

# FEDERATION OF PEDIATRIC ORGANIZATIONS

## POLICY STATEMENT

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

### Pediatric Fellowship Training

In 1996, the Federation of Pediatric Organizations revised its 1990 statement on pediatric fellowship training. The following statement represents the current (2004) position of the federation regarding the purpose and objectives of fellowship training.

The goal of subspecialty fellowship training is to advance the health of children by preparing graduates who are competent in clinical care, education, and research. This goal is best achieved by fellowship training that fosters the development of future academic pediatricians, recognizing the diverse roles they now play. This goal requires that graduates of training programs have a keen curiosity about issues in their subspecialty field, a healthy skepticism of their own experience (and the published experience of others), and a working understanding of the analytic tools relevant to exercising critical judgment. Training is best provided in an environment in which there are faculty role models committed to scholarly activities.

Subspecialists may serve as expert clinicians providing direct and consultative care to patients based on their experience and critical evaluation of scientific evidence and research. They may serve as educators helping to guide and facilitate life-long learning of medical students, residents, fellows, and others who provide care for children. They also may be investigators adding to the body of knowledge in their subspecialty. The eventual careers of subspecialists may involve 1 or more of these roles to varying degrees. Therefore, training programs should provide all trainees with experiences that will allow them to develop competence for each of these roles, and applicants must be selected on the basis of their potential to achieve appropriate skills in each of these domains. The following are guidelines for fellowship programs and trainees.

1. Fellowship training must educate trainees to develop and maintain life-long learning skills for themselves, especially the ability to critically evaluate new knowledge to determine its appropriate use in caring for patients.
2. Fellowship training programs must provide the opportunity for trainees to acquire appropriate clinical skills and must incorporate into their curriculum mastery of each of the 6 general competencies identified by the Accreditation Council of

Graduate Medical Education and the American Board of Medical Specialties (medical knowledge, patient care, communication, professionalism, practice-based learning and improvement, and systems-based practice.) Relevant benchmarks and thresholds must be developed to ensure that competency in each area can be verified as achieved by all subspecialty graduates by the conclusion of their training program.

3. To achieve and maintain the goal of subspecialty training, in addition to acquiring appropriate clinical skills and competencies during the period of training, subspecialty trainees must acquire skills that will enable them to provide quality care throughout their professional lifetimes. These skills include the ability to critically analyze and evaluate their own observations and the observations of others; assimilate new knowledge, concepts, and technology; formulate clear and testable questions (hypotheses) from a body of information; and communicate ideas verbally and in writing.

Programs must provide opportunities for trainees to acquire these skills. These opportunities for scholarship may include a variety of activities, but they must result in the acquisition of the skills referred to in the preceding paragraph, and the trainee's participation must be guided by 1 or more mentors.

Scholarly activities, including but not limited to basic, clinical, or translational biomedical research, must be undertaken and successfully completed by trainees. These activities must be integrated into the training experience along with the core curriculum for the subspecialty and any formal coursework that is part of the training experience. Obtaining a graduate degree is not a substitute, per se, for such scholarly activities.

4. Fellowship training must be structured to provide a scholarly experience for every trainee, because it is essential to a successful subspecialty career in clinical care, education, research, or a combination of these activities. The subspecialty training program must have an oversight committee (at least 3 individuals, one of whom should be outside the trainee's subspecialty) for each trainee with appropriate expertise in scholarly endeavors. This committee must assess and confirm the presence of an adequate scholarly experience for each fellowship trainee and evaluate the product of the individual's scholarly experience.
5. Fellowship programs must provide training and experience to ensure that graduates will be effec-

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tive teachers for all learners in need of understanding and collaboration in the subspecialist's area(s) of expertise. This training must include the ability to participate effectively in all aspects of the educational process including curriculum development, delivery of information, and assessment of educational outcomes. Graduates should be scholarly and effective in teaching both individuals and groups of learners in clinical settings, classrooms, lectures, and seminars and through electronic and print modalities.

6. Fellowship training programs must provide a career mentor(s) for each trainee who will assist the trainee in developing an individualized learning plan for the entire training period. This mentor must be responsible for providing the ongoing formative feedback that is essential to the trainee's attainment of competence in clinical care, teaching, and scholarship. The mentor may come from a division or department other than the one offering the fellowship.
7. Fellowship training programs must be periodically reviewed and evaluated to improve the qual-

ity of the trainee's experiences in clinical care, education, and investigation. Tracking trainee career outcomes must be part of this review. The reports of these evaluations must be used to judge whether a program has met predetermined standards for fellowship training and to identify areas in need of improvement. The reports must be made available to trainee applicants and trainees.

FEDERATION OF PEDIATRIC ORGANIZATIONS

Ambulatory Pediatric Association

American Academy of Pediatrics

American Board of Pediatrics

American Pediatric Society

Association of Medical School Pediatric Department  
Chairs

Association of Pediatric Program Directors

Society of Pediatric Research

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**Pediatric Fellowship Training**  
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