many patients does one hospitalist cover in any given day? How many weekends do pediatric hospitalists work? Is clinical coverage any different at community hospitals? Pediatric hospitalists ask some variation of these questions with regularity in various forums. As a relatively new pediatric sub-specialty, the pediatric hospital medicine (PHM) community is in a unique place in our legacy. Understanding the needs of the PHM workforce and the current landscape of clinical coverage models is important for many reasons. As a current division chief overseeing combined university and community hospital-based settings, developing clinical coverage models that are fair and consistent across multiple sites is a real challenge in the absence of benchmarks in the field.

In this month's *Hospital Pediatrics*, Fromme et al shed light on the current state of pediatric hospital medicine clinical coverage models ([10.1542/hpeds.2021-006434](#)). Investigators surveyed PHM program leaders invited from the American Academy of Pediatrics, Academic Pediatric Association, and Society for Hospital Medicine. Over 1,000 hospitalists responded to an overall PHM survey (36% response rate) of whom 198 program leaders (division directors, program directors, medical directors) contributed to this study. Respondents represented individual and combined community and university-based sites.

There is a lot of great information in this study including the spectrum of services offered by hospitalists in the community and university-based sites and how different they can be. Unsurprisingly, community hospitalists often provide additional services such as attending deliveries, emergency department consults,

and newborn coverage. Authors report the median annual hours for a 1.0 FTE across all sites was 1,849 hours (higher for community sites). Only 23% of respondents had patient caps (~13-16 on average depending on teaching expectations) and approaches to high census depended on teaching or non-teaching services and seasonality. Median number of annual weekend shifts (any Saturday or Sunday) ranged from 27-34 depending on the setting.

Thanks to the work of Dr. Fromme and her team, we have a sense of where we currently are as a national PHM workforce, and I encourage you to read this study. Factoring in patient complexity, safety, quality, faculty wellness/retention, medical education, and the nuances of different settings, the next question is, *where should we be* as a PHM community and what are some reasonable benchmarks that we can use to advocate for our teams and future hospitalists?

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