

# The Med-Peds Fellowship Guide

(7<sup>th</sup> edition)



National Med-Peds Residents' Association (NMPRA)

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## Table of Contents

Table of Contents .....	3
Introduction .....	5
Timeline.....	6
PGY1 .....	6
PGY2 .....	6
PGY3 (YEAR TO APPLY FOR MOST FELLOWSHIPS).....	6
PGY4 .....	7
Why Do a Combined Fellowship .....	8
Subspecializing in Either Medicine or Pediatrics but Doing Both as a Career .....	8
Advantages of Combined Fellowships .....	9
Disadvantages of Combined Fellowships.....	10
The Nuts and Bolts of Fellowship Applications.....	10
The Boards.....	11
Job Market .....	12
Fellowship Salary .....	12
Finding Institutions to Sponsor Combined Fellowships .....	12
American Board of Pediatrics (ABP) and American Board of Internal Medicine (ABIM) .....	13
Descriptions of Fellowships Open to Med-Peds Residents .....	14
Unique Fellowships .....	16
Med-Peds Generalist .....	16
Combined Fellowships .....	19
Cardiology.....	19
Endocrinology .....	20
Gastroenterology .....	21
Hematology and Oncology.....	21
Infectious Disease.....	21
Nephrology.....	22
Neurology.....	23
Pulmonology/Critical Care.....	23
Rheumatology .....	25
Special Fellowships.....	27
Adolescent Medicine .....	27
Allergy and Immunology .....	27
Epidemic Intelligence Service .....	28
Health Services Research.....	28
HIV Medicine.....	28
Medical Informatics .....	31
Outcomes Research .....	31
Quality Improvement.....	32
Palliative Care .....	34
Robert Wood Johnson Clinical Scholars Program .....	34
Sports Medicine .....	35
Appendix A – Partial List of Subspecialty Organizations.....	36

Appendix B – Additional Information about Fellowship Program Participating in the Electronic Residency Application Service (ERAS) and the National Resident Matching Program (NRMP)..... 37

Appendix C – Comments from Med-Peds People in Academic Careers Regarding Combined Fellowships ..... 39

## 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 people 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, this *Med-Peds Fellowship Guide* is an attempt to collate 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 list (incomplete) 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 others with questions about their particular post-residency training path.

Over the years, we hope this *Guide* will be helpful to many Med-Peds residents as they think about 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 your email to [fellowships@medpeds.org](mailto:fellowships@medpeds.org).

This *Guide* does not contain information about subspecialty training that is not interdisciplinary, such as internal medicine 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 people subscribed to various Med-Peds list servers. 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. Again, if you have additional information for this *Guide*, please email [fellowships@medpeds.org](mailto:fellowships@medpeds.org).

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, and Daniel Reirden, MD.

-David Kaelber, MD, PhD  
National Med-Peds Residents' Association (NMPRA) President, 2002-2003

## Timeline

This is a general timeline to use for thinking about 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. If one hopes to start fellowship right after residency, it is generally best to apply for fellowships during your PGY3 year.

For those who decide later, there may still be opportunity but timelines may become constricted and potentially hectic. Delayed decisions may require an interim year between residency and fellowship.

Overall, the path to post-residency training can vary greatly. Included below are some things to think about, broken down by PGY year. This timeline is especially geared to those 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. Show interest and do well in these rotations.
- If possible, select a career advisor 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 (e.g. Pediatric Academic Societies meeting (<http://www.pas-meeting.org>)) or specialty (e.g. American College of Cardiology meeting (<http://www.acc.org>)) society medical conference.

### PGY3 (YEAR TO APPLY FOR MOST 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 think you could pursue the training you desire.
- Contact the Program Directors/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 Fellowship programs.**

- 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 training you are interested in.

## **PGY4**

- 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 area you will be going into.
- 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**

You are in the end of your second or third year of your four-year Med-Peds residency. 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 process and decide if a combined fellowship is something you want to pursue. Granted, this is a difficult decision. Ultimately, the key to these questions is that we are all individuals, and this *Guide* will answer some of your questions but also may stimulate you to come up with other questions that do not have any “exact” answers.

If you ask people 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 not 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 person 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.

