

RESPONSE: Embracing the Gap Year as a Hospitalist

Vineet Chopra, MD, MSc

Division of Hospital Medicine, Department of Medicine, University of Michigan Health System, Ann Arbor, Michigan

E-mail: vineetc@umich.edu

Twitter: [@vineet_chopra](https://twitter.com/vineet_chopra)

The decision to select and commit to a career path is perhaps one of the most important ones a resident physician will face during training. Although some trainees have laser-like focus and are geared toward subspecialties from the first day of internship, the vast majority approach residency looking to inform and validate their professional choices.

As Chief of one of the largest Divisions of Hospital Medicine in the country, I interact with many residents as they wrestle with these decisions. Increasingly, I see trainees fall into 3 categories: those interested in a career in academic hospital medicine (a growing community); those who are unsure but are curious as to what it means to be a generalist in the hospital; and those who have already matched into fellowship but have a gap year before beginning training.

In the context of the latter category, Kiss and colleagues discuss the pre-fellowship year in great detail. The authors well articulate the pros and cons of the approach: developing a financial cushion, gaining clinical experience, generating academic products, and building their CV, to name but a few. They also highlight a dark undercurrent—one where a hospitalist year may be perceived as lack of commitment to the field or relative indecision to commit. These are important aspects, and I agree with them all.

There is, however, 1 additional benefit of the gap year in hospital medicine that I would like to

highlight: the opportunity it offers to become a “positive consultant.” In the field of psychology and leadership, positive leaders are those who “have a high degree of self-awareness, optimism, authenticity, personal integrity. They are fair and open-minded and believe in giving more than they get as a leader” (1). What does a gap year as a hospitalist have to do with positive leadership? When we perform exit interviews with departing faculty, we invariably hear how many have struggled with obtaining collegial, timely, or professional support from specialists. As well, they have firsthand insight into the breadth and depth of hospital medicine—and recognize how challenging it can be to care for complex patients outside of a specialty service. A year as a hospitalist teaches future specialists the importance and ways in which they can be a positive leader—a positive consultant—when it comes to caring for patients in the hospital (2). It gives them a new awareness that giving more than getting and helping without judgment or reservation is an unspoken but critical responsibility as they enter their new profession (3). In an era of unprecedented burnout, depression, and physician suicide (4), I would argue that this type of empathy, and collegiality is the proverbial medicine our entire field needs. And we, in hospital medicine, are happy to play a small role in helping develop this awareness. So, welcome to the gap year as a hospitalist. We are glad you are here, and your future colleagues will be too.

REFERENCES

1. White C. What positive leadership is not. HuffPost. 2017. Available at: https://www.huffpost.com/entry/what-positive-leadership-is-not_b_58c6f5f1e4b03400023f4a31. Accessed July 19, 2019.
2. Ackerman C. Positive leadership: 30 must-have traits and skills. Available at: <https://positivepsychology.com/positive-leadership/>. Accessed July 19, 2019.
3. Kruse K. Don't underestimate the power of positive leadership. Forbes. 2017. Available at: <https://www.forbes.com/sites/kevinkruse/2017/08/02/dont-underestimate-the-power-of-positive-leadership/>. Accessed July 19, 2019.
4. Rotenstein LS, Torre M, Ramos MA, et al. Prevalence of burnout among physicians: a systematic review. JAMA 2018;320:1131-50.