

Adolescent Medicine – Recent Graduates

Table 594. ADOLESCENT MEDICINE: RECENT GRADUATES: Do you currently provide direct or consultative pediatric subspecialty patient care? (N=1932)			
	Adol Med (N=65)	All Other SS (N=1867)	
	% (N)	% (N)	P-value
Yes, the primary focus of my clinical practice is <i>subspecialty care</i>	35 (23)	92 (1723)	<.0001
Yes, my clinical practice is a relatively even mix of <i>primary and subspecialty care</i>	58 (38)	4 (64)	
No, the primary focus of my clinical practice is <i>primary care</i>	5 (3)	2 (39)	
No, I am not currently engaged in direct or consultative patient care	2 (1)	2 (41)	

Table 595. ADOLESCENT MEDICINE: RECENT GRADUATES: Which of the following best describes your current clinical role? (N=1931)			
	Adol Med (N=66)	All Other SS (N=1865)	
	% (N)	% (N)	P-value
I am working primarily as a clinician	24 (16)	34 (638)	.33
I am working primarily as a clinician-educator	59 (39)	48 (901)	
I am working primarily as a researcher with some clinical activity	15 (10)	16 (290)	
I am not clinically active at this time	2 (1)	2 (36)	

Table 596. ADOLESCENT MEDICINE: RECENT GRADUATES: Are you currently engaged in medical research of any type? (N=1635)			
	Adol Med (N=56)	All Other SS (N=1579)	
	% (N)	% (N)	P-value
Yes	59 (33)	61 (958)	.79
No	41 (23)	39 (621)	

Table 597. ADOLESCENT MEDICINE: RECENT GRADUATES: Which of the following best describes your field of research? (N=1229)			
	Adol Med (N=40)	All Other SS (N=1189)	
	% (N)	% (N)	P-value
Basic research	0 (0)	15 (184)	<.0001
Health services research	22 (9)	6 (71)	
Clinical research, primarily industry-sponsored drug trials	0 (0)	8 (99)	
Clinical research, non-industry sponsored	73 (29)	66 (779)	
Educational research	5 (2)	5 (56)	

Table 598. ADOLESCENT MEDICINE: RECENT GRADUATES: Which of the following best describes the ownership of your primary practice? (N=1921)			
	Adol Med (N=66)	All Other SS (N=1855)	
	% (N)	% (N)	P-value
Private practice (group or solo)	6 (4)	14 (267)	.03
University/Medical school	70 (46)	63 (1164)	
Community or non-university affiliated hospital	8 (5)	12 (219)	
Managed care organization	3 (2)	2 (41)	
Federal, state, or local government	12 (8)	5 (88)	
Other/Not applicable	1 (1)	4 (76)	

Table 599. ADOLESCENT MEDICINE: RECENT GRADUATES: Do you currently hold an academic appointment? (N=1930)			
	Adol Med (N=66)	All Other SS (N=1864)	
	% (N)	% (N)	P-value
No	12 (8)	19 (348)	.59
Yes; full-time academic faculty	65 (43)	61 (1147)	
Yes; part-time academic faculty	9 (6)	8 (143)	
Yes; adjunct, volunteer, or courtesy faculty	14 (9)	12 (226)	

Table 600. ADOLESCENT MEDICINE: RECENT GRADUATES: Based on your experience in fellowship training, do you believe that you received the appropriate amount of clinical training for your first job following fellowship completion? (N=1937)

	Adol Med (N=66)	All Other SS (N=1871)	
	% (N)	% (N)	P-value
No, I believe that the amount of clinical training time should be <i>increased</i>	5 (3)	12 (226)	.001
No, I believe that the amount of clinical training time should be <i>decreased</i>	9 (6)	3 (47)	
Yes, I believe that the current amount of clinical training is appropriate	86 (57)	85 (1598)	

Table 601. ADOLESCENT MEDICINE: RECENT GRADUATES: Why do you believe that the amount of clinical training time in your subspecialty should be increased? Please choose all that apply.(N=225)