In saying all that, however, it must be noted that a majority of Med-Peds residents choose either a categorical internal medicine or pediatrics fellowship and forgo the combined fellowship route. We will spend some time later delving into the “whys” of this.

## **Subspecializing in Either Medicine or Pediatrics but Doing Both as a Career**

This has become one 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 and pediatrician and as a 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 “special 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 on kids, 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 provide 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—because there are no “randomized placebo-controlled trials.” However, both 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; practicing as an internist and a pediatrician (you are full-fledged at both in both departments). You are not a second-class citizen in either department. This 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 to 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,

at least 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 makes less difference and instead depends more on how you “provide service” for your colleagues.

## **Disadvantages of Combined Fellowships**

**Time and money.** The more time you spend in fellowship 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 “deals” 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 “pull in” the pediatric asthma business or pediatric complex lung disease for that hospital or practice.

During the fellowship years, student loans are frequently due and moonlighting becomes a priority to “stay alive.” Also, many fellows are starting families or expanding families so it makes income more of an issue. 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 TON of dues to pay to all of the professional organizations in which you will want to remain a member. Plus, you will have to pay for multiple subspecialty journals. This brings up the point of “keeping up” in all of these areas: it 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) in both departments.

## **The Nuts and Bolts of Fellowship Applications**

The first thing to do is to figure out where you want to do your fellowship. Contact the internal medicine and the pediatric fellowship program director directly at the programs you are interested in and find out if they are interested in having a “combined” fellowship. Email is a quick and easy way to do this or just send a letter. Quite a few residents before you have broken this ground at many centers so it may not be as

daunting as you think. Also, feel free to contact the combined fellows listed at the end of this *Guide* for their recommendations! Many programs are willing to have combined fellowships to get 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 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 also to look at programs that have an affiliation with a combined Med-Peds residency program, as they are frequently “clued in”. 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 reached this point and found programs to apply to, you need to find out if they require you to go through the National Residency Matching Program (NRMP) Fellowship Match (<http://www.nrmp.org>) and the Electronic Residency Application Service (ERAS) (<http://www.aamc.org/students/erasfellow/start.htm>). Appendix B at the end of this *Guide* has some additional information about fellowships that participate or are expected to participate in ERAS and the NRMP in the future. If programs have a bunch of good applicants who are ready to “sign” they may completely drop out of the match for that year. Or, if they do not have anyone on board they may go through the match to improve their chances. Some pediatric programs participate and, depending on the specialty, internal medicine might. 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. Usually each program will have its own application form and 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. But 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 things they want you to do. **The key is to get, IN WRITING, how many years they want you to**

**do to qualify for combined fellowships.** Generally 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. Note however that occasionally they will bend the rules if you are already published or 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 these numbers.

The other issue is cost. First time takers of the general internal medicine boards currently pay \$1280. General pediatrics boards currently cost \$2030. Board fees for first time takers in a subspecialty of internal medicine range from \$2060-\$2650 and for a subspecialty in pediatrics range from \$2000-\$2220. There are also fees associated with maintenance of certification that occurs every 10 years in pediatrics and internal medicine (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. The job market looks good through at least 2015 based on current market trends. 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 generally 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/ABPWebSite/resident/guidelinescom.htm>) and ABIM (<http://www.abim.org/certification/policies/combinedss/compesub.aspx>) websites.

## Descriptions of Fellowships Open to Med-Peds Residents

This section contains a list, broken into 3 categories of fellowships open 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 occurs. 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 have expressed interest in having combined fellowships. 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 people 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 done combined fellowships 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 doing 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/medstuds/program\\_map.asp](http://www.medpeds.org/medstuds/program_map.asp). 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/viewProgramSearch.do>.

The list of Fellowship opportunities is as follows:

<b>Unique Fellowships</b>	<b>Combined Fellowships</b>	<b>Special Fellowships</b>
Med-Peds Generalist	Cardiology	Adolescent Medicine
	Endocrinology	Allergy and Immunology
	Gastroenterology	Epidemic Intelligence Service (EIS)
	Hematology and Oncology	HIV Medicine
	Infectious Disease	Medical Genetics
	Nephrology	Medical Informatics
	Neurology	Outcomes Research
	Pulmonary/Critical Care	Quality Improvement
	Rheumatology	Palliative Care
		Robert Wood Johnson Clinical Scholars Program
		Sports Medicine

Recognize that we are 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 to the description for a Fellowship program, please email the information to [fellowships@medpeds.org](mailto:fellowships@medpeds.org).

