Preparing Residents for Fellowship Training

The preparedness of pediatric residency trainees entering pediatric subspecialty training programs has been questioned in light of recent changes in graduate medical education. These modifications have included reduced duty hours and a significantly increased level of supervision for residents. Sequelae from these new requirements have affected all pediatric residents, not merely those bound for fellowships.

CoPS and the APPD developed an Action Team to explore this issue and make recommendations to pediatric residency directors on how the six Individualized months required by the ACGME might best be used for residents who plan to pursue fellowship training. To do this, we surveyed residency and fellowship program directors, current fellows and recent fellowship graduates. While there were a variety of opinions expressed in the surveys, there were some consistent themes shared by many respondents.

Recommendations

1. **Excellent General Pediatrics Training** -
   a. Remains the goal of pediatric residency training

2. **Exposure to research methodology** -
   a. Need not involved an extensive research project
   b. Residents could participate in an ongoing project
   c. Consider a basic research methodology rotation

3. **Specialty-specific knowledge** -
   a. Residents not expected to enter fellowship w/much specialty specific knowledge
   b. Majority of Individualized time should NOT be spent in the chosen field
   c. Adjunctive areas of exposure could be beneficial (?CoPS to facilitate)

4. **Procedural training** -
   a. Residents do not need to be pre-trained in specialty-specific procedures
   b. Some Individualized time could be used for some basic proficiencies

5. **Mentorship** -
   a. Essential for proper transition into fellowship training
   b. Both residency and fellowship PDs must work together
   c. Career guidance, fellowship application process and design of the Individualized time
   d. CoPS/APPD can facilitate a contact list of available mentors

6. **Greater teaching exposure/experience** -
   a. Additional rotations placing residents in a teaching role
      i. Teaching senior
      ii. Resident as Teacher
   b. Faculty development is critical

7. **Improved leadership training** -
   a. Supplementary supervisory rotations
      i. Increase team leadership
      ii. Increase independent decision-making
      iii. Focus on communication and interdisciplinary teamwork
   b. Junior fellow rotations or supervisory rotations in any area
   c. Faculty development also critical

8. **Development of self-motivated learning skills** -
   a. Sessions designed to teach residents self-motivated learning
   b. Didactics not effective
   c. Activities that emphasize the personal responsibility that each physician will have for their future education

Recommendations developed by the CoPS/APPD Action Team (Mel Heyman, Debra Boyer, Adam Rosenberg, Christine Barron, Michael Brook, Suzanne Lavoie)