

# Scope Creep as a Driver of Burnout in Hospital Medicine

This is one of seven drivers SHM's Practice Management Committee has identified as an aspect of hospital medicine that contributes to burnout. The examples of workplace stress listed here serve as a starting point for identifying burnout sources in your practice and develop effective interventions.

Use the following questions to jump-start the discussion:

- What elements of this driver do I or others see affecting our practice?
- How can I better understand what aspects of hospital medicine practice impact my team's wellbeing?
- What voices are currently unheard from yet that should be included in this conversation?
- Are there any immediate low investment changes to be done that will help mitigate pressure points?

## **Caring for Other Service-Line Patients**

Hospitalists are frequently asked to admit and take responsibility for patients with conditions outside of the traditional domain of Internal Medicine, Family Medicine, and Pediatrics with minimal specialist support. Lack of specialty knowledge for unfamiliar and high-acuity conditions can create feelings of helplessness and frustration in hospitalists. Simultaneously, this can undermine their relationships with patients who may question their competence.

## **Fluid Boundaries of the Field of Hospital Medicine**

The scope of hospital medicine is not as clearly defined or commonly understood as other specialties. This makes it difficult for hospitalists to push back when something is beyond their scope. Because hospitalists around the country handle many different tasks that potentially go beyond their arena of expertise, it perpetuates a perception that all hospitalists can, and should, deal with these professional circumstances.

## **Hospitalists are Treated as the Default Providers for New Services**

Hospital medicine is treated as the "catch all" for new services that do not fit under the scope of more niche specialties. Hospitalists are expected to meet these demands regardless of their existing scope, potentially without additional training, and without direct compensation for the expansion of their responsibilities.

## **Increased Training Needs for New Types of Patients**

As scope continues to creep, training for hospitalists must also be shifted and augmented to incorporate new responsibilities. This requirement further reinforces the division between perceived hospitalist scope and daily practice. Typically, training for hospital medicine has lagged behind in development in comparison to other specialties.