

Introduction

- Physical Medicine and Rehabilitation (PM&R) residency positions have expanded from **1105 to 1351 (2001 to 2018)**
- PM&R fellowship positions have also grown across all subspecialties
- Pediatric Rehabilitation:** 1 to 27 filled positions (since 2004)
- Sports Medicine:** 5 to 29 filled positions (since 2009)
- Brain Injury Medicine:** 3 to 13 filled positions (since 2013)
- Spinal Cord Injury (SCI) Medicine:** 11 to 21 filled positions (since 2001)
- Pain Medicine:** 3 to 30 filled positions (from 2001-2007, afterwards multidisciplinary Pain Medicine involving Anesthesia numbered at 361 filled positions in 2018)
- Residents from **multiple specialties** value resident morale, faculty availability, involvement in teaching, variety in both faculty and patients, as well as a program's ability to prepare them for future training or positions

Objectives

- Specific Aim 1: To evaluate what are the most important determinants that factor into the decision-making process for applicants matriculating into both Accreditation Council for Graduate Medical Education (ACGME) accredited and non-ACGME accredited fellowships in Physical Medicine and Rehabilitation (PM&R).
- Specific Aim 2: To compare the determinants that factor into the selection of a fellowship program versus a residency program.
- Specific Aim 3: To assess if the most important determinants within an individual change in the selection of a fellowship program compared to a residency program.

Hypothesis

- We hypothesized that prospective **fellows** prioritize **concrete training factors** such as procedural experience and mentorship, while for **residency**, they would prioritize more **abstract training factors** such as program culture and trainee satisfaction

Design

- Retrospective** survey study
- 32 subjects** (fellows in PM&R subspecialties or graduating **PGY4** PM&R residents matriculating into **PM&R fellowships**)
- Subjects rated **25 factors** by level of importance in their fellowship and residency program selection
- Data analyzed using Corrpplots with **weighted Kappa (κ)** to determine the **variability** of each subject's answers between fellowship and residency programs
 - κ values <0.3** demonstrated poor agreement (**high degree of variability**) between fellowship and residency program selection
 - κ values > 0.75** represent excellent agreement (**low degree of variability**) between fellowship and residency program selection

Results

- Excellent agreement** for fellowship and residency that **Program Culture** (K=0.78) was very important, while **Couples Matching** (K=0.81) was not very important
- Good agreement** for fellowship and residency that **Personal Fit with a Program** was very important (K=0.62) while **Maternity Leave** was not very important (K=0.62)

