The Med-Peds Fellowship Guide

(11th edition)

National Med-Peds Residents' Association (NMPRA)
2016
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Introduction

A Med-Peds Fellowship Guide has been a perennial item of discussion in the Med-Peds community. As Med-Peds has grown, so have the number of Med-Peds residents wanting to pursue fellowship training in a wide variety of areas, from traditional combined fellowships (e.g. pediatric and adult cardiology) to medical informatics, to Robert Wood Johnson Clinical Scholars. As of 2002, 15-17% of the estimated 3546 Med-Peds graduates have pursued some form of formal post-residency training. From the annual survey of graduating Med-Peds residents coordinated through the American Academy of Pediatrics, we know that currently about 25% of graduating Med-Peds residents anticipate some kind of fellowship training. Despite the growing numbers, no centralized source for information regarding Med-Peds post-residency training exists.

With this background, the Med-Peds Fellowship Guide is an attempt to centralize information about Med-Peds Fellowships in one place. This Guide contains:

1) General information about Med-Peds Fellowships
2) A list and description of Med-Peds Fellowship options
3) A (incomplete) list of institutions known to support combined fellowships
4) A list of people who have completed, or are completing, combined fellowships and who have agreed to be contacted by residents with questions about their particular post-residency training path

We hope this Guide will be helpful to many Med-Peds residents as they consider fellowship training. We hope the Guide will expand as more information about combined Med-Peds Fellowships becomes available. If you have comments or questions about this Guide, or additional information to add to this Guide, please send an email to fellowships@medpeds.org.

This Guide does not contain information about subspecialty training that is not combined, such as adult cardiology fellowship information. This Guide is also not meant to be 100% exhaustive. The information in it was combined by surveying people within the Med-Peds community, including Med-Peds Program Directors, American Academy of Pediatrics Med-Peds Section members, National Med-Peds Residents' Association (NMPRA) members, and various Med-Peds list subscribers. We included all information provided from these sources, however, we recognize that programs and contacts exist that are not included in this Guide. Finally, this Guide should not be seen as a position statement from any Med-Peds organization, but an information source for Med-Peds residents considering fellowships.

This Guide, would not have been possible without the help and support of dozens of people within the Med-Peds community. Special thanks go to Tommy Cross, MD, MPH, Allen Friedland, MD, Richard Lavi, MD, Daniel Reirden, MD, and David Kaelber, MD, PhD.

---Ashley Blaske, MD

National Med-Peds Residents' Association (NMPRA) Director of Professional Advancement, 2015-2016
Timeline
This is a general timeline to use when considering combined Med-Peds Fellowships. The decision to pursue subspecialty training may be present from the initiation of residency or evolve within an individual as they gain experience and exposure to diverse career paths. Over the past several years, there has been a trend to try to move the fellowship application deadlines closer to the completion of residency training. Internal medicine fellowships have moved quicker than pediatrics fellowships, which adds to the complexity of pursuing combined fellowship training. If one hopes to start fellowship right after residency, it is generally best to be ready to apply for fellowships by the middle of the PGY3 year. Many pediatric fellowships start the fellowship application process the December (~18 months) before the following July fellowship training start date. Many internal medicine fellowships start the fellowship application process the July (~12 months) before the July fellowship training start date. (see Appendix B for details)

Overall, the path to post-residency training can vary greatly. Included below are some things to consider in a timeline format broken down by PGY year. This timeline is geared to Med-Peds residents who hope to pursue formal post-residency training right after completing their Med-Peds residency.

PGY1
• Focus on your internship.
• Begin to think about what area(s) of post-residency training might interest you.
• If you have an elective, use it to explore an area of post-residency training you may be interested in.
• If possible, select a career advisor/mentor in your area of fellowship interest.

PGY2
• Use electives to explore areas of possible post-residency training.
• Begin to narrow down on what area of post-residency training interests you the most.
• Consider trying to become involved in a research project in an area of post-residency training that you are interested in (this could also fulfill your Med-Peds residency scholarly activity requirement).
• Consider attending a general or specialty society medical conference (e.g. Pediatric Academic Societies meeting (http://www.pas-meeting.org) or American College of Cardiology meeting (http://www.acc.org)).

PGY3 (YEAR TO APPLY FOR SOME FELLOWSHIPS)
• Use electives to explore areas of possible post-residency training.
• Decide upon what post-residency training you will pursue.
• Talk with people that you know have completed post-residency training in the area that you want to pursue (even if they did not complete a Med-Peds residency; for
instance, talk with Pediatric and Adult Endocrinologists if you are looking to pursue a combined Endocrinology Fellowship).

- Make a list of programs where you would consider pursuing the training you desire. FREIDA is a great resource for compiling this list.
- Contact the Program Directors of programs where you would like to train to see if they are open to accepting Med-Peds residents and what their application involves.
- Apply to a few Fellowship programs in December (see Appendix B for fellowship list)
- Interview at perspective programs.
- Decide which program offers the best training for your needs.
- Consider (if not already doing) working on a research project in the area of post-residency training that you are interested in (this should also fulfill your Med-Peds residency scholarly activity requirement).
- Consider attending a conference related to the Fellowship specialty you are interested in.

**PGY4 (YEAR TO APPLY FOR MANY FELLOWSHIPS)**

- Apply to most Fellowship programs in July (see Appendix B for fellowship list)
- Interview at perspective programs.
- Decide which program offers the best training for your needs.
- Consider (if not already doing) research in the Fellowship area you will be going into.
- Consider attending a conference related to the Fellowship specialty you are interested in.
- Submit a proposal for the combined fellowship you pursue to both the ABP and the ABIM (This is only required if you are pursuing a fellowship unique to Med-Peds graduates.).
Why Do a Combined Fellowship?

Once you have made the decision to choose a subspecialty career, the question now comes up — should I do a combined fellowship or pursue categorical subspecialty training? This Guide will help you think through this decision and decide if a combined fellowship is something you should pursue. This is often a difficult and personal decision. This Guide will answer some of your questions, but also may inspire you to come up with other questions that do not have “correct” answers.

If you ask physicians who have completed combined fellowships why they chose this route, you will receive a multitude of answers. For some it was simple -"because it was there.” But for others it was because they wanted to continue their combined training and rather than narrow their focus to a single age range. Some saw it as a great way to move up the academic ladder very quickly — a quadruple-boarded physician has great marketability! Others did it for the challenge. Others state it is a unique opportunity to provide continuity of care or conduct research on a population of patients with chronic diseases from infancy to adulthood.

However, it must be noted that the majority of Med-Peds residents choose either a categorical internal medicine or pediatrics fellowship and forgo the combined fellowship route. This guide will delve into the “whys” of this decision later.

Subspecializing in Either Adult or Pediatrics but Doing Both as a Career

This has become a path for some Med-Peds specialists. For most of the non-procedural fields, you can do an adult or pediatric fellowship and consider spending elective time (which may be up to a year) in the comparable pediatric or adult subspecialty (assuming the institution/near-by institution has both the relevant adult and pediatric specialists). In doing this, you would not qualify for both subspecialty certifying exams, but you could still be triple boarded as a board certified internist, pediatrician, and an adult or pediatric specialist. There are varying degrees of overlap between the two subspecialties across all fields. This route decreases overall training time and reduces some of the costs associated with certifying and recertifying.

Some Med-Peds trained physicians take this route with regard to taking care of certain populations. For example, a double boarded Med-Peds physician completing a pediatric pulmonary fellowship (becoming triple boarded,) but then taking care of cystic fibrosis (CF) patients, including adult CF patients (without performing invasive procedures on the adult patients), as a board eligible/board certified internist, pediatrician, and pediatric pulmonologist. Similarly, a double boarded Med-Peds physician completing an adult rheumatology fellowship but still helping to provide rheumatologic care for children in shortage areas of pediatric rheumatologists. For the procedural oriented subspecialties this is more difficult to do, mainly due to difficulties obtaining credentialing in hospitals for privileges like pediatric cardiac catheterizations or chemotherapy in children, etc. Also, in the future, some third party payers may only
reimburse for sub-specialty care provided by a board certified specialist in that field (i.e. might not reimburse for care provided to an adult CF patient by a board certified pediatric pulmonologist and general internist). Despite these challenges, some view this route as an alternative in the era of prolonged training times for combined fellowships. If you choose this path, some of the steps suggested in the subsequent sections of this guide will not apply.

Advantages of Combined Fellowships

To begin, a caveat: the following is based on opinion only, not evidence-based data. However, both the pediatric and internal medicine boards strongly encourage subspecialists in both fields to be on par with categorical sub-specialists if you plan on providing care in both age groups.

We will talk about academic careers first. Some who take this route feel like it helped push their careers in academia along a little faster and gave them certain advantages. Most people who do combined fellowships and enter into academic careers proceed directly into the Assistant Professor level and bypass “Instructor” status. This has some disadvantages, though: it puts the clock in motion for you to advance to Associate Professor with tenure almost immediately. With the “Instructor” label you have some time to get research, clinical practice, or teaching established before you have to get into the grind of “producing” towards your next promotion (usually 5-7 years out). Also doing a combined fellowship allows you to have credentials in both departments, which can be helpful to you in that it provides a wider base for funding for your career as well as providing access to the other department’s strengths.

