



**Fellowships in Family Medicine:
Who, What, Where, When and Why?**
Society of Teachers of Family Medicine Academic Session

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My Background

- Three-year fellowship in geriatric medicine and academics/research
- Director of two fellowships, Assoc. Director of residency
- Former positions:
 - Chair, STFM Group on Fellows
 - Fellow Rep & Chair, STFM Research Committee
 - NAPCRG and STFM Board of Directors

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What is a fellowship?

- Broadly, a formal program of study completed after a professional degree and relevant graduate education

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Who does a family medicine fellowship?

- Recent graduates of a family medicine residency
- Family physicians with years of experience
- Other physicians
- Future family medicine faculty (PhD, ScD, EdD, MSW, etc.)

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What can family medicine fellowships cover?

• Academic/Faculty Development	• Rural Health
• Research	• Adolescent Medicine
• Geriatric Medicine	• Sleep Medicine
• Sports Medicine	• Hospice and Palliative Medicine
• Preventive Medicine	• Pain Medicine
• Maternal / Women’s Health	• Hospital Medicine

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What can family medicine fellowships cover?

- Clinical Informatics
- International Medicine/ Global Health
- Integrative (Complimentary/ Alternative) Medicine
- Substance Abuse
- HIV
- Behavioral Science
- Emergency Medicine
- Humanities/Writing
- Urgent Care
- Dermatology
- Medical Communications
- Policy/Advocacy

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If you have experience with any of the following fellowships, please speak up!

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Academic/Faculty Development

- Skills developed include teaching, research, administration, critical review, and writing
- Specific clinical skills may also be practiced
- Not nationally standardized/accredited
 - Length of the fellowship, salary, and details of curriculum (i.e. graduate degree, call schedule) vary with location

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Research

- Fellowships are specifically aimed at developing primary care researchers
 - Research methodology, epidemiology, biostats, critical review, grant writing, scientific presentation
- Funding varies, but can be internally supported by departments or externally funded (Federal or Foundations)

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Alternatives to full-time academic/research fellowships

- Community Faculty Development Sites
- Part-time fellowships and/or distance learning (e.g. North Carolina, Missouri)
- Combined residency/fellowships, or 4-year residencies

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Can't you just join a faculty straight out of residency?

- Yes, but know what you're looking for in your job description
- If you want significant "protected" time for academic work (teaching, research, curricular/clinical innovation, etc.), additional training gives you more leverage and flexibility

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Can't you just join a faculty straight out of residency?

- In our 2014 survey of Family Medicine Department Chairs:
 - 81% were actively looking for new academic faculty members
 - 35% of those positions were research-intensive
 - 91% of Chairs responded that graduate training in academic medicine would be a significant advantage

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Clinical fellowships may also build academic skills

- Note that many of the following clinical fellowships may include some degree of academic training

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Geriatric Medicine

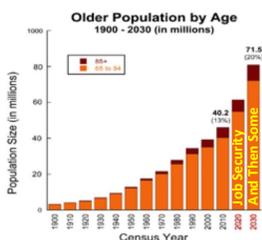
- Open to graduates of family medicine or internal medicine residencies
- Length varies depending on goals
 - One year: clinical focus, Certificate of Added Qualification (CAQ) from ABFM or ABIM
 - Two years: teaching and administration, possible graduate degree (MPH, MS, etc.)
 - Three years: research focus

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Geriatric Medicine

- Clinical skills include:
 - Comprehensive assessment and functional evaluation
 - Rehabilitation
 - Geropsychiatry
 - Long-term and transitional care
 - Nursing home alternatives (assisted living, home health)
 - Ethics
 - Palliative/supportive care
- Academic skills are also usually stressed

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Geriatric Medicine

- Match system similar to residency
- More spots than applicants these days
 - Data for this year's Match in December 2016:
 - 401 positions, 206 applicants
 - 44.6% fill rate
 - 107 unfilled programs

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Geriatric Medicine

- Pros
 - Aging population = mucho job security and geography
 - Flexibility (time and type of practice – academic, research, private, hospital, nursing home, mix)
 - Happy docs and happy patients/family
- Cons
 - Lower end of salary spectrum (but still good, and improving)

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Sports Medicine

- Focus on musculoskeletal care in the primary care setting
- Areas of expertise include:
 - Joint injections
 - Splinting/casting
 - Exercise rehabilitation
 - Back pain
 - Occupational medicine
 - Cardiovascular fitness