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

## Unique Fellowships

### ***Med-Peds Generalist***

A Med-Peds Generalist Fellowship prepares you to be in an academic medical setting. These fellowships, generally lasting 1-2 years, combine some clinical work (generally 20%-30% of your time) along with dedicated research time. You 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 is included, when available)**

#### *Harvard University*

Although Harvard University does not have a specific Med-Peds Generalist Fellowship, various generalist fellowships 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
- Durant Fellowship in Refugee Medicine through Massachusetts General Hospital
- General Internal Medicine Health Services Research Fellowship through the Harvard system (various teaching hospitals) (<http://web.hms.harvard.edu/hfdfp/>)
- General Pediatric Health Services Research Fellowship through the Harvard system (various teaching hospitals) ([http://www.childrenshospital.org/cfapps/research/data\\_admin/Site2231/mainpageS2231P0.html](http://www.childrenshospital.org/cfapps/research/data_admin/Site2231/mainpageS2231P0.html)).

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)).

#### *University of Pittsburgh*

Our 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 Development 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](mailto:debra.bogan@chp.edu) or Reed Van Deusen at [vandeusenr@upmc.edu](mailto: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/gchas/fellowships/index.htm>.

#### *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.
- Health Services Research Fellowship: These 2 year fellowships focus on training in health services research and clinical epidemiology. Fellows often include trainees from general pediatrics, general medicine, surgery, and specialists.
- 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](mailto:russell.rothman@vanderbilt.edu).

**Additional Contacts**

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## Combined Fellowships

### **Cardiology**

A combined Cardiology Fellowship will uniquely prepare you to take care of the growing and aging population of adults with congenital heart disease, among other pediatrics and adult cardiac patients.

#### **Programs Offering Fellowship**

Baylor College of Medicine  
Columbia-Presbyterian  
Duke University  
Ohio State University  
University Hospitals of Cleveland/Rainbow Babies and Children's Hospital  
University of Pittsburgh  
University of Rochester (Preventative Cardiology Fellowship)  
University of Texas at Houston  
Vanderbilt University

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## **Endocrinology**

A combined Endocrinology Fellowship will uniquely prepare you 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 related diseases, 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

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### ***Gastroenterology***

A combined Gastroenterology Fellowship will prepare you to take care of a wide range of gastrointestinal disorder 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**

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### ***Hematology and Oncology***

A combined Hematology and Oncology Fellowship will uniquely prepare you 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  
University of North Carolina

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### ***Infectious Disease***

A combined Infectious Disease Fellowship is attractive 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**

Brown University (<http://www.brownmedicine.org>)

Duke University

Emory University

Johns Hopkins

Louisiana State University

Medical College of Virginia (Virginia Commonwealth University Medical Center)

University of California at Los Angeles (UCLA)

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***Nephrology***

A combined Nephrology Fellowship will prepare you 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**

Ohio State University

University of California at San Diego (UCSD)

University of Cincinnati/Cincinnati Children's Hospital

University of Texas at Houston (UT-Houston)  
University of Michigan  
University of Missouri  
University of North Carolina

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**Neurology**

A combined Neurology Fellowship will prepare you to take care of children and adults with neurological disease. You will be especially well prepared to take care of children born with neurological disorders, such as spina bifida, as well as children with progressive neurological disease who live into adult hood, such as Duchene's Muscular Dystrophy. Seizure disorders and headaches also occur commonly in both pediatric and adult populations. This fellowship combination may make you especially attractive to areas that could not support a full-time Pediatric Neurologist.

**Programs Offering Fellowship**

University of Cincinnati

**Additional Contacts**

**Pulmonology/Critical Care**

A combined Pulmonology/Critical Care Fellowship will uniquely prepare you 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. 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.