Doing a combined fellowship continues what you have already done during residency training (practicing as an internist and a pediatrician in two departments). This dual appointment provides you with an array of teaching and research opportunities, as well as clinical avenues, to pursue. Usually you will have to pick and choose what areas you want to focus on — the choices will be staggering, but allow you to be diverse as well as do things that you really want to do. Doing a combined fellowship allows you to participate in multiple national organizations, again providing opportunity for you to advance your career. Frequently, national organizations are looking for someone who can fill a special niche, and a person who is board certified in three or four areas frequently can provide needed diversity to a committee or group.

For those interested in private practice, a combined fellowship provides the tools to expertly practice both disciplines with confidence. Combined specialists have gone to large metropolitan areas and easily put out their shingle as a dual certified subspecialist. Hospital credentialing and insurance credentialing are much easier with the “board certified” behind your name. For example, it is more difficult to get privileges to see pediatric pulmonary patients if you are only board certified in adult pulmonary medicine, especially in a larger metropolitan area. For smaller communities, combined fellowship may not provide as large an advantage. Also, being quadruple boarded may increase your standing in the medical community and may allow increased number of referrals (especially initially on arrival to a community) if you are viewed as an expert in both
adult and pediatric diseases. Over time, this probably becomes less important and success depends more on how well you provide service for your colleagues.

**Disadvantages of Combined Fellowships**

**Time and money.** The more time you spend in fellowship training, the less money you are making in "the real world". It is doubtful that a combined specialist will make more money than a categorical specialist. In general, an adult specialist will make more money than a pediatric specialist. No data exists on how much a combined specialist makes compared to a categorical specialist, but you can infer that they generally do not make more than a categorical adult specialist. This can vary, though, as some combined specialists have worked out agreements to supplement their incomes by providing a service that otherwise would not be available to a hospital or community. For example, it may be worthwhile for a hospital or multispecialty group to supplement a combined pulmonologist (who would be the only board certified pediatric pulmonologist in the area) in order to attract pediatric asthma or pediatric complex lung disease patients to that hospital or practice.

During the fellowship years, student loans are still growing and moonlighting becomes a priority supplement income. Also, many fellows are starting or expanding families so income becomes more important. From a monetary viewpoint, it does not make sense to stay in fellowship for 2 or more years longer when essentially you can make the same amount of money if you just complete a categorical fellowship.

Once you become dual subspecialty certified you will have a large amount of dues to pay to all of the professional organizations in which you will want to remain a member. Plus, you may have to pay for multiple subspecialty journals. This brings up the point of staying current in knowledge in all of these areas, which can be very difficult to do. Think about where you are right now, trying to keep up with general internal medicine and general pediatrics. Now, add to that keeping current in two sub-specialties as well.

Finally, for people in academic medicine you have responsibilities in two departments. In a sense you have two full-time jobs with differing demands, priorities, and supervisors. For academic success, you will probably need to align yourself with one primary department (either internal medicine or pediatrics), although you may have responsibilities (clinical, research, teaching, administrative, etc) in both departments.

**The Nuts and Bolts of Fellowship Applications**

The most important decision is to determine where you want to pursue your fellowship training. Contact the adult and the pediatric fellowship program directors for your programs you are interested in directly and find out if they are interested/can support having a combined fellow. Email is probably the quickest and most convenient way to communicate with program directors. Also, feel free to contact the combined fellows listed at the end of this Guide for their recommendations. Many programs are willing to pursue combined fellow applicants to match a high quality applicant. If it appears they are not interested or they are putting up a lot of roadblocks, move on. You do not want to waste time and energy on a program that is going to be difficult to work with,
especially since there are numerous programs willing to help you succeed. Remember, if the programs are making it difficult at the onset, imagine what it will be like when they have to work around combined schedules. It may be helpful to look at programs that have an affiliation with a combined Med-Peds residency program, as they are frequently aware of the interest in combined fellowship training. If you are lucky, one of the subspecialty program directors may be a member of the internal medicine or pediatric residency program advisory group and be familiar with Med-Peds. Though helpful, this is not crucial, as many combined fellows have done fellowships at programs with no Med-Peds residency program.

After you have found which programs to apply to, you need to find out if they require you to go through the Electronic Residency Application Service (ERAS) (https://www.aamc.org/students/medstudents/eras/fellowship_applicants/) and National Residency Matching Program (NRMP) Fellowship Match (http://www.nrmp.org). As of 2016, most programs are requiring use of NRMP and ERAS. Appendix B at the end of this Guide has some additional information about fellowships that participate in ERAS and the NRMP. If programs have a several strong applicants who are ready to commit to their program, they may completely drop out of the match for that year. You will have to work around these issues when you apply. Generally, the programs will be pretty accommodating and will hopefully view you as a special case—and should be able to pull a spot out of the match for you—if you reach an agreement before Match day.

Most people start applying in the early Fall of their third year of residency. It is helpful though to start contacting programs late in your second year or mid-July in the third year to see what special requirements they have and if they are willing to look into a combined fellowship. You will need several letters of recommendations from both pediatric and internal medicine faculty, as well as your program director. These letters should come from people you have worked closely with, and should also include a subspecialist from the area in which you are interested. It can be helpful if your subspecialist trained at the program you are interested in or if they are well known in their particular subspecialty. However, if you do not have any of these advantages, do not worry — a good interview can compensate for any lack of personal connections.

The Boards

Once you have found at least one program that you think might be willing to work with you, you need to contact the American Board of Internal Medicine and the American Board of Pediatrics and let them know you are interested in pursuing a combined fellowship in specialty X. Generally, they will let you know of the specific requirements they have. The key is to get, IN WRITING, how many years they want you complete to qualify for combined fellowships. Typically, the rule has been the following: Categorical Internal Medicine fellowship years + Categorical Pediatrics fellowship years − 1 = the number of years to do a combined fellowship. For example, in infectious diseases the equation is [2 (minimum for internal medicine) + 3 (minimum for pediatrics) − 1 = 4 years to do a combined infectious disease fellowship]. Occasionally the boards are more flexible for applicants who have already published,
have a Ph.D. or something else in your CV to set you apart. It is worth a try to see if they will reduce the training time.

The other issue is cost. First time takers of the general internal medicine boards currently pay $1300. General pediatrics boards currently cost $2200. Board fees for first time takers in a subspecialty of internal medicine range from $2200-$2900 and for a subspecialty in pediatrics $>2900. There are also fees associated with ongoing maintenance of certification cycles that are 10 year cycles (both for general maintenance of certification, as well as subspecialty certification). Many physicians in academics and private practice have the cost of these exams written into their employment contracts.

**Job Market**

Subspecialists are needed in most areas of the United States. There are geographic areas of oversupply for a few adult and pediatric (e.g. Pediatric Infectious Disease) subspecialists, but for most pediatric subspecialists and many adult subspecialists there are areas of need. A combined trained subspecialist should have little difficulty in finding multiple job opportunities.

**Fellowship Salary**

Med-Peds residents entering fellowship, based on their 4 years of Med-Peds training, should be eligible for pay at the PGY-5 level during their first year of fellowship. Recognize, however, that most other residents starting fellowship will only be eligible for pay at the PGY-4 level. Your fellowship may only be willing to pay you at the PGY-4 level during your first year of fellowship because this is the salary for other fellows who only completed a categorical program in the first year of their fellowship. You may want to inquire during your interview process what PGY level you would be paid during your first year of fellowship.

**Finding Institutions to Sponsor Combined Fellowships**

Unlike combined Med-Peds residency programs which are Accreditation Council for Graduate Medical Education (ACGME) certified, no combined fellowships are ACGME certified. This means some additional up front logistic work for the applicant to a combined fellowship. It can seem quite daunting, but is made easier by following 3 steps:

1. Find an institution that offers both the adult and pediatric version of the fellowship you desire. A combined fellowship can be done at two separate institutions, but will be more difficult to arrange.

2. Discuss the possibility of doing a combined fellowship with both the adult and pediatric fellowship directors. If they do not advertise an already existing combined curriculum, they may be amenable to the idea if approached.
3. Petition the American Board of Internal Medicine (ABIM), and the American Board of Pediatrics (ABP) to ensure board eligibility in both the adult and pediatric specialties. The ABIM and ABP will only accept such petitions from applicants who have already been accepted by an adult and pediatric fellowship program. This last point can be tricky as it means up front discussions with both fellowship directors about the applicant’s plans, and acquiring their verbal (if not written) support for combined training before applying and ranking through ERAS.

The programs listed in the Combined Fellowship section of this Guide have successfully supported and been granted petitions from the ABP and ABIM for combined fellows. However, even at these institutions any new fellows would need to submit their own petition to the ABP and ABIM. Again, institutions may be amenable to support combined training if approached individually, even if they do not appear in this guide.