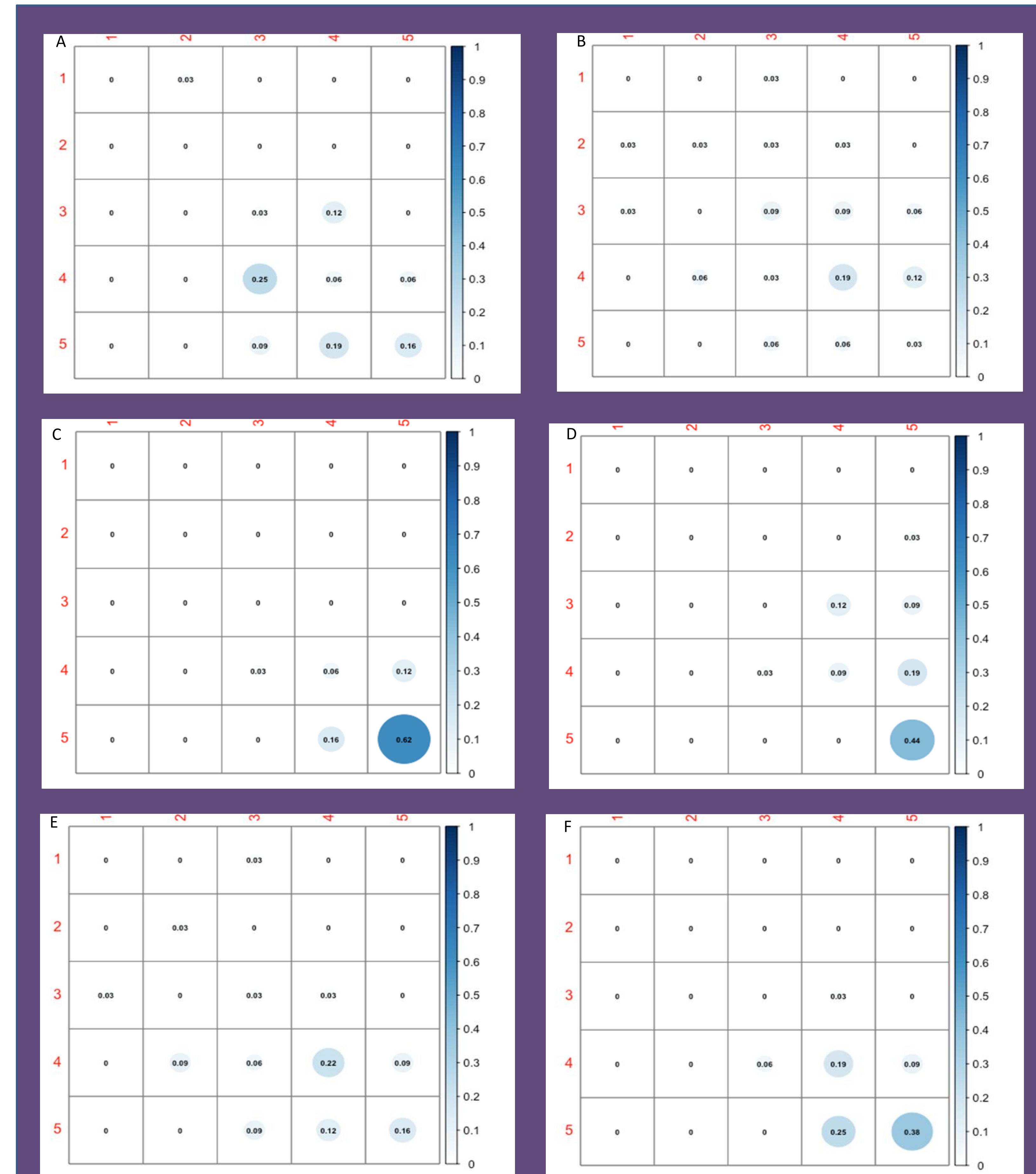


Figure 1: Corrpplots demonstrating high degree of variability between prospective fellows and residents when selecting their respective programs. X axis represents Fellows scores and Y axis represents Resident scores (5= very important, 1= not very important). A) Quality and Organization of Didactics (κ=.15). B) Conference Presentation Opportunities (κ=.18). C) Personal Fit with a Program (κ=.62). D) Procedural Exposure (κ=.25). E) Diversity of Practice Setting (κ=.27). F) Trainee Satisfaction/Morale (κ=.27).

