

APPD 2019 ELS – Helping Our Trainees Become the Pediatricians They Always Wanted to Be: Career Development and Caring for Underserved and Global Populations

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- ✦ Understand the need for Career Development for Global Child Health and Underserved Child Health for pediatric residents and fellows.
- ✦ Explore five career pathways for pediatricians interested in GH/US careers through simulated cases:
 1. The Educator
 2. The Researcher
 3. The Non-Profit Leader
 4. The Clinician
 5. The Local Global Advocate
- ✦ Discuss Action Steps and Share Resources

The Educator

Model:

- a. FTE
 - i. The clinical home be in primary care or any pediatric clinical subspecialty
 - ii. GH Home could be same as clinical but in connection with fellowship or residency program or medical school.
 - Not critical to be an associate program director, could be a pathway or course director
 - Could be multidisciplinary (internal med, family med, etc) depending on institution
- b. Lifestyle is varied for educators
 - i. Could be mainly stateside or intermittently at partner site overseas or director of site full time overseas facilitating learner rotations and/or projects
 - ii. The adaptability can be helpful for family life and/or other academic responsibilities or seasons of life.
- b. Promotion
 - i. Need to show scholarly work which grows from a local to regional to national to international influence or impact including mentoring
 - Keep track of the trainees that you mentor for GH experiences, or training you provide (e.g. pre-departure or debriefing) to groups as these can go on your C.V
 - Look for opportunities to get involved across the continuum of training, e.g. being an EGH International Global Health Case Competition coach or judge thus engaging undergraduates and other health professions.
 - ii. Beginning your “Educator Portfolio” early in your career will be helpful to show this impact to the university promotions committee
 - An educator portfolio may have a specific format for your institution but it is likely adaptable from published examples.
 - See Link on Educator Portfolio in the resources
 - iii. Service locally, regionally, nationally and/or internationally will be important.
 - Service with the APPD Global Health Learning community and or the Section of International Child Health or Academic Pediatric Association Special Interest Group (SIG) on International Health are great opportunities to serve, to collaborate and find mentors.

Critical Skills and Mentors:

- a. Skills in the following areas are important but likely most GH educators will excel in only a few:
 - Teaching which includes but not limited to ability to supervise, produce lectures, webinars, online courses, participate or design simulation training, engage in curriculum development and assessment, and develop mentoring and advising abilities for individuals and groups.
 - Expertise in your chosen field of pediatrics
 - Expertise in GH educational initiatives or desire to learn
 - Original educational research (broadly defined)
 - Networking with other GHE leaders to broaden your knowledge, skills, and resources

- b. Mentorship: Educator mentors can be found often in the organizations listed under Service and/or amongst medical education leadership (GH or otherwise) at home institutions.

Education and Training:

- a. Residency or Fellowship Rotations and Skills
 - GH Health Electives overseas
 - Health disparities and Local Global electives and rotations within the US
 - Peer teaching in a GH pathway, public health course or GH course within in your institution including in other departments or disciplines
 - Simulation elective if interested and could include SUGAR (see below) or HBB facilitator training
 - National Meetings like AAP SOICH or APPD GHLC to meet other educators and find mentors
- b. Fellowship Options: You should pursue your passion but always keeping an eye to how GH education intersects with your chosen field within pediatrics. However, a fellowship is helpful especially in large academic centers to be considered appropriate to be involved in education.
- c. Lots of options: Masters of Medical Education, Masters in Public Health, Diploma or Certificate in Tropical Medicine and Hygiene, university-sponsored advanced degree education courses (ex, Baylor's Master Teacher Fellowship Program)

Challenges:

- a. Finding Mentors can be challenging as your institution may not have a GH educator.
Work Around: Becoming involved with the APPD Global Health Learning Community and or the AAP Section on international child health will offer opportunities to work hand in hand with nationally recognized GH educators. Also opportunities within the ABP.
- b. Finding protected academic time to do GH Education work can be challenging at your institution.
Work Around: It is not uncommon to develop some of the work and experience for "free" on your own time and then use that productivity to advocate for more time.
Work Around: Natural ebbs and flows in life when able to do GH work more on ground and other times when need to be based in US and change focus

Resources:

<https://www.abp.org/ghpdguidehome>

APPD Global Health Learning Community [PedsGlobalHealthEd.com](https://www.pedsghed.com)

SUGAR training site: <https://sugarprep.org/>

Seed Global Health: <https://seedglobalhealth.org>

AAP Section of International Child Health: <https://www.aap.org/.../Pages/SOICH.aspx>

Academic Pediatric Association Global Health Special Interest Group:
https://www.academicped.org/specialInterestGroups/sig_int_health.cfm

Academic Pediatric Association - Educator Portfolio ...

https://www.academicpeds.org/education/education_faculty_dev_form.cfm

Educator Portfolio Template of the Academic Pediatric ...