**American Board of Pediatrics (ABP) and American Board of Internal Medicine (ABIM)**

Ultimately, to become quadruple board certified, both ABP and ABIM need to agree that your combined fellowship meets their criteria for board eligibility. Again, this should be done PRIOR to starting your fellowship. Additional information can be found in subsection of the ABP ([https://www.abp.org/content/combined-training-adult-and-pediatric-subspecialties](https://www.abp.org/content/combined-training-adult-and-pediatric-subspecialties)) and ABIM ([http://www.abim.org/certification/policies/combinedss/compedsub.aspx](http://www.abim.org/certification/policies/combinedss/compedsub.aspx)) websites.
Descriptions of Fellowships Available to Med-Peds Residents

This section contains a list, broken into 3 categories of fellowships available to Med-Peds residents. The first group (unique fellowships) includes fellowships which are only open to Med-Peds residents. The only type of fellowship currently in this group is the Med-Peds Generalist Fellowships. The second group (combined fellowships) contains fellowships that can be done as a combined or single discipline fellowship, such as combined adult and pediatric cardiology. The third group (special fellowships) contains fellowships that are not unique to Med-Peds, such as adolescent medicine or sports medicine.

Within each group, the fellowships are in alphabetical order by fellowship name. Fellowships are listed and then a more thorough section for each fellowship appears. Along with a brief description of each fellowship, we include a list of specific programs where individuals have completed combined fellowships in the past or are currently doing combined fellowships or programs that have expressed interest in having combined fellows. In addition, we include specific email contacts of people who are in or have completed that fellowship or have special knowledge of this area, and have agreed to be contacted if residents have additional questions.

Within the combined fellowships category, we have included only those programs known to us that offer or have accommodated a combined subspecialty pursuit. Those individuals listed as contacts are people who have pursued a combined course of training. Many people who have completed combined fellowship training did so at programs not listed in this guide. For many people it was set up specifically for them and was not perceived as an ongoing program—and as such is not listed here. Feel free to contact programs you are interested in and see if they might be interested in creating a combined program. They may already have or might be very willing to do so. It usually just takes someone to express an interest to get the ball rolling!

Within the special fellowships category, we have listed only those programs that have been known to accept Med-Peds graduates in the past.

If you are looking to try to find a contact at a program listed under a particular fellowship, you can generally start with the Med-Peds Program Director at that institution. Contact information for most Med-Peds Program Directors can be found on the National Med-Peds Residents’ Association (NMPRA) website at http://www.medpeds.org/medical-students/. A second approach is to contact the categorical subspecialty Fellowship Directors, which can generally be found through the Fellowship and Residency Electronic Interactive Database (FREIDA) at https://freida.ama-assn.org/Freida/user/programSearchDispatch.do?method=viewSubSpec.
The list of Fellowship opportunities is as follows:

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<th>Unique Fellowships</th>
<th>Combined Fellowships</th>
<th>Special Fellowships</th>
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<td>Med-Peds Generalist</td>
<td>Cardiology</td>
<td>Adolescent Medicine</td>
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<td>Endocrinology</td>
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<td>Pulmonary/Critical Care</td>
<td>HIV Medicine</td>
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<td>Transition Medicine</td>
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NMRPA is always looking to add more programs and contacts to the following descriptions and that this information included here is not exhaustive. If you know of programs and/or contacts that can be added, please email the information to fellowships@medpeds.org.

For some listed fellowship programs, one contact has an * next to their name. This designates that they had a lead role in preparing the fellowship description, programs, and/or additional contacts information.
Unique Fellowships

Med-Peds Generalist
A Med-Peds Generalist Fellowship prepares fellows to work in an academic medical setting. These fellowships, generally lasting 1-2 years, combine some clinical work (generally 20%-30% of the time) along with dedicated research time. Fellows will generally be required to pursue and publish scholarly research as part of this fellowship.

Programs Offering Fellowship (because each Med-Peds Generalist Program is somewhat unique, a brief description of each included, when available)

Boston University
This Boston University (BU) Primary Care Academic Fellowship program trains generalist physicians for careers in academic medicine as well as addiction and preventive medicine. The program trains primary care physicians to become clinician-investigators or clinician-educators, emphasizing high quality and innovative health care for urban underserved high-risk populations. General Internal Medicine, Pediatrics and Family Medicine have developed a combined program in which fellows are based in one department, but have a unified curricula, and have the opportunity to conduct research or other projects with faculty from any of the departments. There are a number of different options for concentration, including two accredited training programs (Addiction Medicine, Preventive Medicine). Fellows take classes at Boston University School of Public Health (MSc Epidemiology, MSc Health Services, MPH) or BU School of Education (MEd.). Fellows generally do about 10% clinical work, except for fellows in programs requiring specific additional clinical training (Addiction Medicine, Preventive Medicine). Clinical experience occurs at Boston Medical Center, the Boston VA as well as Edith Nourse Rogers VA in Bedford, MA. Although med-peds trained fellows are based in either GIM or Peds, the program works to create clinical experience in both medicine and pediatrics.

http://www.bumc.bu.edu/medfellowship/ (main site with application materials)
http://www.bmc.org/pediatrics/education/pediatricsfellowship.htm

For more information contact Jane Liebschutz, MD MPH jane.liebschutz@bmc.org (GIM) or Michael Silverstein, MD MPH Michael.silverstein@bmc.org (Gen Peds)

Harvard University
Although Harvard University does not have a specific Med-Peds Generalist Fellowship, various generalist fellowship within the Harvard University system have been very friendly to Med-Peds graduates in the past including the following:

• Commonwealth Fund Minority Advocacy/Health Policy Fellowship through Massachusetts General Hospital (http://www.commonwealthfund.org/Fellowships/)
• Durant Fellowship in Refugee Medicine through Massachusetts General Hospital (http://www.durantfellowship.org/index.shtml)
• General Internal Medicine Health Services Research Fellowship through the Harvard system (various teaching hospitals) ([http://web.hms.harvard.edu/hfdfp/](http://web.hms.harvard.edu/hfdfp/))
• General Pediatric Health Services Research Fellowship through the Harvard system (various teaching hospitals) ([http://www.childrenshospital.org/centers-and-services/pediatric-health-services-research-fellowship-program](http://www.childrenshospital.org/centers-and-services/pediatric-health-services-research-fellowship-program))

If you have any interest in finding out more about these programs, contact Matthew Gillman, MD ([Matthew_Gillman@harvardpilgrim.org](mailto:Matthew_Gillman@harvardpilgrim.org)) or Colleen Monaghan, MD ([cmonaghan@partners.org](mailto:cmonaghan@partners.org)).

**Johns Hopkins University**

Although Johns Hopkins University does not have a specific Med-Peds Generalist Fellowship, the Johns Hopkins General Internal Medicine (GIM) is interested in attracting Med-Peds residents. Hopkins GIM is home to one of the nation's premier fellowship training programs in academic general internal medicine. The GIM Fellowship is proud of our over 140 alumni who have made their mark as researchers, educators, and leaders. The Hopkins GIM Fellowship has had a number of Med-Peds trained physicians in its program. Supported by federal grants for 30 consecutive years, the overall goal of the Hopkins GIM Fellowship is to prepare general internists to assume faculty and leadership positions in GIM and Public Health. Hopkins GIM Fellows come from across the United States and have a wide array of research interests including clinical epidemiology, preventive medicine, health services research, women's health, health disparities, ethics, and medical education.

The Program is two or three years in length and offers three specifically designed tracks: a Clinical Research Track, a Medical Education Track, and a Hospitalist Research Track. Hopkins GIM encourages research in many areas of methodologic and content expertise, offering research training in tandem with other programs of excellence across Johns Hopkins University. Many fellows obtain Master’s degrees from the internationally-recognized Bloomberg School of Public Health. Fellows also may pursue training in teaching, curriculum development and evaluation, and time management by participating in the Teaching Skills and Curriculum Development components of the Johns Hopkins Faculty Development Program for Clinician-Educators. Fellows spend no more than 20 percent of their time in the clinical setting, and the program offers several venues in which to practice medicine. Fellows are also offered a variety of opportunities to teach residents, medical students or other trainees.

For more information, visit [http://www.hopkinsmedicine.org/gim/fellowship/](http://www.hopkinsmedicine.org/gim/fellowship/) or contact Dr. Geetanjali Chander at [gchande1@jhmi.edu](mailto:gchande1@jhmi.edu) or Dr. Tony Boonyasai, MD [romsai@jhmi.edu](mailto:romsai@jhmi.edu).

**University of Pittsburgh**

The Internal Medicine and Pediatric divisions each have been providing advanced training to academic generalists for many years and have provided fellows with a diverse set of skills and experiences necessary to become successful academic generalists. We are proud to offer a combined Med-Peds fellowship position through a
new collaborative Faculty Develop Grant awarded by the Health Resources and Services Administration (HRSA).

Our rigorous two to three-year training program prepares fellows seeking careers as clinician educators or clinician investigators. Clinician educators have the opportunity to obtain a Master’s of Science in Medical Education; clinician investigators typically earn a Master’s of Science in Clinical Research, although degrees in Public Health or Policy are also available. Areas of concentration include but are not limited to underserved care and health disparities, women’s health, palliative care, bioethics and health law, and health services research.

The fellowship program has 3 main objectives: 1) Provide comprehensive research training with an emphasis on public health priorities in the context of underserved community-based care, 2) Enhance fellows’ knowledge and understanding of health disparities through training in cultural competency, and 3) Develop effective leadership skills through formal training and learning experience at community health centers. The clinical, research and educational experiences occur in sites that range from standard academic practices to a newly developed, integrated medicine and pediatrics community health center.

