

## In Response to: Characteristics of Pediatric Hospital Medicine Fellowships and Training Program

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We applaud the Pediatric Hospital Medicine fellowship directors for their collaboration in the development of core competencies that can be applied to all pediatric hospitalist programs. We found wide variability in the structure and requirements of the programs and believe that the establishment of core competencies will likely be of benefit in bringing greater uniformity and structure to curricula in the training programs.

Regarding the findings of the survey undertaken by Dr. Manicone, we believe a few issues deserve clarification and may lead to different conclusions. First, Dr. Manicone asked program directors to try to determine which of the deidentified programs in our tables were most likely to be their own program. We are unable, as is he, to infer how many, if any, were able to guess correctly. If a program director guessed incorrectly, undoubtedly they would, by definition, feel their program was not represented accurately. Second, our study was conducted in early 2007, and his 2 years later. It is possible, even likely, that some of these programs have modified their training during that time period. This may be one reason a program director might believe the description of their program is inaccurate at this time. Third, Dr. Manicone notes that he was not the program director of the Children's National Medical Center at the time of the survey and was not interviewed by our research team. It is certainly possible that the program directors of several other medical centers

may have also changed since the time of our study. If that is the case, it would not be surprising that new program directors might characterize specific components of their training programs in different ways than the program directors we interviewed.

Finally, and perhaps most importantly, due to the newness and small size of the fellowship programs in our study, many directors reported that some requirements (especially for administration and research training) are made uniquely on a fellow-by-fellow basis. Allowing a trainee to tailor a program to fit his or her specific needs creates a unique and hopefully ideal learning experience for the fellows. However, this does not translate into specific fellowship requirements or opportunities as a whole. Hopefully, the core competencies can address these discrepancies, to the benefit of future trainees.

We believe this final point is illustrated clearly by the results of the survey conducted by Dr. Manicone. The program attributes in the article rated as most accurately depicted in his study were the assigned clinical duties and billing independence. These were often the only clearly proscribed requirements articulated by a program director during our interviews. In contrast, other program requirements, including formal research training, often were identified as being determined on a case-by-case basis, according to the needs of the fellow, without firm expectations or requirements.