	Adol Med (N=3)	All Other SS (N=222)	
	% (N)	% (N)	P-value
Increase in types of procedures and/or complexity of patient care	67 (2)	54 (119)	.65
Duty hour restrictions and other changes during residency have reduced fellow's initial clinical competence	0 (0)	23 (50)	.35
Duty hour restrictions during fellowship have reduced clinical training time	0 (0)	22 (49)	.36
Need for further development of clinical independence	0 (0)	74 (164)	.004
Additional supervisory experience is needed	0 (0)	23 (50)	.35
Additional time is needed for longitudinal case management	33 (1)	32 (71)	.96
Other	67 (2)	15 (34)	.02

Table 602. ADOLESCENT MEDICINE: RECENT GRADUATES: Do you believe that the clinical training time should be the same for all fellows in your subspecialty, regardless of career path (i.e., those who pursue primarily a clinical vs. primarily a research career)? (N=1899)

	Adol Med (N=64)	All Other SS (N=1835)	
	% (N)	% (N)	P-value
Yes	58 (37)	77 (1422)	<.0001
No, I believe that fellows planning to pursue primarily a clinical career should complete additional clinical training	19 (12)	15 (274)	
No, I believe that fellows planning to pursue primarily a research career should complete less clinical training	23 (15)	8 (139)	

Table 603. ADOLESCENT MEDICINE: RECENT GRADUATES: Based on your experience in fellowship training, do you believe that there is a need in your subspecialty to change the amount of time in scholarly activity during pediatric fellowship? (N=1930)

	Adol Med (N=66)	All Other SS (N=1864)	
	% (N)	% (N)	P-value
Yes, I believe that the amount of time in scholarly activity should be <i>increased</i>	7 (5)	9 (172)	.95
Yes, I believe that the amount of time in scholarly activity should be <i>decreased, but not eliminated</i>	32 (21)	29 (550)	
Yes, I believe that the scholarly activity requirement should be	3 (2)	4 (68)	
No, I believe that the amount of time in scholarly activity is appropriate	58 (38)	58 (1074)	

Table 604. ADOLESCENT MEDICINE: RECENT GRADUATES: Why do you believe that the amount of time devoted to scholarly activity should be increased? Please choose *all that apply*. (N=176)

	Adol Med (N=5)	All Other SS (N=171)	
	% (N)	% (N)	P-value
Fellows need more training to be prepared for junior faculty research positions	100 (5)	81 (138)	.28
Duty hour restrictions have negatively impacted available time for scholarly activity	20 (1)	29 (50)	.65
Other	40 (2)	15 (26)	.14

Table 605. ADOLESCENT MEDICINE: RECENT GRADUATES: Why do you believe that the amount of time devoted to scholarly activity during fellowship should be decreased or eliminated? Please choose *all that apply*. (N=639)

	Adol Med (N=23)	All Other SS (N=616)	
	% (N)	% (N)	P-value
Scholarly activity requirements discourage pediatric residents from pursuing fellowship training	35 (8)	30 (184)	.61
Fellows who plan to pursue primarily clinical careers do not need the current amount of scholarly activity during training	70 (16)	77 (476)	.39
It would allow us to shorten fellowship training, making our subspecialty more attractive to potential fellows	83 (19)	40 (249)	<.0001
More time should be devoted to additional clinical training	26 (6)	45 (277)	.07
Other	0 (0)	10 (61)	.11

Table 606. ADOLESCENT MEDICINE: RECENT GRADUATES: Do you believe that the <u>amount of scholarly activity</u> should be the same for all fellows in your subspecialty, regardless of career path (i.e., those who pursue primarily a clinical vs. primarily a research career)? (N=1690)			
	Adol Med (N=60)	All Other SS (N=1630)	
	% (N)	% (N)	P-value
Yes	54 (32)	46 (750)	.03
No, I believe that fellows planning to pursue primarily a <i>research career</i> should have additional training in scholarly activity	13 (8)	29 (471)	
No, I believe that fellows planning to pursue primarily a <i>clinical career</i> should have less training in scholarly activity	33 (20)	25 (409)	