Since the Faculty Development program is funded through HRSA, all applicants must be U.S. Citizens or permanent residents.

For further inquiries please e-mail Deb Bogan at debra.bogan@chp.edu or Reed Van Deusen at vandeusenr@upmc.edu.

University of Rochester
The General Academic Fellowship is run through the Department of Pediatrics at the University of Rochester Medical Center. The fellowship is 70% research and 30% clinical. Because funding comes through the pediatric department, research has to include kids in some way. Clinically, fellows precept ½ day in the pediatric clinic and cover as the inpatient attending for all clinic patients 4 weeks per year. In addition, fellows see their own patients ½ day a week in the Med-Peds clinic. Moonlighting on the medicine inpatient floors is available. The program also provides the opportunity to obtain a MPH through the Department of Community and Preventative Medicine. The website is: http://www.urmc.rochester.edu/pediatrics/training/fellowship/programs/general_pediatrics/.

Contacts:
Rob Fortuna, MD
Robert_Fortuna@urmc.rochester.edu
Karen Nead, MD
Karen_Nead@urmc.rochester.edu
Vanderbilt University
Although Vanderbilt does not have a specific Med-Peds Generalist Fellowship, various generalist fellowships within Vanderbilt have been very supportive to Med-Peds graduates including:

• VA Quality Scholars Fellowship: This 2 year fellowship focuses on training in quality improvement and clinical research. Trainees receive an MPH and a curriculum in quality improvement. See http://www.vaqs.org/ for more information.
• Child Health Research in Vulnerable Populations: These 2 year fellowships can focus on training in health services research and clinical epidemiology. Typically an MPH is obtained during the fellowship.
• Informatics Fellowship: Several informatics related fellowships are available through Vanderbilt and the Nashville VAMC.
• Palliative Care and Geriatrics: These 1-2 year fellowships can focus on clinical care or academic scholarship.

If you have any interest in finding out more about these programs, please contact Russell Rothman MD, MPP at russell.rothman@vanderbilt.edu.

Combined Fellowships

Cardiology
A combined Cardiology Fellowship can uniquely prepare you to take care of the growing and aging population of adults with congenital heart disease, among other pediatric and adult cardiac patients. This combined, five-year fellowship will prepare a Med-Peds physician to become board-certified in both Pediatric Cardiology and Cardiovascular Disease (adult cardiology). However, to be board-eligible to take a certification exam in Adult Congenital Heart Disease (ACHD), a subspecialty certification that became available via the American Board of Internal Medicine (ABIM) in Fall 2015, training in a five-year Med-Peds Cardiology fellowship will have to be complete by July 1, 2016. Any graduates of a combined Med-Peds Cardiology fellowship after this date will need to complete an additional two-year ACHD fellowship at an ACGME-accredited ACHD program, i.e., seven total years of fellowship training, to be board eligible in all three disciplines. An alternative and historically more popular route to ACHD subspecialization involves completing either a Pediatric Cardiology or Cardiovascular Disease fellowship followed by a two-year ACHD fellowship, i.e., five years of fellowship training, to be board eligible in either pediatric or adult cardiology and ACHD. These changes in ACHD training and certification have led many of the combined Med-Peds Cardiology programs to adjust their training pathways in favor of a two-year ACHD fellowship after either a three-year fellowship in pediatric or adult cardiology. For more information on this topic, visit the following article on the ACC.org/FIT website: http://www.acc.org/membership/sections-and-councils/fellows-in-training-section/fit-information-hub/education/2015/08/11/15/44/advances-in-achd.

Of note, should you still like to arrange a five-year Med-Peds Cardiology fellowship, this will need to be approved by both ABIM and American Board of Pediatrics (ABP), ideally before training begins or before the third to sixth month of the fellowship:
ABIM: https://www.abim.org/certification/policies/combined-training/subspecialties-pediatric.aspx

ABP: https://www.abp.org/content/general-criteria-subspecialty-certification


Programs Offering Fellowship
Baylor College of Medicine
Boston (BACH)
Columbia-Presbyterian
Emory
Mayo Clinic
National Institutes of Health
Ohio State University
University Hospitals of Cleveland/Rainbow Babies and Children’s’ Hospital
UCLA
University of Colorado Health
University of Pittsburgh
University of Rochester (Preventative Cardiology Fellowship)
University of Texas at Houston
Vanderbilt University

Additional Contacts
Mary Ann Cruz, MD
mac@bcm.edu

Curt Daniels, MD*
Curt.Daniels@osumc.edu

Wayne Franklin, MD
wjf@bcm.edu

Christopher Learn, MD*
christopher.learn@cchmc.org

Wilson Lam, MD*
wlam@bcm.edu

Larry Markham, MD
Larry.markham@vanderbilt.edu

Jeremy Nicolarsen, MD*
jeremy.nicolarsen@gmail.com
**Endocrinology**
A combined adult and pediatric Endocrinology Fellowship will uniquely prepare trainees to take care of diabetes, hypoglycemia, hyperlipidemia, obesity, metabolic bone disease, functional and neoplastic disorders of the adrenal, parathyroid, pituitary, and thyroid glands, hypogonadism, ambiguous genitalia, and other inborn disorders of metabolism.

**Programs Offering Fellowship**
Baylor College of Medicine
Children’s Hospital Boston
Johns Hopkins University
Indiana University
Massachusetts General Hospital
Mayo Clinic
Mount Sinai Medical Center
National Institutes of Health
Ohio State University
Stanford University
University of California at San Diego (UCSD)
University of California at San Francisco (UCSF)
University of Chicago
University of Michigan
University of Pittsburgh
University of Rochester
University of Texas at Houston (UT-Houston)
University of Washington
Vanderbilt University Medical Center

**Additional Contacts**
Erik Allen Imel, MD
*eimel@iu.edu*

Heidi Chamberlain Shea, MD
*TO2Sheas@aol.com*

Sarah Lyons, MD (Baylor)
*Sarah.Lyons@bcm.edu*

Surya Narayan Mulukutla, MD (Current Fellow at Baylor)
*mulukutl@bcm.edu*

Steven Waguespack, MD (Baylor)
*Swagues@mdanderson.org*

Matthew Wise, MD
*mdwise77@gmail.com*


**Gastroenterology**

A combined Gastroenterology Fellowship will prepare trainees to take care of a wide range of gastrointestinal disorders in both children and adults. This fellowship combination may make you especially attractive to areas that could not support a full-time Pediatric Gastroenterologist.

**Programs Offering Fellowship**

University of Chicago  
University of Louisville  
University of North Carolina

**Additional Contacts**

Nancy McGreal, MD  
nan518@hotmail.com

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**Hematology and Oncology**

A combined Hematology and Oncology Fellowship will uniquely prepare trainees to take care of adult survivors of childhood cancer, congenital hemolytic anemias, and other hematological conditions transitioning from childhood to adult life, among other hematological and oncological diseases in children and adults.

**Programs Offering Fellowship**

Johns Hopkins University  
Harvard University  
National Institutes of Health  
Oregon Health and Science University  
University of North Carolina

**Additional Contacts**

Tracy Conrad, MD  
tconrad@tulane.edu

Lara Davis, MD  
davisla@ohsu.edu

Mike Douvas, MD  
mgd9a@virginia.edu

John J Strouse, MD  
Jstrous1@jhmi.edu
**Infectious Disease**

A combined Infectious Disease Fellowship is attractive to many Med-Peds residents because of the large area of overlap between adult and pediatric infectious diseases. Also, this dual training may be very well suited to taking care of the growing and aging child population with HIV.

**Programs Offering Fellowship**

Baylor College of Medicine  
Brown University  
Boston Medical Center  
Emory University  
Johns Hopkins  
Louisiana State University  
Mt Sinai School of Medicine (New York, NY)  
National Institutes of Health  
Virginia Commonwealth University Medical Center (Medical College of Virginia)  
SUNY Downstate (Brooklyn NY)  
Tulane University (New Orleans)  
University of California at Los Angeles (UCLA)  
University of Chicago  
University of Wisconsin at Madison

**Additional Contacts**

Judith Campbell, MD  
judithc@bcm.edu

Brian Chow, MD  
brian.dw.chow@gmail.com

Tommy Cross, MD  
jtcrossjr1961@gmail.com

Natalie Dailey Garnes, MD  
natalie.daileygarnes@bcm.edu

Dena Daybell, MD  
madtomcat@aol.com

Tom Flynn, MD  
Tflynn@kcms.msu.edu

Allison (George) Agwu, MD, ScM- Johns Hopkins  
ageorg10@jhmi.edu
Richard Martinello, MD (Yale)
Richard.Martinello@yale.edu

Jose Serpa-Alvarez, MD (Program Director at Baylor)
jasperpaa@bcm.edu

Margaret Silio, MD
msilio@tulane.edu

Dominick Tammaro, MD
dtammaro@lifespan.org

Jill Weatherhead, MD
weatherh@bcm.edu

**Nephrology**

A combined Nephrology Fellowship will prepare trainees to take care of children and adults with kidney disease. This fellowship combination may make you especially attractive to areas that could not support a full-time Pediatric Nephrologist.

