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What is a fellowship?

• A formal program of study completed after a professional degree and relevant graduate education.

Who does a family medicine fellowship?

• Recent graduates of a family medicine residency
• Family physicians with years of experience
• Other primary care physicians
• Future non-MD or non-DO family medicine faculty

What can family medicine fellowships cover?

Faculty Development

• Skills developed include teaching, research, administration, critical review, and writing
• Specific clinical skills may also be practiced
• Length of the fellowship, salary, and details of curriculum (i.e. graduate degree, full-time/part-time, call schedule) vary with location

Research

• These fellowships are specifically aimed at developing primary care researchers. Skills include research methodology, epidemiology, biostats, critical review, grant writing, and presentation
• Funding varies, and federal support has fluctuated greatly over last 2 decades
• Robert Wood Johnson Foundation: retooled Clinical Scholars Program:
• Faculty development and research fellowships (a.k.a. academic fellowships) are not prerequisites for joining a faculty, but this training gives you more flexibility and leverage to ask for “protected” academic time
• Distance (online) learning options exist that allow fulltime employment elsewhere
Geriatrics

- Open to graduates of family medicine or internal medicine residencies
- Length varies depending on goals
  - One year: clinical focus, eligible for Certificate of Added Qualification (CAQ) from American Board of Family Medicine
  - Two years: teaching and administration, possible graduate degree (MPH, MS, etc.)
  - Three years: research focus
- Clinical skills include comprehensive assessment, functional evaluation, rehabilitation, geropsychiatry, nursing home medicine, ethics, and end-of-life care
- Academic skills are also usually stressed
- Lots of career opportunities, high job satisfaction rate
- Match system similar to residency match; more spots (400) than applicants (45% fill rate)

Sports Medicine

- Focus on orthopedic care in the primary care setting
- Areas of expertise include joint injections, splinting, casting, exercise rehabilitation, back pain, occupational medicine, and cardiovascular fitness
- Many become team physicians at various levels
- Fellowships lead to a CAQ, usually in one year; fellows may pursue further graduate training
- Match system, fairly competitive (96% fill rate for 254 spots in 2017, 80+% of U.S. grads successfully match)

Adolescent Medicine

- CAQ as of 2001
- Most are 3 years, open to FM, peds, and IM, and minimum of 2 yrs to qualify for the CAQ
- 50-80% fill rate, only 32 spots nationwide
- Issues include:
  - Behavioral health (e.g. depression, ADHD, eating disorders, violence prevention)
  - Substance use and abuse
  - STDs, contraception, adolescent pregnancy
  - School-based health
  - Sports medicine

Sleep Medicine

- CAQ as of 2007, 70-80% fill rate of 166 spots
- Cosponsored by 5 specialty boards (FM, IM, Peds, Psych/Neuro, and ENT)
- IOM report 2007: 50-70 million Americans with sleep disorders; most are undiagnosed and can impact mood disorders, cardiovascular health and chronic pain
- http://www.aasmnet.org/
Hospice and Palliative Medicine

- CAQ as of 2008, 80-90% fill rate of 299 spots
- Cosponsored by 10 specialty boards (FM, IM, Peds, EM, OB/Gyn, Anaesth, PM&R, Radiology, Surgery, Psych/Neuro)
- “…a commitment to providing quality care [for] the physical, psychological, and spiritual suffering faced by patients with life-limiting illnesses and their families.”
- http://www.aahpm.org/fellowship/default/fellowshipdirectory.html

Pain Medicine

- CAQ as of 2015, 98% fill rate of 316 spots (67% with U.S. allopathic grads; few family med applicants)
- Cosponsored by FM, Anesthesiology, PM&R, Psych/Neuro

Hospital Medicine (Hospitalist)

- Recognition of Focused Practice offered through ABFM (slightly different from CAQ)
- https://www.theabfm.org/moc/rfphm.aspx

Preventive Medicine

- Fellowships (2-year) or residencies (3-year) are available, usually MPH and double-boarded
- http://www.acpm.org/?page=GME_Home

Maternal/Women’s Health

- These fellowships usually provide additional training in operative OB and procedures: - C-section, forceps, vacuum - ultrasound, amniocentesis, tubal ligation, D&C, colposcopy
- Often, neonatology training is included
- Some fellowships may be more focused on primary care or health policy
- No CAQ offered through ABFM, but another organization does offer recognition: http://www.abpsus.org/family-medicine-obstetrics

Rural Health

- Focus on skills to be comfortable in an underserved area: -Procedural / operative OB -Fractures and dislocations -Emergency services -Surgical assisting -Endoscopies -Practice management -Electives
- Most are tailored to the fellow’s needs
Clinical Informatics

- Open to all specialties
- https://www.amia.org/programs/academic-forum/clinical-informatics-fellowships

International Medicine / Global Health

- May include extensive travel abroad and/or work with underserved/international patient populations in the United States. Some examples:
  - http://www.brown.edu/academics/medical/about/departments/family-medicine/fellowship-programs

Integrative (Complimentary / Alternative) Medicine

- Several different models of training available, including online
- http://www.abpsus.org/integrative-medicine-fellowships

Other fellowships (can provide more info at the workshop if interested)

- Substance Abuse
- HIV
- Behavioral Science
- Emergency Medicine
- Humanities
- Urgent Care
- Dermatology
- Medical Communications / Media
- Policy / Advocacy / Leadership

Where are fellowships offered?

- The best reference is the AAFP / STFM Fellowship Directory for Family Physicians, free on the web at: https://nf.aafp.org/Directories/Fellowship/Search
- Do not just rely on the directory – don’t be afraid to call programs
- For CAQ info, see the ABFM at: https://www.theabfm.org/caq/index.aspx
- For some “non-CAQ” certifications, see: http://www.abpsus.org/specialty-certification
When does fellowship training happen?

- Anytime after residency (or PhD, ScD, etc.)
- Full-time or part-time faculty development

Why do a fellowship?

- Faculty training highly sought after in family medicine departments
- Adds career flexibility
- Information Mastery
- “Subspecialty” skills
- “Big-picture” viewpoint

Why wouldn’t you do a fellowship?

- Time
- Money
  (but trust me, the above two reasons are less daunting in retrospect!)
- May be unnecessary for the type of career and practice you desire