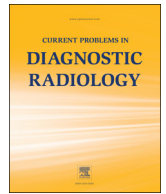




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Creating and Sustaining a Successful Fellowship Program: Challenges and Solutions



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Subspecialty expertise and fellowship training are two of the most desirable attributes in new radiology hires and, not surprisingly, the vast majority of diagnostic radiologists entering the job market today have had fellowship training. Fellowship training imparts not only expertise beyond that which is attainable during residency, but also a unique opportunity for professional maturation. In this article, we offer guidance in planning, building and sustaining a successful fellowship. The key steps in this process include strategic planning, development of a curriculum that can be customized to meet the educational goals of any individual fellow, professional development and trainee preparation for the marketplace, and approaches to ensure program longevity and success through local, regional and national fellow recruitment efforts. While many of the ideas presented are framed from the perspective of their integration into a newly formed fellowship program, they can also be adapted for use by existing fellowship programs as opportunities for program growth and improvement.

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Introduction

Subspecialty expertise and fellowship training are 2 of the most desirable attributes in new radiology hires.¹ A candidate with fellowship training has a competitive advantage over one without such training when commencing a job search. As such, graduating radiology residents and many employers consider “subspecialty expertise” and “fellowship training” to be one and the same. Not surprisingly, more than 90% of diagnostic radiologists entering the job market today have had fellowship training.² The primary training objective of any fellowship is to impart advanced interpretive and interventional expertise beyond that which is attainable during residency. However, a fellowship also represents a unique opportunity for professional maturation, and successful ones facilitate a “metamorphosis” from supervised trainee to autonomous radiologist. For those entering academic careers, a successful fellowship should set the stage for becoming not only productive clinicians but also effective teachers and investigators.

This article is intended to serve as a blueprint for what we believe to be the essential components of a successful fellowship program as well as a roadmap for effectively navigating the challenges faced in creating and sustaining one. The key steps in this process include strategic planning; development of a curriculum that can be customized to meet the educational goals of any

individual fellow; professional development and trainee preparation for the marketplace; and approaches to ensure program longevity and success through local, regional, and national fellow recruitment efforts (Fig). Many of the issues discussed later are framed from the perspective of their integration into a newly formed fellowship program. For those administering existing programs, these items should be critically assessed as potential areas for program improvement and growth.

Strategic Planning

A critical first step in creating a fellowship is to assess your department's readiness for a new training program. Without support from your institution's administration and faculty members in other divisions, such an enterprise will ultimately fail. The institution's Chair and Vice Chair of Education are pivotal in determining the feasibility of the project. Questions to anticipate from department leadership include: How will the presence of a fellowship further the departmental mission? What is the financial impact of this fellowship? What are the clinical coverage implications for residents, other fellows, and faculty? The clinical scope of a new fellowship may affect the workload and productivity of others, both within and outside the division, and it is important that all stakeholders are consulted before implementation.

Valuable information regarding logistical considerations for creating or optimizing a fellowship can be gleaned from leaders of existing fellowships, both in the same and in different subspecialty areas. We advise reaching out to these fellowships early in the planning process for information related to day-to-day

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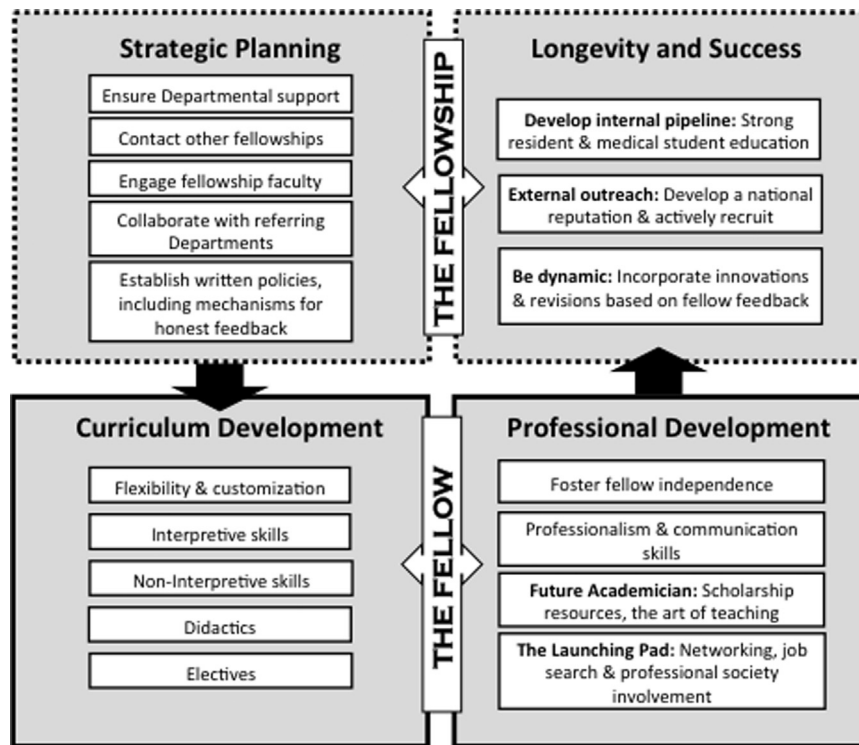