Many programs are willing to consider this type of training, although many unlisted programs never responded to requests to consider this training. Difficulties that programs face include: 1) funding. Will the respective departments pay for you only when you are on their rotation? Who will fund your research? Can research be done in either department, and will it "double-count" for fellowship purposes? 2) staffing. Can you be easily "rotated in" to the already existing structure which provides coverage for ICUs year-round, and also necessitates coverage on consult rotations (which may not be relevant if you choose to do only critical care, without pulmonary). Can you switch between adult and pediatric training with any frequency greater than annually?

If you are interested in only MICU training (without pulmonary) combined with PICU training, consider looking specifically at programs that have critical-care-only fellowships, like Stanford, Pittsburgh, or U. 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. Of note, adult pulmonary/critical care training programs that do NOT have established critical care training programs may accept 1 critical-care only fellow every 2 years without having to seek ABIM or ACGME approval.

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**

Duke University Medical Center  
University of Cincinnati  
Ohio State University  
University of Wisconsin-Madison  
University of Chicago

### **Programs Who Have Offered or are Offering Combined PICU-MICU Fellowship (usually structured as 1 year of MICU followed by a 3 year PICU fellowship)**

National Institutes of Health (NIH)/Johns Hopkins  
University of Pittsburgh: 1 year of MICU alternating with 1 year of PICU for a total of 4 years  
University of Chicago: 1 year of MICU followed by 2 years of PICU followed by 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 willing to offer a combined PICU-adult pulm/CC fellowship over 5 years

Harvard University: willing to consider PICU training at either Boston Children's or MGH, combined with adult pulm/CC training through the combined MGH/Brigham/Beth Israel program

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***Rheumatology***

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

**Programs Offering Fellowship**

Cleveland Clinic

Duke University

Harvard University

St. Louis University School of Medicine

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

**Additional Contacts**

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## 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/viewProgramSearch.do> 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](http://www.adolescenthealth.org/AM/Template.cfm?Section=Fellowships_Training&Template=/CM/ContentDisplay.cfm&ContentID=1284).

#### **Programs Offering Fellowship**

Children's Hospital of Philadelphia

See also, the Society for Adolescent Medicine (SAM) website for a full list of programs at

[http://www.adolescenthealth.org/AM/Template.cfm?Section=Fellowships\\_Training&Template=/CM/ContentDisplay.cfm&ContentID=1284](http://www.adolescenthealth.org/AM/Template.cfm?Section=Fellowships_Training&Template=/CM/ContentDisplay.cfm&ContentID=1284).

See the FREIDA website for accredited programs at <https://freida.ama-assn.org/Freida/user/viewProgramSearch.do>.

#### **Additional Contacts**

None

### ***Allergy and Immunology***

Leading to a single board in Allergy and Immunology, most physicians who complete Allergy and Immunology Fellowships 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>.

#### **Programs Offering Fellowship**

See the FREIDA website for accredited programs (<https://freida.ama-assn.org/Freida/user/viewProgramSearch.do>).

See the AAAAI.ORG website for a full listing of programs (<http://www.aaaai.org/>).

#### **Additional Contacts**

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## ***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 the country's critical epidemiology training service, investigating the causes of major epidemics. Over the past 50 years, EIS officers have played pivotal roles in combating the root causes of major epidemics. With a broad background in medicine, Med-Peds is an excellent training upon which to pursue a 2 year EIS Fellowship.

### **Programs Offering Fellowship**

Centers for Disease Control and Prevention (<http://www.cdc.gov/eis/>)  
(Other CDC sponsored fellowships can be found at <http://www.cdc.gov/train.htm>)

### **Additional Contacts**

Bruce W. Furness, MD\*  
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## ***Health Services Research***

Health Services Research fellowships focus on the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational factor, technology and personal behavior 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 so 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**

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## ***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>) does offer a certificate for HIV Specialists. This does have HIV CME and patient care activity requirements, however does not require fellowship

training. Further, 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 behavior health.

HIV in the US has become a disease of the Adolescents and Adults, with most cases of Pediatric HIV being few during to appropriate prophylaxis. This skews any training program towards the Internal Medicine and Adolescent Medicine side significantly. It would be good to see if the OB and Pediatric Infectious Disease physicians are willing to have you participate. Also asking about any HIV subspecialists such as GI, Heme-Onc, Dermatology, Psychiatry, Psychology and Neurology are available as well.