**Programs Offering Fellowship**

Academic Medical Center
Baylor College of Medicine
Duke University
Montefiore-Albert Einstein College of Medicine
Northwestern
Ohio State University
Stanford University
SUNY Upstate
University Hospitals of Cleveland/Rainbow Babies and Childrens’ Hospital (Case Western Reserve University)
University of California at San Diego (UCSD)
University of California at San Francisco
University of Chicago
University of Cincinnati
University of Iowa
University of Michigan
University of Missouri
University of North Carolina
University of Rochester
University of Tennessee
University of Texas at Houston (UT-Houston)
Washington University
Additional Contacts
Rupesh Raina, MD*
rraina@metrohealth.org

Arundhati Kale
akale@bcm.edu

Beatrice Goilav
bgoilav@montefiore.org

Colleen Hastings
mhasting@uthsc.edu

David Kershaw
dkershaw@med.umich.edu

Deborah Kees-Folts
pedneph@lists.uchicago.edu

Elizabeth Ingu
Eingulli@ucsd.edu

Farzana Perwad
Farzana.Perwad@UCSF.edu

John Bissler
john.bissler@cchmc.org

John Foreman
John.foreman@duke.edu

John Mahan
john.mahan@nationwidechildrens.org

Joshua Samuels
joshua.a.samuels@uth.tmc.edu

Keisha Gibson
Keisha_gibson@med.UNC.edu

Marc. B. Lande
Marc_Lande@URMC.rochester.edu

Melissa Cadnapaphornchai
melissa.cadnapaphornchai@childrenscolorado.org
Pulmonology/Critical Care

There are a number of combinations with critical care that can be accomplished. There are many programs that have accommodated a trainee to complete both adult and pediatric critical care and after completing requirements to sit for both boards. While there are no established programs offering PICU-adult pulmonary/critical care training, nor are there established programs offering PICU-MICU (without pulmonary training), the programs listed below may be able to develop such a program.

A combined Pulmonology/Critical Care Fellowship will uniquely prepare trainees to take care of adults with cystic fibrosis, as well as the large population of children and adults with asthma, among other lung diseases in children and adults. A combined Pulmonary/Critical Care Fellowship will also prepare you to take care of children and adults in intensive care unit settings.

At the present time, some programs offer a combined pediatric pulmonary-adult pulmonary/critical care training program, to be completed in approximately 5 years.

The NIH allows one to do MICU-PICU or PICU-MICU plus pulmonary, ID, nephrology,
or cardiology.

If trainees are interested in only MICU training (without pulmonary) combined with PICU training, consider looking specifically at programs that have critical-care-only fellowships, like Memorial Sloan-Kettering, the National Institutes of Health, Pittsburgh, Stanford, or the University of Washington and then coordinating with their PICU training program. This is logistically simpler than being a critical care-only fellow in an adult pulmonary/critical care training program which may have to make significant changes to accommodate you not being on their pulmonary consult or outpatient services. However, this has been done in the past as well.

There may be programs which would offer combined adult pulmonary (without critical care) and pediatric pulmonary training as well, which could be completed in 4 years.

**Programs Offering Combined Peds Pulmonary-Adult Pulm/Critical Care Fellowship**
- National Institutes of Health
- Ohio State University
- University of Chicago
- University of Cincinnati
- University of Wisconsin-Madison

**Programs Who Have Offered or are Offering Combined PICU-MICU Fellowship (usually structured as 1-2 years of MICU and 3 years of PICU fellowship)**
- National Institutes of Health (NIH)/Johns Hopkins
- NIH/Children's National Medical Center
- University of Pittsburgh: 2 years of MICU, 2 years of PICU switching annually for a total of 4 years
- University of Chicago: 1 year of MICU, 2 years of PICU, 2 years of research
- University of Washington
- University of Rochester
- University of Utah

**Programs Offering Combined PICU-Adult Pulm/Critical Care Fellowship**
- Ohio State University: combined PICU-adult pulm/CC fellowship over 5 years
- Harvard University: PICU training at either Boston Children's or MGH, combined with adult pulm/CC training through the combined MGH/Brigham/Beth Israel program

**Additional Contacts**
Kenneth E. Remy, MD, MHSc. (completed PICU at Columbia University and Adult Critical Care at the National Institutes of Health)*
Remy_k@kids.wustl.edu

Phil Verhoef, MD (MICU-PICU at University of Chicago)*
philip.verhoef@gmail.com
**Rheumatology**

A combined Rheumatology Fellowship will prepare trainees to take care of children and adults with rheumatic disease. This fellowship combination may make you especially attractive to areas that could not support a full-time Pediatric Rheumatologist.

**Programs Offering Fellowship**

Cleveland Clinic  
Duke University  
Harvard University  
Indiana University  
Medical University of South Carolina  
Ohio State University  
St. Louis University School of Medicine  
University of Alabama at Birmingham  
University Hospitals of Cleveland/Rainbow Babies and Children’s Hospital  
University of California at San Francisco (UCSF)  
University of Cincinnati  
University of Michigan  
University of Pittsburgh  
Vanderbilt University  
Washington University

**Additional Contacts**

Ashley Blaske, MD* (combined fellow, Vanderbilt University)  
[Ashley.l.blaske@vanderbilt.edu](mailto:Ashley.l.blaske@vanderbilt.edu)

Howard Fuchs, MD (Vanderbilt Adult Rheumatology Fellowship Program Director)  
[howard.fuchs@Vanderbilt.Edu](mailto:howard.fuchs@Vanderbilt.Edu)

Alisa Gotte, MD (Vanderbilt Pediatric Rheumatology Fellowship Program Director)  
[alisa.gotte@vanderbilt.edu](mailto:alisa.gotte@vanderbilt.edu)

Terry Moore, MD  
[mooretl@slu.edu](mailto:mooretl@slu.edu)

Peter Nigrovic, MD  
[pnigrovic@partners.org](mailto:pnigrovic@partners.org)

Barbara Ostrov, MD  
[bostrov@hmc.psu.edu](mailto:bostrov@hmc.psu.edu)

Aarat Patel, MD*  
[aarat_patel@bshsi.org](mailto:aarat_patel@bshsi.org)

Laura Piazza Parks, MD  
[lkpiazza@gmail.com](mailto:lkpiazza@gmail.com)
Special Fellowships

Adolescent Medicine
Although actually a Pediatric subspecialty, an Adolescent Medicine Fellowship is very well suited for Med-Peds residents. A complete list of Adolescent Medicine Fellowships can be found through the online Fellowship and Residency Electronic Interactive Database (FREIDA) at https://freida.ama-assn.org/Freida/user/programSearchDispatch.do?method=viewSubSpec or the Society for Adolescent Medicine (SAM) website at http://www.adolescenthealth.org/AM/Template.cfm?Section=Fellowships_Training&Template=/CM/ContentDisplay.cfm&ContentID=1284.

Allergy and Immunology
Leading to a single board in Allergy and Immunology, most physicians who complete training in Allergy and Immunology Fellowship see both children and adults, so Med-Peds training is well suited for this specialty. A complete list of Allergy and Immunology Fellowships can be found through the online Fellowship and Residency Electronic Interactive Database (FREIDA) at https://freida.ama-assn.org/Freida/user/viewProgramSearch.do or the American Academy of Asthma, Allergy, and Immunology (AAAAI) at http://www.aaaai.org.

Additional Contacts
Richard Lavi, MD
RFLavi@aaasrc.com

Clinical Informatics
With a broad background in medicine and pediatrics, Med-Peds residents are very well suited for a 2-year Clinical Informatics fellowship that combines broad clinic training with information technology. Clinical Informatics covers a wide range of information technologies in medicine including: medical databases, electronic medical records, decision support, telemedicine, etc. Clinical Informatics also encompasses topics in public health and epidemiology. Currently, many Clinical Informatics fellowships are

Additional Contacts
David Butler, MD
david.k.butler@gmail.com
Arlene Chung, MD, MHA, MMCi
arlene_chung@med.unc.edu
Robert Cronin, MD
Robert.Cronin@Vanderbilt.edu
David Kaelber, MD*
David.kaelber@case.edu
Trent Rosenbloom, MD
Trent.rosenbloom@vanderbilt.edu
Elisabeth Scheufele, MD
escheufele@partners.org

Community Medicine
Kaiser Permanente of Southern California offers a fellowship in community medicine geared towards a more intense experience in training the primary care physician in a primarily underserved community setting. Six Community Medicine Fellowship/Junior Faculty positions are available to graduates of Family Medicine, Internal Medicine, and Pediatrics Residency Programs. The program is flexible and a position with experience in both the internal medicine and pediatric departments is possible. These positions are held at the Fontana, Los Angeles, Orange County, and Woodland Hills Medical Centers. The 13-month fellowships are full-time, working in multiple community involvements, developing others, teaching residents and medical students, and participating on the residency faculty committee. Research is supported and available. Projects are highly encouraged. The fellowship allows participants the unique opportunity for self-directed growth and exploration. The length of the fellowship is 13 months with potential for renewal. Competitive salary of $100,000 and full benefits with 4 weeks vacation.