<https://www.mededportal.org/publication/626>

Educator Case

Peter, a rising chief resident asks to meet with you for career planning. He is interested in graduate medical education and plans to pursue faculty development type courses during his chief year related to educational interventions and assessment. He is currently one of your Global Health Track residents and spent two months during residency in Guatemala teaching Helping Babies Breathe Train the Trainer courses to community health workers and medical students.

He wants to know what other self improvement courses or opportunities he should take advantage of during his chief year, what he should start thinking about in terms of jobs after this year, whether he should consider a more in depth global health experience in the future (such as Baylor AIDS corps), and whether he should consider an MEd degree. If he has the chance, he'd also be interested in local-global opportunities during his chief year. Peter is considering applying for an Assistant Program Director job after his chief year if he stays at your institution.

-What are some next steps for Peter?

-What are opportunities for Peter to gain more teaching experience and mentorship?

The Researcher

1. Model description – serious interest in Global Health Research
 - a. FTE
 - i. Variable depending on grant funding
 - ii. Can be no FTE if no grant funding
 - iii. For NIH K or R grants – commonly 75% research and 25% clinical
 - b. Research focus areas:
 - i. HIV, TB, Malaria
 - ii. Non-communicable diseases
 - iii. Policy making/advocacy
 - iv. Global Health Education
 - v. Quality Improvement
 1. Maternal child health
 2. Water, sanitation and hygiene
 3. Universal health coverage
 4. Malleable methodology to address any issues identified by the leaders in-country
 - c. Promotion
 - i. Typically, you need one first, second, or last author publication per year
 - ii. Higher levels of grants come with more publications
 - iii. Leading a research team
 - d. Lifestyle notes:
 - i. Many GH researchers go back and forth, which offers flexibility for those with young families
 - ii. Some grants require certain amount of in-country/site time
 - iii. Some GH researchers live overseas
2. Critical Skills
 - a. Skills
 - i. Understanding study designs
 - ii. Statistics
 - iii. Epidemiology
 - iv. IRB training
 - v. Grant writing
 - vi. Understanding the model for improvement and Lean/six sigma, etc. (QI)
 - vii. Improvement Science Statistics (QI)
 - b. Mentorship
 - i. Strong mentorship is key if interested in a career in GH research
 - ii. Choose institution with mentors that are strong in GH research
3. Education and Training
 - a. Helpful residency rotations

- i. Research elective
 - ii. Underserved “local/global” elective
 - iii. Global health elective
 - iv. Quality improvement elective
- b. Fellowship options or rotations
 - i. GH fellowship project
 - ii. Consider an advanced degree if program allows for it – some will even pay for it! Ask during interviews.
- c. Advanced Degrees
 - i. Consider an advanced degree if seeking a career in GH research
 - ii. Examples: Master’s of Science in Epidemiology, Clinical Sciences, or Global Health, Masters of Public Health, Masters of Education
 - iii. Academic Institutions:
 - iv. Johns Hopkins Global Health
University of Washington Global Health
Mailman School Public Health
Harvard University
Emory University
Duke University Global Health
University of California San Francisco Global Health Sciences
Icahn School of Medicine - Global Health
O'Neill Institute for Global Health Law
London School of Hygiene and Tropical Medicine
University of Toronto Global Health Program
University of Copenhagen School of Global Health
- d. Additional training for Quality Improvement
 - i. Institute for Healthcare Improvement – www.ihl.org
 - ii. Cincinnati Children’s Hospital I2S2 course - <https://www.cincinnatichildrens.org/service/i/anderson-center/education/i2s2>
 - iii. Children’s Hospital Association - <https://www.childrenshospitals.org/>
 - iv. Academic Organizations –
 - 1. APA - https://www.academicpediatrics.org/specialInterestGroups/sig_quality_improvement.cfm with Quality and Safety Scholars Program - <https://www.academicpediatrics.org/healthCareDelivery/QSISprogram.cfm>
 - 2. AAP - <https://www.aap.org/en-us/about-the-aap/Councils/Council-on-Quality-Improvement-and-Patient-Safety/Pages/COQIPS.aspx>
- 4. Challenges (make sure where you can you suggest work-arounds)
 - a. Getting paid for your work / securing funding
 - i. Grants for Research and Quality Improvement
 - ii. Institutional Grants and Funding

