

The Future of Scholarly Activity during Pediatric Fellowship: New Survey Raises Concerns

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Board-eligible pediatric subspecialty fellowship training programs require at least 12 months of “scholarly activity” and the generation of a work product. While that sounds doable, does it actually happen in our fellowship programs today? To answer that question, Abramson et al ([10.1542/peds.2020-013953](#)) surveyed pediatric fellowship directors in 2019 regarding the factors associated with high scholarly productivity during fellowship training—defined as more than three-quarters of

fellows in the past 5 years with a peer-reviewed manuscript accepted for publication. Most (449/770; 65%) fellowship program directors completed the survey. Of those programs that responded, only 35% (n= 174) were highly productive. The authors identify factors associated with high productivity and provide suggestions for creating a fellowship program culture supportive of scholarly productivity.

Fortunately there are some ways that scholarly productivity might increase as identified by Dr. Susan Shurin, the senior advisor at the National Cancer Institute and former Deputy and Acting Director of the National Heart, Lung, and Blood Institute at the National Institutes of Health (NIH). Dr. Shurin is also the co-chair of the Physician-Scientist Working Group at the NIH, making her uniquely qualified for the commentary accompanying the article by Abramson et al ([10.1542/peds.2020-025296](#)). Dr. Shurin tells us that the definition of scholarly productivity should be broadened to focus on the clinical health care systems in which we practice and their intersection with public health concerns. Figuring out ways to improve health systems is imperative to subspecialists succeeding in their clinical roles and could easily serve as scholarly activity if fellowship programs would begin to view areas such as quality improvement science and population health as being just as important as classic bench, translational, and clinical studies that constitute the more traditional definition of scholarly productivity by fellowship programs. Dr. Shurin also calls for a reassessment by directors of fellowships and the Accreditation Council for Graduate Medical Education of what the definition of acceptable scholarly activity is, and whether the duration of fellowship training should really be

based on an arbitrary number of years or on competency-based training. If the latter, there should continue to be a requirement for scholarly productivity but in a format that is better suited for future clinicians as well as future research scientists. Check out this interesting study and commentary and learn more!

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