Programs Offering Fellowship
Kaiser Permanente of Southern California
Epidemic Intelligence Service

The Epidemic Intelligence Service (EIS) is a unique fellowship program offered through the Centers for Disease Control and Prevention (CDC). EIS is a 2-year fellowship in applied epidemiology, and EIS Officers serve as the country's front line workforce in investigating urgent outbreaks and major epidemics in the United States and around the world. EIS Officers spend approximately 6 weeks over the 2 years in a classroom setting, and the remaining core skills and knowledge are learned “on the job”. Officers can be assigned to a variety of CDC headquarters or state/territorial/local/tribal health departments through a modified match process. Positions are available in chronic disease, environmental health, injury prevention, emergency preparedness, communicable disease, global health and many other areas. A doctoral-level degree is required, and each 80-person class is composed primarily of MDs, PhDs, and DVMs (note: an MPH is not required). Training in Med-Peds is a great foundation for a career in public health!

Programs Offering Fellowship

Centers for Disease Control and Prevention (http://www.cdc.gov/eis/index.html)

(Other CDC sponsored fellowships can be found at http://www.cdc.gov/Fellowships/CareerInternships.html)

Additional Contacts

Bruce W. Furness, MD* (EIS 1998)
bfurness@cdc.gov

Anna-Binney McCague, MD (EIS 2012)
bmccague@gmail.com

Sarah Kemble, MD (EIS 2010)
sarah.kemble@gmail.com

Mary-Margaret Fill, MD* (EIS 2015)
marymargaret.fill@gmail.com

Global Health

Global Health is an increasing area of interest for many physicians and is ideally suited for physicians with Med-Peds training.
Programs Offering Fellowship

Brigham and Women’s Hospital
(Global Women’s Health Fellowship sponsored by Brigham and Women's Hospital)
http://www.brighamandwomens.org/Departments_and_Services/womenshealth/ConnorsCenter/GWH/Default.aspx

University of California at San Francisco
(http://hospitalmedicine.ucsf.edu/fellowship/globalhealth.html)

Additional Contacts
Ann Kao, MD
ayk2000@gmail.com

Kate Powis, MD
kpowis@partners.org

Alexandra Stanculescu, MD*
alix.stanculescu@gmail.com

Health Services Research

Health Services Research fellowships focus on the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational factors, technology and personal behaviors affect access, cost, and quality of healthcare. There are many potential applications of this field for Med-Peds physicians.

Many of Health Services Research fellowships have T32 training program funding through the Agency for Healthcare Research and Quality (AHRQ).

Health Services Research fellowships generally offer an MPH or equivalent degree and allow some flexibility in clinical work and could be well suited for Med-Peds physicians looking for clinical research careers. See also under the Generalist Med-Peds Fellowships in the unique fellowships section of this Guide.

Programs Offering Fellowship
Vanderbilt University

Other AHRQ Health Services Research Fellowships can be found at http://www.ahrq.gov/fund/training/t32.htm.

Additional Contacts
Russell Rothman, MD*
Russell.rothman@Vanderbilt.edu
**HIV Medicine**

HIV is not an ACGME accredited fellowship and therefore does not have a true board certification. However, the American Academy of HIV Medicine ([http://www.AAHIVM.org](http://www.AAHIVM.org)) does offer a certificate for HIV Specialists. This does have HIV CME and patient care activity requirements; however, it does not require fellowship training. Since these fellowships are not ACGME accredited funding can vary from year to year.

These programs are often connected to but separate from Infectious Disease programs and vary by curriculum. The clinical programs are for advanced training and experience to treat HIV infected patients, which many ID programs may not specifically offer. Other programs are focused on prevention and policy training, research, as well as mental and behavioral health.

HIV in the US has become a disease of adolescents and adults, with most cases of Pediatric HIV being few due to appropriate prophylaxis. This skews any training program towards the Internal Medicine and Adolescent Medicine side significantly.

There are also a number of programs that are dedicated to public health training and mental and behavioral health programs that are available.

**Programs Offering Fellowship**

Pacific AIDS Education and Training Center ([http://paetc.org](http://paetc.org))

University of California - San Francisco (Positive Health Program at San Francisco General Hospital) ([https://hiv.ucsf.edu](https://hiv.ucsf.edu))

University of Texas - Houston (Thomas Street Clinic)

University of Miami

State of New York

**Additional Contacts**

Emery Chang, MD*
chan0198@yahoo.com

Susa Coffey, MD
scoffey@php.ucsf.edu

Ben J. Barnett, MD
Ben.J.Barnett@uth.tmc.edu
**Medical Genetics**

Medical Genetics/Genomics is a field ideally suited for Med-Peds Physicians. There is high demand for Med-Peds trained physicians because of the expansions in the clinical care of adult patients in cancer genetics to cardiac and preventative genetics. There are only about 150 internal medicine-genetics trained professionals in the US (there are more in pediatrics and a growing group in Maternal Fetal Medicine/Genetics seeing prenatal cases). Additionally, children with genetic disorders are becoming adults with genetic disorders with specialty care/knowledge needed. Genetic specialization is also moving to new areas such as pharmacogenomics and translating research findings to clinical practice regardless of age.

Whole genome and whole exome studies require knowledge in a broad variety of disorders as parents and children are both studied and the disorders found may be pediatric or adult onset. Programs are very interested in finding individuals who are comfortable with adults and children, something this traditionally pediatric subspecialty has been lacking. Positions in clinical genetics are readily available for those who are looking for patient care and graduates are in high demand after completing a program (recent trainees usually will have several offers available). Many programs will tailor their curriculum to the applicant’s interests.

Programs are generally variable in size. Many programs focus on training physician scientists, for which an MD/PhD candidate may have an edge; other programs are more clinically based and all are looking for strong clinical candidates. Programs are required to have 18 months of clinical rotations along with 6 months of research.

Additional training is available to become a specialist in cytogenetics, biochemical genetics, or molecular genetics. Trainees must spend one additional year in training for each specialty in which they wish to become board certified. There is also a new training program with an additional year in clinical biochemical genetics, focused on patient care rather than the laboratory.

**Further information can be found through:**

- The American College of Medical Genetics Careers Section

- The Genetics Societies homepage

- The American Board of Medical Genetics and Genomics
  [http://www.abmgg.org](http://www.abmgg.org)

- Programs Offering Fellowship
  A list of Medical Genetics Fellowships can be found through the online Fellowship and
Residency Electronic Interactive Database (FREIDA) – there are nearly 50 accredited programs available.

Additional Contacts
Murugu Manickam, MD*
kmanickam@geisinger.edu

**Palliative Care**

The field of hospice and palliative medicine, while relatively new, is a burgeoning one with opportunities to practice in a variety of geographic and practice settings. It offers tremendous opportunities to use your clinical acumen and specialized skill set to relieve suffering and provide significant comfort, in the context of interdisciplinary team practice and holistic care. The patients who need you may be of any age (including prenatal), but they are each struggling with serious illness. As a board certified medical specialty, fellowship training is required in order to qualify for the ABIM Board Certification Exam.

Med-peds trainees are welcomed into both adult and pediatric-specific palliative care fellowships. Most programs are one year of training that provide interdisciplinary clinical, educational, and research opportunities in both pediatric and adult Palliative Care. Adult training programs generally provide 2-4 weeks of pediatric experience, while pediatric programs give fellows 1-2 months of adult experience; often programs offer flexibility in program structure to meet the individual needs/preferences of trainees with specific career goals. In addition to inpatient palliative care consultation, fellows also work in the outpatient arena, in clinics, in the home, and with area hospice agencies to provide continuity of care for patients in home hospice. Further training includes familiarity with the clinical and administrative duties of a Hospice Medical Director and training in program development. A unified curriculum addressing all core competencies of Palliative Care spans the program, and research (including quality or performance improvement work) is also a key component.

Fellowship graduates implement their training in a myriad of different ways, whether as an enhancement to a general or subspecialty practice, or as a palliative care and/or hospice clinician. Many graduates combine part-time hospice/palliative medicine practice with other work, while others choose to specialize in working with patients with serious illness and their families. Regardless of career choice, enhanced training in the principles of palliative and hospice care adds depth and meaning to a career in medicine.

**Programs Offering Fellowship**
Dana Farber Cancer Center
University of Michigan
University of Wisconsin
Vanderbilt University
Additional Contacts
Sumathi Misra, MD
sumathi.misra@vanderbilt.edu

Tiffany Hines, MD
tiffany.hines@vanderbilt.edu

Quality Improvement
Quality Improvement research is the study of clinical practices and their outcomes with the goal of improving the quality of care. Quality Improvement provides the information and process by which improvements occur in systems of medical care. With a broad background in medicine and pediatrics, Med-Peds is an excellent training upon which to pursue a 1-2 year Quality Improvement Fellowship. Most programs provide the opportunity to obtain a MPH through the Fellowship as well.

Among some other institutions, the Veteran's Administration has several quality improvement fellowships through the VA Quality Scholars Program.

Veteran’s Administration Quality Scholars Program
Purpose:
To develop the next generation of leaders in the research, teaching, and administration of health care quality improvement. An important goal of the program is to develop an individual who will be able to advance the scientific basis of health care improvement.