1. Apply early on
2. Advocating for internal grants for GH project
- iii. Funding Organizations:
- iv. Fogarty International Center
 - National Science Foundation
 - The Rockefeller Foundation
 - Bill and Melinda Gates Foundation
 - Kaiser Permanente
 - Grants.gov
 - The Global Fund to Fight AIDS, Tuberculosis, and Malaria
 - Thrasher Foundation
- b. Finding balance between clinical work and research

Helpful Websites and Resources: (add list of helpful pages in PD guide in addition to other resources)

Research

Consortium of Universities for Global Health - <https://www.cugh.org/cugh-resources>

Fogarty Global Health Program for Fellows and Scholars -
<https://www.fic.nih.gov/Programs/Pages/scholars-fellows-global-health.aspx>

Fogarty K Application - <https://www.fic.nih.gov/Programs/Pages/research-scientists.aspx>

Fulbright - <https://www.cies.org/program/fulbright-us-scholar-program>

www.cdc.gov/eis/ Epidemic Intelligence Service

Quality Improvement

<https://www.isqua.org/> - International Society for Quality Improvement

<https://globalhealth.org/> - USAID

<https://usaidassist.org/> - USAID

https://www.who.int/workforcealliance/members_partners/member_list/usaidhcp/en/

<http://www.qaproject.org/> - USAID

<https://www.urc-chs.com/projects/usaid-health-care-improvement-project-hci-global>

WHO Resource – https://www.who.int/hiv/pub/imai/om_11_quality_improvement.pdf

Researcher Case

You are the faculty advisor for Catherine, a second-year pediatrics resident, who is meeting with you for career planning advice. When Catherine was in medical school, she did a number of global health rotations, including a medical student research project in Cambodia on malaria. She has participated in some global health research in HIV and TB during her residency. She is interested in applying for fellowships in pediatric emergency medicine or infectious diseases. She definitely wants to continue doing research in her future career.

She is trying to figure out how to effectively manage her elective time next year.

1. Are there elective opportunities to help her strengthen her skills in global health research?
2. What skills will she need as a GH researcher?
3. Are there any rotations or experiences during residency that she should seek out?
4. Are there any mentors you would recommend she reach out to?

She also wants to know how she could get involved with GH research during her fellowship in either pediatric emergency medicine or infectious diseases. Are there any advanced training courses or degrees she should think about getting while in fellowship?

What options are there for GH research in her future career as an attending in pediatric emergency medicine or infectious diseases?

1. Can you get any % FTE for GH research
2. What are your options for getting promoted?

She is engaged and someday she wants to have a family;

1. Is this career amenable to having children?
2. What are some of the challenges of this career?
3. How do you get funding for it?

The Non-Profit/NGO Leader

Model description:

- a. FTE
 - i. % clinical home position: could be any pediatric field
 - ii. Fill in gaps with non-profit work, either within home clinical institution or outside home clinical institution
 - iii. Some clinical positions are more amenable to part-time work (consider shift-work positions such as urgent care, hospitalist, emergency, neonatology, etc)
- b. Lifestyle notes:
 - i. Highly variable depending on what type of non-profit work you are engaged in – could be consultancy work based in the U.S. or require travel internationally

Critical skills:

- a. Skills
 - i. Program planning including budgeting and workplans
 - ii. Program management
 - iii. Monitoring & evaluation
 - iv. Dissemination and implementation science
 - v. Grant-writing
 - vi. Boots-on-the-ground global health experience very useful to understand local factors
- b. Mentorship
 - i. Pair with mentor that has been able to split time between clinical and non-profit work
 - ii. Informational interviews with non-profit agencies to understand scope of work, skills required

Training and Education:

