



Meet the Hospitalist

with Dr. Clark Coler, M.D., Hospitalist, Swedish Hospital Medicine ·

TRT 43:25

The doctor in charge of your hospital care is probably someone you've never met. Four questions change that.

ABOUT THIS EPISODE

Every year, 36 million Americans — one in nine of us — are admitted to the hospital. And the physician running the show from check-in to discharge usually isn't the primary care doctor you know. It's a hospitalist: a physician who works only in the hospital, managing the care of admitted patients. Most people don't learn that until they're already in a hospital bed.

Dr. Clark Coler has seen hospital medicine from every side. The son of a small-town internist who made house calls with a black bag, trained at the Mayo Clinic where patients' humanity comes first, he became one of Seattle's first hospitalists when the movement launched in 1994 — and he's spent more than 30 years caring for patients at the most frightening moments of their lives.

In this conversation, Clark demystifies who actually runs your hospital care, why the shift structure matters to your family, the best (and worst) days to be admitted, why discharge is where mistakes happen — and the exact questions that get you and the people you love better, safer care.

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KEY TAKEAWAYS

- 1. The hospitalist is the conductor of the orchestra.** They write the meds, organize the consults, and decide transfers and discharge — and for many patients, they're the only physician involved in their care. If you want the 35,000-foot view of a loved one's care, this is the person to talk to.
- 2. Don't try to reach the doctor during shift change.** Hospitalists work 7am to 7pm. The hours of 7–8, morning and evening, are the most chaotic of the day — instead, ask to schedule a conversation for the early afternoon, when studies and consults are done and the doctor has real information to share.
- 3. A new doctor tomorrow isn't necessarily a downside — it's a free second opinion.** Rotating hospitalists inherit every note plus the benefit of seeing how you did overnight. Fresh eyes catch what the first look might have missed.

4. **If you can help it, don't wait until Friday.** Friday and Monday admissions are double the volume, and most diagnostic services don't run on weekends — a procedure you need Saturday may wait until Tuesday. Going in early in the week could mean faster answers and a shorter stay.
5. **Family at the bedside on day one is one of the biggest factors to help.** Doctors know the least about a patient at admission. A spouse who says “he used to walk four miles a day and stopped a month ago” gives the doctor the story the chart can't — and makes the right diagnosis more likely from the start.
6. **Discharge is where mistakes can happen.** Clark calls it a “voltage drop” in care. Before anyone goes home, make sure the medication list is reconciled — what was dropped, what was changed, what was added, and why.

THE LANGUAGE TOOLKIT

The four questions from this episode — write them down, put them in your phone, and share them with whoever in your family is most likely to be in the room with you. A printable version is on the last page of these show notes.

1. **“Who is my hospitalist today, and how do I reach you or your team?”**

You need a name and a way to contact the hospitalist team — not the nurses' station. Ask on day one, not day three.

2. **“When are you doing rounds, and can my family be here for that?”**

Rounds are where decisions get made. If you're not well enough to advocate for yourself, someone who loves you needs to be in that room.

3. **“What's the care plan, and what would need to happen for me to go home?”**

Ask this on day one. It feels premature — it isn't. Discharge is the most chaotic, under-planned moment in a hospital stay, and thinking about it from the beginning keeps you from being blindsided.

4. **“What do I need to make sure the next hospitalist knows?”**

If your hospitalist rotates off before you go home — and there's a chance they will — this question protects the continuity of your care. You are the thread that connects your team.

CLARK'S ONE THING

“What time today can we schedule a call — or better, a bedside conversation — with the doctor?”

If every family established a specific time to talk instead of asking the doctor to come “right now,” there would be no communication barriers. Early afternoon, face to face, is best.

YOUR HOMEWORK

Save the four questions somewhere you'll actually find them — your notes app, a screenshot, a text to yourself. It doesn't matter where; it matters that they're there when you need them.

And if you have a parent, a spouse, or anyone in your life who might need this, share this episode with them. You might be giving them something they didn't know they needed.

ABOUT DR. CLARK COLER

Dr. Clark Coler is a hospitalist with Swedish Hospital Medicine in Seattle. The son of the first internist in Kennewick, Washington — a doctor he accompanied on farmhouse house calls as a boy — he trained at the Mayo Clinic, where he absorbed its patients-first culture, and practiced internal medicine before helping launch one of Seattle's first hospitalist programs on July 5, 1994. Over more than 30 years in hospital medicine, he has cared for thousands of admitted patients and shares his personal email and cell number on their discharge summary. Off shift, he recharges through travel, growing rhododendrons, and enjoys an active social life.

RESOURCES MENTIONED

- Printable: Questions to Ask Your Hospitalist — last page of these show notes, and at wellsaidhealth.com
- *The Secret Language of Healthcare: How to Ask for the Care You Deserve* — Robin Shapiro
- Swedish Hospital Medicine, Seattle — where Dr. Coler practices

EPISODE TIMESTAMPS

- **00:00** — Why you need to know what a hospitalist is
- **02:21** — House calls with a black bag: growing up in medicine
- **06:23** — The Mayo Clinic way — patients' humanity first
- **09:40** — July 5, 1994: the night the hospitalist movement arrived
- **13:38** — What a hospitalist actually does (conductor of the orchestra)
- **15:02** — A day in the life: the census, the cap, and the chaos
- **17:29** — How many doctors will I see — and why rotation helps you
- **20:10** — The best and worst days to be admitted
- **22:11** — What happens to your loved one at 2am
- **23:48** — The one thing every family should do
- **27:43** — When to call the nurse instead — and why Clark gives out his cell
- **29:00** — Why family at admission changes the diagnosis
- **32:11** — Discharge: where mistakes happen
- **34:03** — The one thing to remember before you ever need it

- **35:35** — Clark's three personal health hacks
- **38:23** — Robin's outro: the four questions

RELATED EPISODES

- Episode 01 — Why EVERYONE Needs a Health Advocate, with Anne Llewellyn

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QUESTIONS TO ASK YOUR HOSPITALIST

From Well Said Health · Season 1, Episode 02 · Meet the Hospitalist, with Dr. Clark Coler, M.D.

Print this page. Keep it in your bag, your car, or taped inside a cabinet — wherever you'll find it when it matters.

1. “Who is my hospitalist today, and how do I reach you or your team?”

Get a name and a way to contact the hospitalist team — not the nurses' station. Ask on day one.

2. “When are you doing rounds, and can my family be here for that?”

Rounds are where decisions get made. Make sure someone who loves you is in the room.

3. “What's the care plan, and what would need to happen for me to go home?”

Ask on day one. Discharge is the most chaotic moment of a hospital stay — plan for it from the start.

4. “What do I need to make sure the next hospitalist knows?”

Doctors rotate. This protects the continuity of your care — you are the thread that connects your team.

ONE MORE THING TO SAY, EVERY TIME

“What time today can we schedule a call — or a bedside conversation — with the doctor?”

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This is not medical advice — it's the language to ask for the care you deserve.