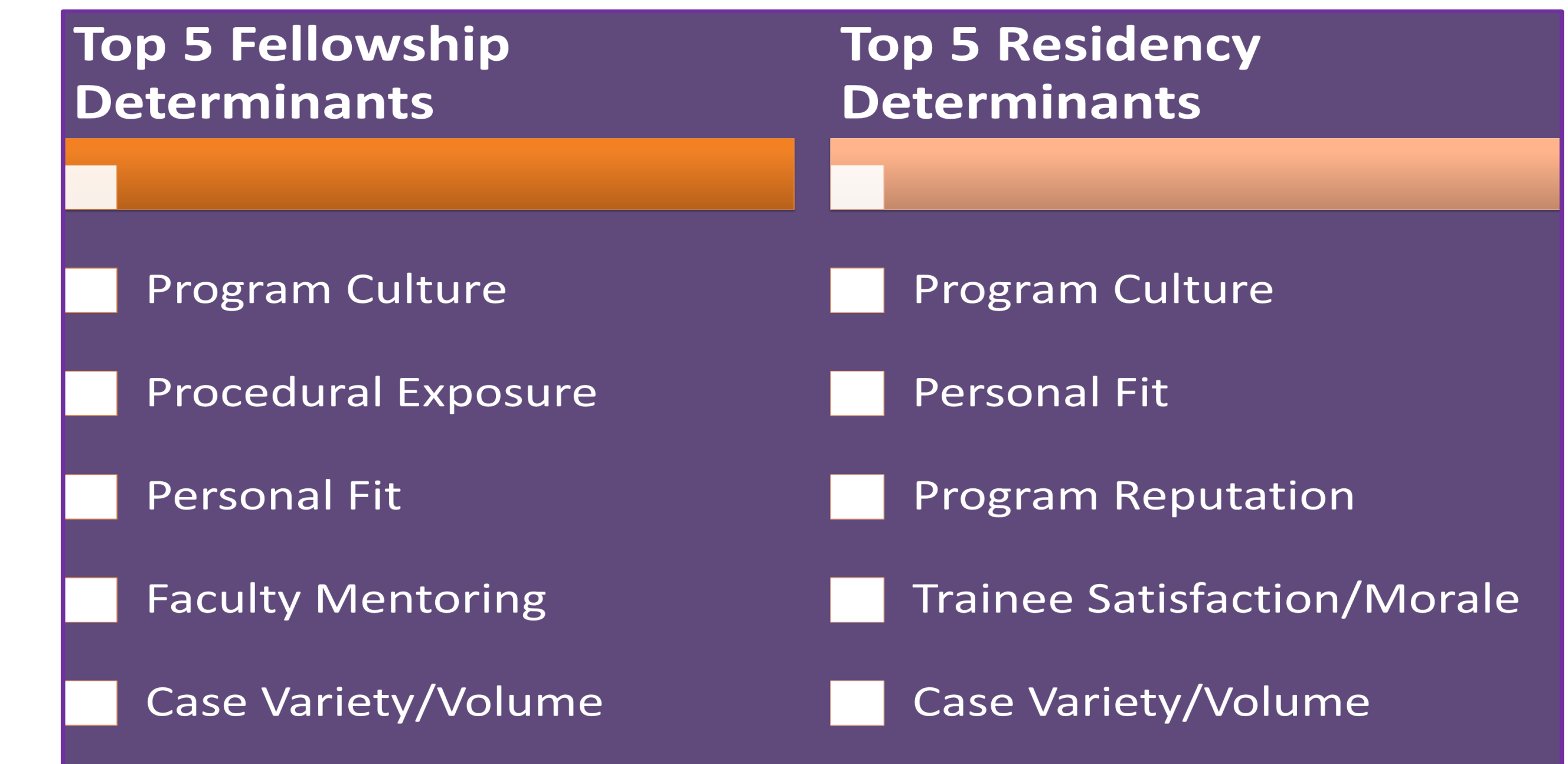


Figure 2: Top 5 determinants (out of 25 surveyed determinants) when selecting a fellowship or residency program

Discussion

- Prospective fellows in PM&R prioritized more concrete factors such as **procedural experience, case variety, faculty mentoring, and teaching opportunities** compared to when they selected their residency program
- As fellowship programs are only 1-2 years compared to 4 years, factors such as **geography, trainee morale, didactics, and practice setting were less important** compared to residency
- Subspecialty** data confirmed the most important determinants were trauma/diagnosis variability (**TBI**), trauma/ventilator exposure (**SCI**), spine injection experience (**Pain**), ultrasound procedure exposure (**Sports**), and inpatient/subspecialty exposure (**Peds**)

Conclusion

- This study provides a unique analysis demonstrating that the most important determinants for trainees matriculating into **PM&R fellowships** include more concrete factors such **mentorship, procedural experience** while more **abstract** factors such as **trainee morale and geography** are more influential in the selection of residency

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