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Sports Medicine

- Many become team docs at various levels
- Fellowships lead to a CAQ, usually in 1 year
- Fellows may pursue further graduate training
- Match system similar to residency, competitive (but just be prepared, not scared)

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Sports Medicine

- Match data from this year:
 - 254 positions, 322 applicants
 - 95.7% fill rate, 11 unfilled programs
 - 46.5% filled spots with U.S. allopathic grads
 - 34.2% filled spots with U.S. osteopathic grads
 - 81% (DO) to 87% (MD) of U.S. grads successfully matched

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Adolescent Medicine

- CAQ as of 2001, 50-80% fill rate of only 32 spots
- Areas include:
 - Behavioral health (e.g. depression, ADHD, eating disorders, violence prevention)
 - Substance use and abuse
 - STDs, contraception, adolescent pregnancy
 - School-based health
 - Sports medicine

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Adolescent Medicine

- Most fellowships are 3 years, open to FM, peds, and IM, and minimum of 2 years to qualify for the CAQ
 - http://www.adolescenthealth.org/SAHM_Main/media/Training-and-CME/Fellowships%202014/Training_Opportunities_in_Adol_Medicine_2017.pdf

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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/>

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Hospice and Palliative Medicine

- CAQ as of 2008, 80-90% fill rate of 299 spots
- Co-sponsored by 10 specialty boards (FM, IM, Peds, EM, OB/Gyn, Anesthesiology, 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>

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Pain Medicine

- CAQ as of 2015, 98% fill rate of 316 spots
 - 67% of spots filled by U.S. allopathic grads, mostly anesthesiologists and physiatrists (PM&R)
- Cosponsored by FM, Anesthesiology, PM&R, Psych/Neuro
 - <https://www.theabfm.org/caq/painmed.aspx>

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Hospital Medicine (Hospitalist)

- "Recognition of Focused Practice"
- Currently a pilot program, not a new CAQ
 - <https://www.theabfm.org/moc/rfphm.aspx>

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Preventive Health

- Fellowships (2-year) or residencies (3-year) are available
- Usually lead to MPH, double-boarded
- Public health, occupational health, policy
- http://www.acpm.org/?page=GME_Home

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Maternal / Women's Health

- Additional training in operative/assisted deliveries and women's health procedures:
 - C-section
 - Forceps and vacuum
 - Ultrasound
 - Amniocentesis
 - Tubal ligation
 - D&C
 - Colposcopy and related biopsies/ablations

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Maternal / Women's Health

- Often, neonatology training is included
- May also be more focused in primary care or health policy
- Not a CAQ through ABFM, but additional recognition available through another organization (ABPS)

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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 tailored to the fellow's needs

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Clinical Informatics

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

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International Medicine/Global Health

- May include extensive travel abroad and/or work with underserved/international patient populations in the United States. Some examples:
 - <http://depts.washington.edu/fammed/residency/fellowships/global-health>
 - <http://www.vcfm.net/fellowships/international-medicine-fellowship/>
 - <http://www.brown.edu/academics/medical/about/departments/family-medicine/fellowship-programs>

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Integrative Medicine

- Formerly complimentary/alternative
- Several different models of training available, including online
- Evidence base expanding and improving, and fellows contribute to that
- <http://www.abpsus.org/integrative-medicine-fellowships>

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Other Fellowships

- Substance Abuse
- HIV
- Behavioral Science
- Emergency Medicine
- Humanities/writing
- Urgent care
- Dermatology
- Medical communication/ Media
- Policy/Advocacy/ Leadership

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Where are Fellowships Offered?

- AAFP / STFM Fellowship Directory for Family Physicians at:
<https://nf.aafp.org/Directories/Fellowship/Search>
- Do not just rely on this directory – don't be afraid to call programs

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Where are Fellowships Offered?

- 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>

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When does fellowship training happen?

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

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Why do a fellowship?

- Faculty training highly sought after in family medicine departments
- Career flexibility
- Information mastery
- Subspecialty (AKA “partialist”) skills
- Big-picture viewpoint

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Why wouldn't you do a fellowship?



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Why wouldn't you do a fellowship?

- Time
 - Magnified in the lens of youth
 - If this is a big factor, consider part-time or mid-career options
- Money
 - Yes, it's a further delay, and no, it doesn't necessarily increase future income
 - Loan deferment, moonlighting, partner flexibility?

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Why wouldn't you do a fellowship?

- It's OK not to do a fellowship!
 - Unlike internal medicine docs, the majority of family docs (80+%) don't do a fellowship
 - It may be unnecessary for the type of practice you seek

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Q&A

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