

## THE FELLOWSHIP OF THE FEW

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Looking for a fellowship position can just be as demanding (and confusing) as applying for residency. Sometimes even more so, since the path may be the one less traveled. But before anyone despairs, or thinks it's more trouble than its worth (and decide not to apply altogether), remember that you have already successfully hurdled the hardest stumbling block : applying for a residency program! So heads up, and get ready for the next level of training.

Before everything else, make sure you choose a fellowship that you are passionate for. Yup, the P word counts! You truly must love your work. In many ways, it's like starting ALL OVER again, and it will be hard to sustain training if you are in it for other, more practical reasons.

You will be in 1<sup>st</sup> year once more (the training never does seem to end); from being a competent senior resident, you will again feel lost, confused, and insecure, as you join an elite number of specialists in their field.

A bit bothersome is the fact that **application for fellowship begins on your second year of residency.**

For example, if you graduate in 2007, you have to apply for the fellowship by 2005, when you have just dusted off your Intern shoes (breathed a sigh of relief), and haven't had a chance to think about post-residency. However, some specialties, like PM&R are different in that residents start applying for fellowship positions at the beginning of their PGY-4 year.

It **IS** difficult to choose which field you're interested in, especially since most of the electives are yet to come. But choose you must! (unless of course you opt for a Chief Resident position, which gives you an extra year to decide). As an FMG it is always an advantage to be Chief Resident because it looks good on your curriculum vitae and you need extra "ammunition" to compete with the American graduates.

Thankfully, subspecialty applications (in Medicine at least), open **December 1<sup>st</sup>**. So that gives you a bit of leeway! So if your programs are flexible about your schedules, choose to do the elective that interests you early in your 2nd year. It is also a good idea to dabble in some research during this time. Some fellowships (see paragraph below) might require this, while others do not. Aside from adding to your resume, the research experience will also allow you to start some work on the field that interests you.

Again, let me reiterate that research is usually NOT required to apply for fellowship, with perhaps 2 exceptions (see next paragraph). Do not let the absence of research impede, discourage, or stop you from applying!

Unfortunately, not all fellowships are created equal. As you've probably heard, Gastroenterology and Cardiology are notoriously competitive (thus, the need for research, plus-minus a chief position). And the fact that we're foreign medical graduates probably works against us. Again though, difficult does not equal impossible, and there are Filipinos who have successfully applied in both fields. So don't opt for a default second choice without even trying.

Once you have chosen your sub-specialty field, consider what your interests in the area might be. Do you enjoy working under laboratory conditions, doing bench (i.e., basic science) research, or would you prefer a more clinically oriented approach? Think about this for a really long time. The answer to this will help you choose and narrow down the programs to which you will apply. This is also a potential question that program directors ask you during the interview!

Preparation is key for any subspecialty you choose. And as one attending puts it, "You're only as good as your information." So research, research, research!!! Google key words, use online databases (FREIDA), and simply ask around your hospital. Find out who the famous attendings are in these fellowship programs and know their research interests (use Medline to search for published articles). This will give you something to talk about with your interviewers, and will show that you've done your research on the program. Attendings in your institution or your mentors can be great resources of information. Our database of UPCM graduates who have volunteered their services in the UPMASA Peers Program is a valuable source of reference in your search for fellowship training.

When you start to choose fellowships, keep a few other things in mind –

\* Note that some fellowships might still prefer the paper-trail, and opt for old-style application (usually downloadable on their website). They might not be listed in ERAS at all. Some of these might be really good programs, so keep a look out for these as well (It might be more tedious, though). This is a good point to consider especially if the fellowship is not accredited by the ACGME.

a. How big is the fellowship program? *Too small a number of fellows (i.e., solo flight) might mean your pager beeps incessantly for the next 3 yrs.*

b. *Who and how many Faculty-division members are there? What are they like? Mentorship is a big part of fellowship, so you might want to choose a program where you can find someone in the faculty who has the same field of interest, and can take you under his/her wing. By "what are they like" I mean, are they proponents of the fellowship? Will they take time to teach?*

c. Will there be residents or students around? *Delegating responsibility helps a lot when you're on consult service, trust me.*

d. What's the schedule like? *This varies a lot. In some institutions you might finish off all clinical rotations during the 1<sup>st</sup> year, and then do all research for your 2<sup>nd</sup>. In others it might be interspersed. Also, try and find out about in-house calls vs. pager call.*

e. Is the institution University or Community-based? Will you rotate in other hospitals? *University based programs are usually "academically oriented" and part of the fellowship involves medical students (which can be rather fun!) The opportunity to rotate in hospitals other than the main university campus will help give you a chance to see other patient populations you might not "normally" see. However, too many hospitals might spread you out too thin.*

f. What kind of patient populations will you see in the institution? *Is it a referral center for Transplants? A Level-I Trauma Center?*

g. Will the fellowship allow you to travel to conferences? *The better fellowships will usually sponsor you and send you off to very important conferences, or allow for electives*

There are other concerns in choosing fellowships, of course : location (some might not consider straying from big cities), weather (avoid the cold?!), significant others (the nearer the better), etcetera. Again, these are personal choices, and they DO matter. It's just a matter of priority.

One last thing. Keep in mind that a truly great fellowship should give you the chance to tailor your interests. That's what sub-specialization is all about, after all: the fellowship program is a training ground for the opportunity to develop and enhance YOUR specific interests.