Fig. Conceptual diagram for creating and sustaining a successful fellowship.

operations, educational initiatives, and clinical programming. This initial discovery phase can highlight best practices that may be adapted to the existing infrastructure at your institution. Although conducting this inquiry, it is important to focus on differentiation: what makes your program unique? Capitalize on the strengths of your organization and emphasize them in your fellowship. An ongoing dialog with fellowship program directors (PDs) at other institutions is essential for exchanging new ideas and making sustained improvements in the fellowship program.

In addition to an invested faculty, a fellowship program needs a committed PD, who has the necessary time and interest to devote to the program. The PD, working in conjunction with the program coordinator, should serve as the primary contact for prospective and current fellows. The PD needs to ensure efficient fellow credentialing, as trainees who are at an institution for only 1 or 2 years need to be integrated rapidly to maximize their training time. The PD should not attempt to accomplish fellow education single-handedly, but must rather serve as a facilitator in coordinating the educational efforts of divisional and extradivisional faculty members into a cohesive, time-limited program. The PD also serves as the official recruiter for the program. Along with other division faculty members, the PD should promote the fellowship at institutional, regional, and national conferences, and appear routinely at meet-and-greet functions with prospective applicants. Finally, the PD is the ultimate architect of the fellowship and is responsible for exploring new directions for the program and identifying ways to implement innovative changes.

At the core of every successful fellowship program, there is a faculty member who is fully employed in the training of its fellows. In fact, a genuine interest in contributing to fellow training should be a prerequisite to joining the faculty program. Native teaching ability should be sought out during faculty recruitment, but existing talent can be fortified by offering resources to improve teaching skills, such as workshops and one-on-one mentoring by senior educators.³ Faculty members engagement in trainee education can be optimized if your department figures educational

aptitude and productivity into its performance incentive plan. Assembling a faculty group from diverse backgrounds with unique skillsets, who possess a full spectrum of clinical expertise, and who consider education a top priority, is important in ensuring a comprehensive educational program.

The faculty members from referring departments within your organization can serve as a potentially overlooked educational resource for your fellowship. Cooperative and collegial cross-disciplinary interactions are essential to realizing these educational opportunities. In fact, multidisciplinary team participation is an established core feature of the American College of Radiology/Society of Breast Imaging fellowship training curriculum for breast imaging.⁴ For an emergency radiology fellowship, for example, a collaborative relationship with the trauma surgery service in a high-volume trauma center is an appealing feature to fellowship applicants with a strong interest in trauma imaging and research. Similarly, regular participation in tumor board or morbidity and mortality conferences boosts the educational yield of virtually any radiology fellowship.

We recommend developing written policies regarding clinical expectations, on-call frequency, vacation and academic time, fellow involvement in resident and medical student teaching, professional development activities and funding, and scholarship expectations. The process of delineating these policies encourages specificity in the details, and allows for guidance at times of difficult situations arise during the course of the fellowship. Mechanisms for an ongoing assessment of both fellow and fellowship performance should also be explicitly established. Trainee self-assessment accompanied by faculty members' feedback should occur at regular intervals, as often as quarterly. Fellows should be given an opportunity to review faculty members' evaluations with the PD at least twice a year to ensure that any deficiencies are identified early, constructive strategies can be implemented and appraised on a continuous basis. A 360° evaluation from multiple sources, such as midlevel providers, nurses, technologists, and ancillary support staff, can supplement traditional faculty member assessment of clinical and professional skills

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