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

Additional information about HIV Medicine fellowships can be found at the AIDS Healthcare Foundation (<http://www.aidshealth.org/careers/ahf-fellows-2007-2008/hiv-fellowship.html>).

#### **Programs Offering Fellowship**

University of California at Los Angeles (UCLA) (Clinical AIDS Research and Education (CARE) clinic at Westwood) (<http://www.uclacarecenter.com/HIVfellowship.html>) ([http://idmed.mednet.ucla.edu/advanced\\_training\\_in\\_hiv\\_medicine.htm](http://idmed.mednet.ucla.edu/advanced_training_in_hiv_medicine.htm))

University of California - San Francisco (Positive Health Program at San Francisco General Hospital) ([http://php.ucsf.edu/edu\\_fellowships.shtml](http://php.ucsf.edu/edu_fellowships.shtml))

University of Texas - Houston (Thomas Street Clinic)

University of Miami

State of New York

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## **Medical Genetics**

Medical Genetics is a rapidly growing field ideally suited for Med-Peds. There is a large demand for Med-Peds trained physicians because of the large expansion that is occurring in the area from cancer genetics to dysmorphology and metabolism. Additionally, genetic specialization is expanding to new areas such as pharmacogenetics and translating research findings to clinical practice.

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. Many programs will tailor their curriculum to the applicant's interests.

Programs are generally small, accepting only 1-2 candidates per year. 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 being developed with an additional year in clinical biochemical genetics, focused on patient care rather than the laboratory.

Further information can be found through the Genetics Societies homepage at <http://genetics.faseb.org/genetics>, the American Board of Medical Genetics (<http://www.abmq.org>), or the American College of Medical Genetics (<http://www.acmq.net>).

A list of Medical Genetics Fellowships can be found through the online Fellowship and Residency Electronic Interactive Database (FREIDA) at <https://freida.ama-assn.org/Freida/user/viewProgramSearch.do>.

### **Programs Offering Fellowship**

See the FREIDA website for accredited programs at <https://freida.ama-assn.org/Freida/user/viewProgramSearch.do>.

### **Additional Contacts**

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## **Medical Informatics**

With our broad background in medicine and pediatrics, Med-Peds residents are very well suited for a Medical Informatics fellowship that combines our broad clinic training with information technology. Medical Informatics covers a wide range of information technologies in medicine from medical databases, to electronic medical records, to decision support, to telemedicine, to name but a few. Medical Informatics also encompasses topics in public health and epidemiology. Currently, most Medical Informatics fellowships are sponsored by grants from the National Library of Medicine. More information about these Medical Informatics Fellowships can be found on the American Medical Informatics Association (AMIA) website at <http://www.amia.org/informatics-academic-training-programs> or the National Library of Medicine (NLM) website at <http://www.nlm.nih.gov/ep/GrantTrainInstitute.html>. With a broad background in medicine, Med-Peds is an excellent training upon which to pursue a 2 year Medical Informatics Fellowship.

### **Programs Offering Fellowship**

See the American Medical Informatics Association (AMIA) website for a full list of programs at <http://www.amia.org/informatics-academic-training-programs>. See the National Library of Medicine (NLM) website for a list of NLM funded Medical Informatics program at <http://www.nlm.nih.gov/ep/GrantTrainInstitute.html>.

### **Additional Contacts**

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## **Outcomes Research**

Outcomes research is the study clinical practices and their outcomes with the goal of improving the quality of care. Outcomes research provided the information upon which evidence based medical practice can occur. With a broad background in medicine and pediatrics, Med-Peds is an excellent training upon which to pursue a 1-2 year Outcomes Research or Quality Improvement Fellowship.

### **Programs Offering Fellowship**

University of Cincinnati

### **Additional Contacts**

None

## ***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 your 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 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.

### Contact Information

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San Francisco VAMC, Univ California San Francisco

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White River Junction VAMC, Dartmouth Medical School

### Dartmouth Hub Site

Mark Splaine, MD, MS [Mark.splaine@hitchcock.org](mailto:Mark.splaine@hitchcock.org)  
Paul Batalden, MD  
Dartmouth Medical School

More information about the VA's Quality Scholars Program can be found at <http://www.vaqs.org/>.