Table 607. ADOLESCENT MEDICINE: RECENT GRADUATES: Thinking about your current career path, please indicate the value of the following <u>scholarly activity</u> experiences. (N=1925)									
	Very valuable		Somewhat valuable		Of little value		Not of value		
	Adol Med (N=66)	All Other SS (N=1859)	P-value						
	% (N)	% (N)							
Completing a scholarly project	64 (42)	59 (1101)	29 (19)	31 (583)	7 (5)	8 (139)	0 (0)	2 (36)	.65
Preparation of a written work product	62 (41)	56 (1033)	30 (20)	33 (612)	8 (5)	9 (165)	0 (0)	2 (46)	.50
Core curriculum	59 (38)	59 (1082)	32 (21)	31 (579)	9 (6)	8 (152)	0 (0)	2 (27)	.79
Scholarship Oversight Committee (SOC)	42 (27)	28 (514)	34 (22)	42 (772)	14 (9)	24 (425)	10 (6)	6 (110)	.04
Completing a degree (if applicable)	50 (24)	44 (470)	33 (16)	35 (370)	11 (5)	13 (142)	6 (3)	8 (86)	.83

Table 608. ADOLESCENT MEDICINE: RECENT GRADUATES: Did your <u>scholarly activity</u> during fellowship training influence your choice of <u>career path</u> after fellowship? (N=1925)			
	Adol Med (N=66)	All Other SS (N=1859)	
	% (N)	% (N)	P-value
No, scholarly activity did not impact my choice of career path after training	51 (34)	50 (939)	

Training future researchers <i>in my subspecialty</i> is an important component of fellowship training	0 (0)	2 (32)	4 (3)	5 (84)	55 (36)	40 (756)	41 (27)	53 (997)	.11
Training ALL subspecialists to be able to critically appraise new literature is an important component of fellowship training	1 (1)	1 (22)	0 (0)	1 (12)	26 (17)	21 (401)	73 (48)	77 (1433)	.76
Training ALL subspecialists to be competent educators/teachers is an important component of fellowship training	1 (1)	1 (25)	8 (5)	6 (118)	32 (21)	39 (724)	59 (39)	54 (998)	.72
Training ALL subspecialists in quality improvement activities is an important component of fellowship training	1 (1)	2 (42)	11 (7)	12 (217)	58 (38)	52 (973)	30 (20)	34 (635)	.84
Scholarly activity during fellowship should be tailored to the career goals and interests of individual fellows	1 (1)	1 (32)	1 (1)	7 (130)	29 (19)	33 (612)	68 (45)	59 (1093)	.25
ALL fellows should complete a scholarly activity project as part of fellowship training	2 (1)	4 (74)	21 (14)	13 (235)	38 (25)	40 (744)	39 (26)	43 (809)	.18

Table 611. ADOLESCENT MEDICINE: RECENT GRADUATES: Do you believe that there is a need to increase or decrease the required <u>overall length</u> of fellowship training <i>in your subspecialty</i>? (N=1925)			
	Adol Med (N=65)	All Other SS (N=1860)	
	% (N)	% (N)	P-value
No, I believe that the required training duration, regardless of career path, should remain at three years	35 (23)	60 (1115)	.0002
Yes, I believe that the required training duration, regardless of career path, should be shortened to fewer than three years	12 (8)	6 (118)	
Yes, I believe that there should be two different tracks, a shorter duration track for <i>clinicians or clinician-</i>	51 (33)	30 (559)	

<i>educators</i> and a longer duration track for fellows who plan to pursue <i>academic research</i>			
Yes, I believe that the required training duration, regardless of career path, should be extended to more than three years	2 (1)	4 (68)	

Table 612. ADOLESCENT MEDICINE: RECENT GRADUATES: Do you believe that all pediatric subspecialty trainees (across all pediatric subspecialties) should have the same required overall length of fellowship training (currently 3 years)? (N=1930)

	Adol Med (N=66)	All Other SS (N=1864)	
	% (N)	% (N)	P-value
No, I believe that it should be the decision of each subspecialty to determine the appropriate amount of overall required length of fellowship training	80 (53)	77 (1428)	.49
Yes, I believe that all subspecialty fellowship training should have the same required overall length	20 (13)	23 (436)	