- a. Residency rotations or fellowship training
 - iii. Choose fellowship training (or no fellowship training) to suit interests and consider how easy or difficult it would be to pair that type of clinical work with part-time non-profit work
 - iv. Residency rotations: global health elective time, leadership, QI
- b. Advanced degrees
 - i. MPH gives good foundation of skills
 - ii. DrPH would be added advantage

Challenges:

- a. Receiving academic credit towards promotion for nonprofit work.
Work Around: dissemination and implementation science skillset is one way to bridge this gap
- b. NGO remuneration may be less than what a physician would earn for same hours of clinical work
- c. Challenging to find opportunities within home clinical institution that are funded
Work Around: Part time clinical position in the same city as organization.
- d. Finding balance between clinical and non-profit work
Work Around: Consider clinical opportunities that are more amenable to taking gaps for GH work (Hospital Medicine, Emergency Medicine, NICU are good options). Make sure working enough to keep clinical skillset.

Resources:

There is considerable overlap with organization mentioned in other paths but here is a small sample of organizations that pediatricians have had successful careers in GH Non-profits:

Save the Children: <https://www.savethechildren.org/>

MSF: <https://www.doctorswithoutborders.org/>

Partners in Health: <https://www.pih.org/>

PATH: <https://www.path.org/>

Global Health Non-Profit Learner Case

You are the faculty adviser for Lucy, a second year pediatric resident on the global health track. Lucy completed an MPH in between her 2nd and 3rd years of medical school focused on global health and is one of the star residents in the global health track. She is starting to think about jobs after residency and says that in addition to working clinically, she's interested in working with a non-profit agency doing global health work.

She is asking your advice on how to model her career. How should she divide her time between clinical and global health non-profit work? Are there any clinical positions that would be more amenable to this model? How should she go about seeking job opportunities?

She is also trying to figure out what elective rotations or other experiences during her remaining time in residency may strengthen her skillset for this type of work. Are there elective opportunities where she could strengthen her skills to do global health non-profit work? What skills will she need to work in the non-profit sector? Are there any mentors you could connect her to?

The Clinician

Model:

- a. FTE
 - 1. Academic Clinician:
 - i. Practices any pediatric clinical specialty but more commonly primary care, hospital medicine or emergency medicine.
 - ii. May practice both locally and abroad and often based out of a US institution.
 - iii. Often involved in other aspects of Global Health as area of expertise/promotion (QI, research, advocacy)
 - 2. Global Health Clinician:
 - i. Primarily in a low resource setting, likely outside of country of origin.
 - ii. Often at overseas site long term.
 - iii. May or may not include other aspects of global health expertise
- b. Lifestyle:
 - i. May live in another country long term and travel back to home country periodically
 - ii. May live in another country short term (1 year or less) and spend majority of time in home country
 - iii. May alternate between home country and host country every year (3-6 months in one country, etc)
 - iv. Family Concerns: could be difficult for families IF spouse has a job without flexibility in the home country or spouse not interested in global health/living abroad. If spouse able to travel (or unmarried) could raise a family abroad, but would require longer term separation from family back home.
- c. Promotion:
 - i. If academic: publications, grants related to global health, quality improvement
 - ii. If primarily clinical: may not be applicable depending on primary affiliation but may include clinical leadership or administration or quality improvement

Critical Skills

- a. Skills
 - i. Excellent general (and/or sub-specialty) pediatric clinical skills and knowledge
 - ii. Knowledge about public health and health systems
 - iii. Cultural Humility and cross-cultural communication skills

- iv. Willingness to adapt and learn
- v. In some cases: second language proficiency can be helpful
- vi. In some cases: quality improvement or research experience
- vii. In some cases: grant writing and budget keeping experience
- b. Mentorship: Maybe a GH clinician at elective site or faculty member who is overseas or goes back and forth.

Education and Training:

- a. Rotations in Residency and Fellowship
 - i. Global clinical away elective
 - ii. Travel clinic/international adoption
 - iii. Infectious diseases
 - iv. NICU
 - v. Helping Babies Breathe
 - vi. Ultrasound training
 - vii. Procedural training (IV placement, NG placement, casting/splinting, suturing)
 - viii. Language Training in some cases
- c. Fellowship Options:
 - i. Subspecialty if that is the Trainee's interest
 - ii. Global health fellowships available
- d. Advanced Degree:
 - i. Masters in Public Health can potentially be helpful, depending on the trainee's interest

Challenges

- a. Could mean spending a long time away from home and family
Work around: If family able to travel, gain invaluable experience living in another culture
- b. Not particularly "profitable"
Work around: many programs will provide a stipend/cover living expenses. Some provide loan reimbursement. Basing primary career in the US with regular trips abroad may not detract from earning potential.
- c. Can be difficult to negotiate promotion, unless affiliated with a local university
Work around: if primarily clinical, may not be concerned with promotion

Resources:

Local/Global Clinical

- Indian Health Service (<https://www.ihs.gov/>)
- US Public Health Service (<https://usphs.gov/>)
- Jobs in rural areas (primary care!)