Fellows will be able to:
• Design and lead efforts for clinical and quality improvement
• Lead clinical programs such as academic hospitalist programs, outpatient clinics, or other areas
• Teach health professionals about health care improvement and quality.
• Design and conduct research or improvement projects, and publish results in the peer-reviewed literature
• Develop new knowledge for the ongoing improvement of the quality and value of health care services
• Apply clinical, quality improvement, and health services and outcomes research methods
• Learn successful approaches for grant writing and funding

Program
The VAQS Fellowship Program was established in 1999. Mentoring is a critical component of the program. The two-year program links individualized training at each site to a state-of-the-art curriculum developed by The Dartmouth Institute. Each year, two positions are available at each site. Stipends and fringe benefits are provided by the VA.
Curriculum Components

- Interactive video conferences (25/year)
- Participate in National Meetings (3/year)
- Fellow improvement projects
- Clinical and education activities
- Course work (MPH or equivalent degree tuition covered at some sites)
- Participation in scientific meetings

Who Should Apply?
Residents, fellows, or faculty in any clinical discipline who want to learn how to do, lead, or study healthcare improvement.

Requirements
Applicants must have completed ACGME-accredited residency or fellowship training, be board eligible or board certified, and have an active, unrestricted U.S. license to practice. International medical graduates must also fulfill visa and ECFMG requirements.

Coordinating center: Since 2015, the VA Quality Scholars Coordinating Center has been located at the Michael E. DeBakey VA Medical Center in Houston, Texas. The Coordinating Center is responsible for the development, administration and evaluation of the 2-year, national fellowship focused on quality improvement, patient safety, interprofessional teamwork and collaboration, as well as leadership and professional development.

Contact Information
Carlos Estrada, MD, MS cestrada@uab.edu
Birmingham VAMC, Univ of Alabama at Birmingham

David Aron, MD, MS david.aron@va.gov
Cleveland VAMC, Case Western Reserve University

Aanand Naik, MD Director, VA Quality Scholars Aanand.Naik@med.va.gov
Michael E. DeBakey VAMC, Baylor University

Gary Rosenthal, MD gary-rosenthal@uiowa.edu
Iowa City VAMC, University of Iowa

Robert Dittus, MD, MPH robert.dittus@vanderbilt.edu
Nashville VAMC, Vanderbilt University

Seth Landefeld, MD sethl@medicine.ucsf.edu
San Francisco VAMC, Univ California San Francisco

Vince Watts, MD, MPH bradley.watts@va.gov
More information about the VA’s Quality Scholars Program can be found at http://www.vaqs.org/.

Programs Offering Fellowship
Atlanta, GA
Birmingham, AL
Cleveland, OH
Houston, TX
Iowa City, IA
Nashville, TN
Los Angeles, CA
San Francisco, CA
Toronto; Canada
White River Junction, VT

Robert Wood Johnson Clinical Scholars Program
The Robert Wood Johnson Clinical Scholars Program is designed to allow young physicians committed to clinical medicine to acquire new skills and training in the non-biological sciences important to medical care systems. The program offers two years of graduate-level study and research -- as part of a university-based, post-residency training program -- in priority areas designated by participating institutions. More information about the Robert Wood Johnson Clinical Scholars Program can be found at http://rwjcsp.unc.edu.

Programs Offering Fellowship
Robert Wood Johnson Clinical Scholars Program fellowship locations are coordinated on a national level through the Robert Wood Johnson Foundations. Currently 4 universities participate in the Robert Wood Johnson Clinical Scholars Program including the following:
University of California at Los Angeles
University of Michigan
University of Pennsylvania
Yale University


Additional Contacts
Uptal Patel, MD
patelu@gmail.com
Sleep Medicine
A sleep medicine fellowship provides physicians from sponsoring specialties comprehensive training in the diagnosis and management of sleep and circadian disorders in all age groups. Sleep Medicine Programs have been training physicians in clinical sleep medicine since the 1970's; however, fellowship programs only achieved ACGME accreditation in 2005. Soon thereafter sponsoring board subspecialty examinations began certifying passing graduates from the specialties of: Internal Medicine, Pediatrics, Family Practice, Pulmonary Medicine, Psychiatry, Neurology, Otolaryngology, and Anesthesia.

The American Academy of Sleep Medicine has a Program Directors Council linked here. [http://www.aasmnet.org/fellowshipdirectors.aspx](http://www.aasmnet.org/fellowshipdirectors.aspx)

Here is a link to all of the sleep fellowships that participate in the match [https://services.aamc.org/eras/erasstats/par/display8.cfm?NAV_ROW=PAR&SPE
C_CD=520](https://services.aamc.org/eras/erasstats/par/display8.cfm?NAV_ROW=PAR&SPEC_CD=520)

Additional Contacts:
Michael Howell MD, FAAN, FAASM*
howel020@umn.edu

Ken Kunisaki, MD, MS
kunis001@umn.edu

Sports Medicine
The primary care sports medicine (PCSM) fellowship is typically a one-year program that leads to the ability to sit for the Certificate of Added Qualification in Sports Medicine (CAQ-SM). This can be taken through the ABIM or ABP (among others). The sports medicine fellowship includes training in diagnosis and management of acute musculoskeletal injuries and overuse conditions, concussions, and other exercise-induced diseases as well as injury prevention and wellness promotion. PCSM fellowships are typically in departments of family medicine, though a number of strong pediatrics-based programs exist as well. PCSM fellowships accept residents from Internal Medicine, Pediatrics, Med-Peds, Family Medicine, Emergency Medicine, and Physical Medicine & Rehabilitation, and each fellowship varies in the types of residents accepted. Most fellowships include training in the care of both pediatric and adult athletes, though the balance between the two is variable. Even the pediatrics-based programs have strong training in care of the skeletally mature patient. A few programs are two years in duration; typically those include a more prominent research component.
Most fellowship programs enthusiastically support Med-Peds trained candidates, though this is not always the case. Experience working with sports medicine physicians and in coverage of events is important to be a competitive applicant.


**Additional Contacts**
Craig Coleby, MD  
ccoleby@gmail.com

Sarah Cribbs, MD  
sarahpcribbs@yahoo.com

Ashley R. Karpinos, MD, MPH*  
Ashley.Karpinos@Vanderbilt.edu

Christopher Miller, MD*  
camiller9@gmail.com

Rich Rodenberg, MD  
rerodenb@yahoo.com

Scott Upton, MD  
dscottupton@yahoo.com

**Transition Medicine**
A Transition Medicine fellowship prepares you to meet the unique needs of adolescents and young adults with pediatric-onset special health care needs as they gain independence in their medical care and prepare to move into the adult world. Within Transition Medicine, there is also recognition that many of our patients and families will have difficulty with this process as will their pediatric medical care providers. We will train you to work with the patient, family, and health care team during this process and to understand the pathophysiologic and developmental processes, as well as the long-term effects of chronic pediatric disease on patients and their families. This two-year fellowship includes clinical and behavioral training, working with a care coordination team, as well as research training, in preparation for a successful academic career.

**Programs Offering Fellowship**
University of Cincinnati/Cincinnati Children’s Hospital Medical Center
Additional Contacts
Abigail Nye, MD
Abigail.Nye@cchmc.org
Appendix A – Partial List of Subspecialty Organizations

Depending on the post-residency training path you are planning to pursue, you may benefit from reviewing web sites of subspecialty organizations. Many of these websites contain information about post-residency training related to their subspecialty.

A partial list of subspecialty organizations is as follows:

<table>
<thead>
<tr>
<th>Subspecialty Organization</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Academy of Allergy, Asthma, and Immunology</td>
<td><a href="http://www.aaaai.org">www.aaaai.org</a></td>
</tr>
<tr>
<td>American Academy of HIV Medicine</td>
<td><a href="http://www.aahivm.org">www.aahivm.org</a></td>
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<tr>
<td>American College of Cardiology</td>
<td><a href="http://www.cardiosource.org/acc">www.cardiosource.org/acc</a></td>
</tr>
<tr>
<td>American College of Chest Physicians</td>
<td><a href="http://www.chestnet.org">www.chestnet.org</a></td>
</tr>
<tr>
<td>American College of Rheumatology</td>
<td><a href="http://www.rheumatology.org">www.rheumatology.org</a></td>
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<tr>
<td>American Gastroenterological Association</td>
<td><a href="http://www.gastro.org">www.gastro.org</a></td>
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<tr>
<td>American Geriatrics Society</td>
<td><a href="http://www.americangeriatrics.org">www.americangeriatrics.org</a></td>
</tr>
<tr>
<td>American Medical Informatics Association</td>
<td><a href="http://www.amia.org/">http://www.amia.org/</a></td>
</tr>
<tr>
<td>American Medical Society for Sports Medicine</td>
<td><a href="http://www.amssm.org/">http://www.amssm.org/</a></td>
</tr>
<tr>
<td>American Society of Clinical Oncology</td>
<td><a href="http://www.asco.org">www.asco.org</a></td>
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<tr>
<td>American Society of Hematology</td>
<td><a href="http://www.hematology.org">www.hematology.org</a></td>
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<tr>
<td>American Society of Nephrology</td>
<td><a href="http://www.asn-online.org">www.asn-online.org</a></td>
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<tr>
<td>American Thoracic Society</td>
<td><a href="http://www.thoracic.org">www.thoracic.org</a></td>
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<tr>
<td>Infectious Diseases Society of America</td>
<td><a href="http://www.idsociety.org">www.idsociety.org</a></td>
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<tr>
<td>Society of Critical Care Medicine</td>
<td><a href="http://www.sccm.org">www.sccm.org</a></td>
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<tr>
<td>Society of General Internal Medicine</td>
<td><a href="http://www.sgim.org">www.sgim.org</a></td>
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<tr>
<td>Society of Hospital Medicine</td>
<td><a href="http://www.hospitalmedicine.org">www.hospitalmedicine.org</a></td>
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<tr>
<td>The Endocrine Society</td>
<td><a href="http://www.endo-society.org">www.endo-society.org</a></td>
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Appendix B – Additional Information about Fellowship Program Participating in the Electronic Residency Application Service (ERAS) and the National Resident Matching Program (NRMP)