### **Programs Offering Fellowship**

University of Cincinnati  
Veteran's Administration

### **Additional Contacts**

See above

## ***Palliative Care***

The two-year fellowship program provides interdisciplinary clinical, educational, and research opportunities in both pediatric and adult Palliative Care. Fellows will work with both pediatric and adult Palliative Care inpatient and outpatient services. Fellows will work with area hospice agencies to provide continuity of care for patients in home hospice as well as to become familiar with the clinical and administrative duties of a Hospice Medical Director. A unified curriculum addressing all core competencies of Palliative Care will span the program.

### **Programs Offering Fellowship**

Dana Farber Cancer Center  
University of Wisconsin  
Vanderbilt University

### **Additional Contacts**

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## ***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:

UCLA, University of Michigan, University of Pennsylvania, and Yale

See the Robert Wood Johnson Foundation website at <http://rwjcsp.unc.edu> for details on Program locations.

### **Additional Contacts**

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## **Sports Medicine**

Leading to a single board in Sports Medicine, most physicians who complete Sports Medicine Fellowship see both children and adults, so Med-Peds training is well suited for this specialty. A relatively complete list of Sports Medicine 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 by checking the Physician and Sports Medicine Fellowship list located at <https://freida.ama-assn.org/Freida/user/viewProgramSearch.do>.

### **Programs Offering Fellowship**

MSU-Kalamazoo Center for Medical Studies

University of Rochester

See the Physician and Sports Medicine Fellowship list website for a full list of programs at [http://www.physsportsmed.com/index.php?page=resource\\_fellowship\\_directory](http://www.physsportsmed.com/index.php?page=resource_fellowship_directory).

See the FREIDA website for accredited programs at <https://freida.ama-assn.org/Freida/user/viewProgramSearch.do>.

Additional Contacts

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## 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:

American Academy of Allergy, Asthma, and Immunology	<a href="http://www.aaaai.org">www.aaaai.org</a>
American Academy of HIV Medicine	<a href="http://www.aahivm.org">www.aahivm.org</a>
American College of Cardiology	<a href="http://www.acc.org">www.acc.org</a>
American College of Chest Physicians	<a href="http://www.chestnet.org">www.chestnet.org</a>
American College of Rheumatology	<a href="http://www.rheumatology.org">www.rheumatology.org</a>
American Gastroenterological Association	<a href="http://www.gastro.org">www.gastro.org</a>
American Geriatrics Society	<a href="http://www.americangeriatrics.org">www.americangeriatrics.org</a>
American Medical Informatics Association	<a href="http://www.amia.org">www.amia.org</a>
American Society of Clinical Oncology	<a href="http://www.asco.org">www.asco.org</a>
American Society of Hematology	<a href="http://www.hematology.org">www.hematology.org</a>
American Society of Nephrology	<a href="http://www.asn-online.org">www.asn-online.org</a>
American Thoracic Society	<a href="http://www.thoracic.org">www.thoracic.org</a>
Infectious Diseases Society of America	<a href="http://www.idsociety.org">www.idsociety.org</a>
Society of Critical Care Medicine	<a href="http://www.sccm.org">www.sccm.org</a>
Society of General Internal Medicine	<a href="http://www.sgim.org">www.sgim.org</a>
Society of Hospital Medicine	<a href="http://www.hospitalmedicine.org">www.hospitalmedicine.org</a>
The Endocrine Society	<a href="http://www.endo-society.org">www.endo-society.org</a>

## **Appendix B – Additional Information about Fellowship Program Participating in the Electronic Residency Application Service (ERAS) and the National Resident Matching Program (NRMP)**

*(information for this Appendix was adapted from information provided by Charles P. Clayton former with the Alliance for Academic Internal Medicine)*

The Electronic Residency Application Service (ERAS) provides a uniform service for medical students to transmit applications to residencies and for residencies to manage applications. In 2003, the Association of American Medical Colleges, which manages ERAS, debuted ERAS Fellowships to assist residents and fellowship programs with the application process for subspecialty training. ERAS Fellowships builds on the decade of success with ERAS, and its applicant interface will be very familiar to those who used it to apply to residencies. More information on ERAS Fellowships is available at <http://www.aamc.org/eras>.