Global

- Doctors without Borders/Medecins sans Frontieres (<https://www.msf.org/>)
- Texas Children's Global Health Corps (<https://bipai.org/>)
- Heal Initiative (<https://healinitiative.org/fellowship-overview/>)
- Seed Global Health (<https://seedglobalhealth.org/>)
- Samaritan's Purse/World Medical Mission (<https://www.samaritanspurse.org/medical/post-residency-program/>)
- Catholic Medical Mission (<https://cmmb.org/current-volunteer-opportunities-in-kenya/>)
- Numerous fellowships (<http://www.globalhealthfellowships.org/database.html>)

Clinician Case

You are the faculty advisor for Emily, a second year pediatric resident. She is coming to you to discuss her schedule for next year and to talk about future career plans for after graduation. When Emily was in medical school, she did a global health rotation in Kenya, and she would like to do another global health rotation in a low resource setting next year before she finishes residency. She is interested in incorporating global health in her future career and potentially practicing abroad for a year or more post-residency.

Firstly, she wants to know what she should do for her elective time next year. Are there any institutional partnerships for her to do a month long elective internationally? What are the institutional rules for her participating in electives outside of the local system? What skills will she need to practice global health in a low resource setting long term? Are there any local electives that could give her those skills?

Secondly, thinking more long term, she wants to know how to go about finding a program to work internationally. Does she need to do a fellowship in order to be better trained? She's interested in something general but hospital-based, like hospital medicine or emergency medicine. Would it be better to do fellowship first and then work for a couple years, or work for a couple years and come back for fellowship? What are the challenges of a career like this, and how will she be funded? She's not currently married, but she wants a family someday. Is this career amenable to meeting a future partner and having children?

The Local Advocate

Model:

- c. FTE
 - i. Clinical home position: primary care, hospital medicine or emergency medicine or in some cases other specialties (Infectious Disease, ICU, etc)
 - ii. Global Health Home: May be the same as clinical home or just the academic side of the same institution/organization, many examples of different paths:
 - Underserved domestic population e.g. Native Americans/rural clinic/urban
 - Immigrant or refugee health/border health
 - Children in foster care/international adoptees
 - Appointment with the State Health Department
 - Service on AAP local chapter/SIGs (advocacy, immigrant and refugee, SOICH)
 - Community advocacy
- d. Lifestyle notes: - ideal for GH enthusiasts with travel restrictions (new families, young children, personal medical needs).
 - Travel: domestic travel depending on GH home
 - Sometimes prolonged stint in a rural area, which could limit school or other choices
 - International travel useful, but not mandated.
- c. Promotion, depends a lot on the specific individual's interests:
 - i. Clinical:
 - Leadership of underserved clinics or services related to international or underserved populations
 - Clinical practice with demonstrable improved healthcare outcomes or access
 - QI projects
 - Improved cost-effectiveness
 - Patient-centered care
 - ii. Teaching:
 - Local GH EDUCATOR! (Advocacy Course, Global Health or Advocacy Pathway role)
 - Curriculum development for local GH (immigrant and refugee health, LGBTQ health, health literacy, migrant children, human trafficking, human rights, etc)

- Teaching innovation/awards
- Cultural humility training
- iii. Research:
 - Yearly Peer-reviewed publications
 - Grants related to population health or health disparities/bias
 - Presentations at local and national conferences
- iv. Service:
 - Advocacy efforts with measurable community impact
 - Cultural humility, health disparities, bias