The Electronic Residency Application Service (ERAS) provides a uniform service for applicants to transmit applications for fellowship positions and for fellowship programs to manage applications. ERAS Fellowship application interface will be very familiar to those who used it to apply to residencies. More information on ERAS Fellowships is available at https://students-residents.aamc.org/training-residency-fellowship/applying-fellowships-eras/

Similarly, the Specialty Matching Service of the National Resident Matching Program (NRMP) extends the match process to most internal medicine and pediatric subspecialties. The subspecialty matches take place throughout the academic year, most often for positions beginning as early as the next July (for example, many fellowship programs match in December for positions beginning in July) and sometimes (as is the case with a couple pediatric subspecialty matches) for positions beginning roughly 13 months after the match (for example, pediatric cardiology programs match in July for positions beginning July of the following year). Visit the NRMP website at http://www.nrmp.org/participating-fellowships/specialties-matching-service/ for more details.

Nearly all internal medicine and pediatrics subspecialty programs have joined ERAS Fellowship and NRMP match processes. Despite this growth, applicants should check with individual programs to see if they participate in ERAS Fellowships and the NRMP. The chart below provides information on this rollout as of April 2016 based on the information found at https://services.aamc.org/eras/erasstats/par/

<table>
<thead>
<tr>
<th>2016-2017 Applications (for positions beginning July 2017)</th>
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<tbody>
<tr>
<td>Allergy and Immunology (J)</td>
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<tr>
<td>Internal Medicine Cardiology (J)</td>
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<tr>
<td>Internal Medicine Critical Care Medicine (J)</td>
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<tr>
<td>Internal Medicine Endocrinology (J)</td>
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<td>Internal Medicine Gastroenterology (J)</td>
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<tr>
<td>Internal Medicine Geriatrics (J)</td>
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<tr>
<td>Internal Medicine Hematology (J)</td>
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<tr>
<td>Internal Medicine Hematology/Oncology (J)</td>
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<tr>
<td>Internal Medicine Infectious Diseases (J)</td>
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<tr>
<td>Internal Medicine Nephrology (J)</td>
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<tr>
<td>Internal Medicine Oncology (J)</td>
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<tr>
<td>Internal Medicine Pulmonary Medicine (J)</td>
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<tr>
<td>Internal Medicine Pulmonary and Critical Care Medicine (J)</td>
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<tr>
<td>Internal Medicine Rheumatology (J)</td>
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<tr>
<td>Hospice and Palliative Medicine (J)</td>
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<tr>
<td>Medical Genetics (J)</td>
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<tr>
<td>Specialty</td>
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<tr>
<td>-----------------------------------------------</td>
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<tr>
<td>Sleep Medicine (J)</td>
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<tr>
<td>Sports Medicine (J)</td>
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<tr>
<td>Pediatric Adolescent Medicine (J)</td>
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<tr>
<td>Pediatric Cardiology (D)</td>
</tr>
<tr>
<td>Pediatric Child Abuse (J)</td>
</tr>
<tr>
<td>Pediatric Critical Care Medicine (J)</td>
</tr>
<tr>
<td>Pediatric Developmental and Behavioral Medicine (J)</td>
</tr>
<tr>
<td>Pediatric Emergency Medicine (J)</td>
</tr>
<tr>
<td>Pediatric Endocrinology (J)</td>
</tr>
<tr>
<td>Pediatric Gastroenterology (J)</td>
</tr>
<tr>
<td>Pediatric Hematology/Oncology (D)</td>
</tr>
<tr>
<td>Pediatric Infectious Diseases (J)</td>
</tr>
<tr>
<td>Pediatric Neonatal-Perinatal (J)</td>
</tr>
<tr>
<td>Pediatric Nephrology (J)</td>
</tr>
<tr>
<td>Pediatric Pulmonology (J)</td>
</tr>
<tr>
<td>Pediatric Rheumatology (J)</td>
</tr>
</tbody>
</table>

For Fellowships participating in ERAS, D designates that the application process generally starts in the December ~18 months before the fellowship would start and J designates that the application process generally starts in the July ~12 months before the fellowships would start.
Appendix C – Advice from Med-Peds Trained Physicians in Academic Careers Regarding Combined Fellowships

I. Things you wish you had known:

- How you advance academically. The fact that you are smart, nice, teach a lot, take good care of patients (all the things you have been rewarded for up until now) are not the criteria for advancement. It is mainly about number and quality of publications and further about grant money that you can attract to the institution. Some institutions have created clinician/educator advancement tracks, but at many of those sites, you are still required to have written dissemination of your work and a profile on the regional/national level to advance.
- Do the basics - research, publish, and get your name known as an expert in some area.
- There is a danger in becoming a leader nationally in a tiny Med-Peds niche too early. That leadership role occupies a lot of your time and then you are not producing your own first author research.
- Find an area of “medicine” that you are passionate about and become an expert in that area, know the literature cold.
- Going into fellowship can satisfy a need to feel expert in a field rather than feeling like you need to know all of general medicine and pediatrics. Make sure you really love the subject matter and that you can deal with the bread and butter cases of that field (in addition to the smaller area of interest that you may have).
- Figure out your story for the interviews and stick to it. You must have a vision of how you see your career unfolding and your possible area of research interest. You can totally change your mind once you are in. But, for interviews, pick that story and stick to it. Be convincing. Know your stuff. Read the key articles related to that area. Research the attending physician at the institutions that you are interviewing at and if someone is doing research in that field, read their work. Have a niche that you can fill. Be a solution for them for some problem that they want to solve or work on. If you have done any work, know your research cold.
- You may well only have an academic appointment in one institution/department even if you are dually board certified and practicing in both. There are advantages and disadvantages to this. Be very aware of the danger of having two departments think you belong to them and having your total expected commitments add up to more than 100% as a result. Get good with breaking everything down to numbers and addition/subtraction/division to show what you should be doing, but do not be surprised if they work the numbers differently and give you more responsibilities.
- It can be very helpful to go where someone has already tread this path before and worked out some of the kinks and shown the division chiefs and department chairs why the “extra hassle” for a Med-Peds person is worth it in the end.
- You have to be accepted into both fellowships first and then you can submit your request for that particular dual fellowship to be approved to ABP and ABIM. So, the fellowships have to give you an acceptance and only after that can you officially get
permission for the fellowship from the boards. Places that have not had a dually trained fellow before may find this unnerving.

• Think carefully about what you say yes to. People will offer you projects, leadership roles, etc. You will be flattered/excited/feel pressured to say yes. Learn to say no at times. Pick your projects carefully. Think about those that excite you, fill a great need for the department, lead to academic product--balance that against your time, ability to do something well, quality of life, protected research time, etc. Opportunities will come your way again. You do not have to say yes to everything early on.

II. Should you have done research as a resident by the time you are applying to your fellowship?

• At some programs this is important to be competitive. Some programs are just so competitive to get into, that they can set this bar as a way to weed out applicants.
• At most programs, they recognize you do not have time to do this as a resident (especially Med-Peds), but they want some evidence that you have "scientific potential". For example, can you think about a problem and come up with a question to investigate that is reasonable? Do you have some understanding of what research really entails? Can you write and meet deadlines? Even for clinical research, know what you need to be successful. Discuss your plan for getting adequate training in stats, research design, an MPH, etc. Have ideas that you want to explore.

III. Is dual fellowship training and/or being quadruple board-certified really helpful?

• Dual fellowship training is and people do not regret it (similar to the perspective of doing dual residency training). It allows you to really straddle two institutions and have validity in each. You can bring authority to the discussions on one side about transition issues, etc. If you have had formal training in the other side. It allows you to go into great depth of training in less time. It makes a natural branch to transition care.
• Maintaining quadruple board certification is likely not a high priority for anyone except the Med-Peds physician who is quadruple boarded.

IV. If you plan to pursue research, what is a good timeline?

• Meet a mentor in your PGY2 year.
• Have an idea for a project by the end of your PGY2 year.
• Try to do some work developing your idea and setting up your project early in your PGY3 year.
• Ask for research elective time in a way that matches up with the needs of your mentor which could be in your PGY3 or PGY4 year.
• Try to go to a national meeting in your area of academic pursuit.

Adapted from commentary compiled by Colleen Monaghan, MD (cmonaghan@partners.org)

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