Similarly, the Specialty Matching Service of the National Resident Matching Program (NRMP) extends the match process to a growing number of internal medicine and pediatric subspecialties. The subspecialty matches take place throughout the academic year, sometimes for positions beginning as early as the next July (for example, pediatric critical care medicine matches in December for positions beginning in July) and sometimes (as is the case with all internal medicine subspecialty matches) for positions beginning roughly 13 months after the match (for example, internal medicine infectious diseases programs match in July for positions beginning July of the following year). Visit the NRMP website at <http://www.nrmp.org> for more details.

The *Journal of Pediatrics* in its January edition each year lists open pediatric fellowship.

A growing number of internal medicine and pediatrics subspecialty programs have agreed to join ERAS Fellowships and the match over the next several years. Despite this growth, applicants should check with individual programs to see if they participate in ERAS Fellowships and the match. The chart below provides information on this rollout as of October 2009 based on the information found at <https://services.aamc.org/eras/erasstats/par/>:

2009-2010 Academic Year (for positions beginning July 2011*)		
	<b>ERAS</b>	<b>NRMP</b>
Allergy and Immunology (D)	Yes	Yes
Internal Medicine Cardiology (D)	Yes	Yes
Internal Medicine Critical Care Medicine (D)	Yes	No
Internal Medicine Endocrinology (D)	Yes	Yes
Internal Medicine Gastroenterology (D)	Yes	Yes
Internal Medicine Geriatrics (J)	Yes	No
Internal Medicine Hematology (D)	Yes	Yes
Internal Medicine Hematology/Oncology (D)	Yes	Yes
Internal Medicine Infectious Diseases (D)	Yes	Yes
Internal Medicine Nephrology (D)	Yes	Yes
Internal Medicine Oncology (D)	Yes	Yes
Internal Medicine Pulmonary Medicine (D)	Yes	Yes
Internal Medicine Pulmonary and Critical Care Medicine (D)	Yes	Yes
Internal Medicine Rheumatology (D)	Yes	Yes
Hospice and Palliative Medicine (D)	Yes	No
Pediatric Adolescent Medicine	No	No
Pediatric Cardiology**	No	Yes
Pediatric Critical Care Medicine (J)	Yes	Yes
Pediatric Developmental and Behavioral Medicine	No	No
Pediatric Emergency Medicine (J)	Yes	Yes
Pediatric Endocrinology (D)	Yes	Yes
Pediatric Gastroenterology (D)	Yes	Yes
Pediatric Hematology/Oncology (D)	Yes	Yes
Pediatric Infectious Diseases (D)	Yes	Yes
Pediatric Neonatal-Perinatal (D)	Yes	Yes
Pediatric Nephrology (D)	Yes	Yes
Pediatric Pulmonology	No	No
Pediatric Rheumatology (J)	Yes	Yes
Pediatric Sleep Medicine	No	No
Pediatric Sports Medicine	No	No

\* - applications generally are accepted in fall of the PGY-3 year (~20 months prior to starting fellowship), with the match in the spring (~14 months prior to starting fellowship), unless otherwise noted

\*\* - these are non-ERAS fellowship programs in with you should apply during the PGY-3 year; see NRMP website for specific dates

\*\*\* - applications generally are accepted in the late summer of the PGY-4 year (~12 month prior to starting fellowship) with the match in the fall (~8 months prior to starting fellowship); see NRMP website for specific dates.

For Fellowships participating in ERAS, D designates the December cycle and J designates the July cycle.

## Appendix C – Comments from Med-Peds People 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 places this is important to be competitive. Some places are just so competitive to get into, that they can set this bar as a way to weed out applicants.
- At most places 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, meet deadlines? Even for clinical research, know what you need to be successful. Discuss your plan for getting adequate training in stats, research design, do you need an MPH, etc. Have ideas that you want to explore.

## **III. Is dual fellowship training and/or dual 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. 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, 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](mailto:cmonaghan@partners.org)).*