Scholarship During Fellowship: Flexibility Unrealized

What is the goal of pediatric subspecialty training, how long should the training period be, and what is the value of a scholarly activity? A committee of the American Board of Pediatrics (ABP) grappled with these and other questions from 2000 to 2003. Previously the ABP supported the view of the Federation of Pediatric Organizations that “the principal goal of fellowship training should be to develop future academic pediatricians” and required all applicants for subspecialty certification to have evidence of “meaningful accomplishment in research,” usually a peer-reviewed publication. A number of concerns spawned the 2000 to 2003 ABP review, including subspecialty workforce shortages, decreasing numbers of pediatric physician–scientists, and trends toward nonacademic careers among subspecialty fellowship graduates, concerns that persist today. Based on the committee’s recommendations, in 2004 the ABP issued new fellowship training requirements providing greater curricular flexibility to better prepare subspecialists with varied career aspirations. In place of “meaningful accomplishment in research,” the ABP embraced a variety of scholarly activities that could be tailored to individual career goals. Furthermore, fellows were to be mentored by a Scholarship Oversight Committee (SOC) that approved their scholarship work product. Examples of scholarship offered by the ABP included basic, clinical, translational, and health service research, quality improvement, bioethics, education, and public policy. A core curriculum for scholarly activities was required as an underpinning for the development of competency in scholarship and included training in biostatistics, research methods, study design, critical appraisal of medical publications, principles of evidence-based medicine, and teaching skills, among other topics. The time allotted to components of the curriculum and development of a scholarly product was not specified by the ABP, although the Accreditation Council for Graduate Medical Education recommended at least 12 months. The goal of these revisions was explicitly stated to provide more flexibility for fellows and fellowship programs. Was this goal realized? The data suggest otherwise.

From 2008 to 2012, 88.6% of applicants for ABP subspecialty certification pursued basic, clinical, or translational research projects as their scholarly activity. Of the remainder, the scholarly projects were classified as health services research in 4%, quality improvement in 2.5%, education in 2%, bioethics in 0.9%, and other in 1.3%. The work product from these projects was a peer-reviewed publication or an in-depth manuscript in 76% (G.A. McGuinness, MD, personal communication, 2013). In 2012, in a national survey of 3351 fellows who took the ABP in-training examination, 84% reported that their scholarly projects were either clinical or bench research, suggesting that the trend toward traditional scholarship continues. Remarkably, the majority of fellowship program directors believe that scholarly activity should be more broadly defined, raising concern that there may not be full recognition of the allowable flexibility. Given that only 25% of current pediatric fellows...
anticipate pursuing a research career, the continuing emphasis on traditional research projects as a means of satisfying the requirement for scholarship may not be in the best interests of all trainees, especially given the opportunity to develop broader competencies that match career goals. Why is there so little diversity in scholarly activity despite broad support for a wide variety of career development opportunities? Although workshops have been offered by the Association of Pediatric Program Directors and the Pediatric Academic Societies to assist fellowship directors and SOC members in broadening the scope of scholarship, developing new types of scholarship and scholarly products requires mentors, resources, and departmental or institutional infrastructure that may be substantially different from what is in place to support research. Funding of these scholarship opportunities may pose a significant challenge in organizations that have relied on established research programs to meet subspecialty training requirements.

Do current data suggest that we should again revise fellowship requirements? We believe that additional revision is unnecessary, because the existing requirements provide ample flexibility. It is unclear whether fellows do not understand the panoply of scholarship opportunities, whether the existing structure of training institutions does not provide the appropriate expertise and resources to mentor fellows in diverse career paths, or whether training programs have generally elected to emphasize research over other activities. Although there is significant value in a research experience for trainees who will not pursue research after a fellowship, pursuing scholarship directed toward one’s career goal may offer a more productive use of the training experience. If the current requirement for completion of a scholarly project during fellowship training is maintained, we suggest that the ABP offer a broader portfolio of examples of scholarly projects outside traditional research and that SOC members be chosen with expertise specifically targeted for the fellow’s career choice. Mentors from nontraditional sources such as community practitioners, hospital administrators, nurses, social workers, and public health officials might be considered to stimulate innovative ideas for fellows. In addition, fellows should consider whether their preference for a specific scholarly experience aligns with the opportunities available in a given training program.

Above all, training must develop pediatricians who will improve the health of children. Children need expert, compassionate clinical care, systems that improve health care quality and reduce health care–associated harm, research to prevent and cure diseases, sound public health policies, and strong advocacy. To meet these needs, we should provide some fellows with the expertise to become independent investigators and others with skills in public health, quality and system improvement, information technology, health care economics, education, and other critical areas. We endorse the concept of scholarly activity during subspecialty training as a springboard for professional growth. It is time to capitalize on the existing flexibility in training requirements for a broad range of scholarship for our fellows.

REFERENCES

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