Critical skills:

b. Skills

- Excellent general (and/or sub-specialty) pediatric clinical skills and knowledge
- Knowledge about financial and educational resources in the community
- Knowledge about populations and community health
- Knowledge about social determinants of health
- Knowledge about public health, health systems, and healthcare disparities
- Knowledge about medical ethics, and human rights
- Knowledge about specific vulnerable populations (Native American Child Health, Child Trafficking, International adoptees, LGBTQ)
- Global health experience very useful to understand local factors in terms of resources, language, utilization, access and potentially specific populations
- Trauma informed care
- Cross-cultural communication skills, cultural humility and effectiveness, second language proficiency
- Quality improvement, research, grant writing, policy, business administration
- Collaboration with state departments, refugee organizations, foster/adoption agencies

c. Mentorship/partnerships

- Join efforts with governmental or community resources, such as shelters, food banks, family drug court, substance abuse and recovery programs, refugee resettlement agencies, etc.
- If have very specific interests, may have to look beyond institution for pediatric mentorship to the AAP interest groups (Native American Child Health, Council on Adoption, Immigrant Health, etc)

Training and Education:

a. Residency rotations or fellowship training

- Local global clinical elective
- Travel clinic/international adoption
- Poverty/Social Justice

- Community Health, Health Policy
 - Pediatric forensic Medicine/Child abuse
 - Child psychiatry/psychology
- b. Advanced degrees
- MPH, Masters in GH
- c. Fellowship Options:
- Subspecialty based on Trainee's interest
 - NRSA Fellowship for general pediatric research/academic primary care
 - Commonwealth Fund has health disparity fellowships
 - Robert Wood Johnson Foundation Fellowship

Challenges:

- a. If GH home and clinical home are not the same, can be hard to negotiate FTE
Work around: Large institutions can help carving out FTE, look for precedent with research or other roles. Can work two-part time jobs but need a plan for benefits
- b. Not particularly “profitable” although sometimes more tangible in “importance” in terms of asking for protected time.
Work Around: use clinical time to buy other time. Use grants and benchmarks for caring for underserved populations in the US)
- c. May require working for “free” initially to show impact and negotiate for more support whether in time or clinical allocation or funding

Resources:

[Health begins in communities not clinics](#)

<https://omolaramd.com>

Adoption/Foster Care:

- <http://adoptmed.org/>

- <https://ebooks.aappublications.org/content/adoption-medicine>

Child Health Disparities:

<https://www.commonwealthfund.org/publications/journal-article/2004/jul/child-health-disparities-framing-research-agenda>

<https://www.aap.org/en-us/about-the-aap/aap-facts/AAP-Agenda-for-Children-Strategic-Plan/Pages/AAP-Agenda-for-Children-Strategic-Plan-Health-Equity.aspx>

Indian Health Service:

<https://www.ihs.gov/>

Immigrant and Refugee Child Health:

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Immigrant-Child-Health-Toolkit/Pages/Immigrant-Child-Health-Toolkit.aspx>

Grants:

<https://www.commonwealthfund.org/grants-fellowships>

Fellowship:

<https://www.commonwealthfund.org/grants-fellowships>

General Pediatrics:

https://www.academicpediatrics.org/education/education_AGP_AccreditedPrograms.cfm

RWJ Foundation:

<http://www.healthpolicyfellows.org/apply/overview/>

Local Global Learner Case

You are the faculty adviser for Kevin, a second-year pediatrics resident, who is starting to work on his 3rd year schedule and career plans. Kevin spent 3 months during medical school on a community health project targeting decreasing environmental smoke exposure in rural Nicaragua. He is fluent in Spanish.

His long-term career interests include: public health, global health, and underserved children. He would love to go back overseas at some point, but right now his wife is pregnant with twins and just started a PhD program six months ago. He is passionate about Spanish speaking immigrant and refugee families in the area.

He is trying to plan his elective time for next year. He thought he might go overseas, but thinks this will be hard given his wife's high-risk pregnancy, and PhD program.

He is exploring options for getting more experience in working with vulnerable populations closer to home. He is asking your advice.

1. Are there elective opportunities focusing on vulnerable or underserved children in our area?
2. Are there any domestic US opportunities to work with underserved populations, where it would be safe for him to work during his wife's second trimester of pregnancy?
3. Are there certain sub-specialties or clinics at his home institution that would help strengthen his skills in caring for underserved populations?

Career-wise, he is still deciding between community pediatrics (primary care) and hospital medicine. He would like more exposure to both before applying for a fellowship.

1. What would a fellowship offer if he wants to care for the underserved?
2. What options are there for US-based pediatric careers devoted to underserved children or global populations closer to home?

