

A Qualitative Study of Internal Medicine Subspecialty Fellowship Program Directors' Perspectives on Short-Term Hospitalist Employment Prior to Fellowship

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ABSTRACT

Background Some internal medicine (IM) residents pursuing subspecialty training choose short-term hospitalist employment prior to fellowship, or “pre-fellowship hospitalist years.” Residency and fellowship program directors (PDs) advise residents on this decision, but PD experience with fellows pursuing pre-fellowship hospitalist years and the impact on fellowship applications is unknown.

Objective We aimed to explore perceptions of fellowship PDs regarding experience with fellows who pursued pre-fellowship hospitalist years, including perceived effects on how such years affect fellowship application candidacy.

Methods A purposive sample of 20 fellowship PDs in the most highly competitive and commonly selected IM fellowships (cardiology, pulmonology/critical care medicine, hematology/oncology, gastroenterology) from 5 academic institutions were approached for participation in fall 2021. Interviews included semi-structured questions about pre-fellowship hospitalist employment. Utilizing rapid qualitative analysis, interview transcripts were summarized and reviewed to identify themes and subthemes describing fellowship PDs' perspectives of pre-fellowship hospitalist years.

Results Sixteen fellowship PDs (80%) participated. PDs identified 4 major themes as important for trainees considering pre-fellowship hospitalist years: (1) Explain the “Why”—why the year was pursued; (2) Characteristics of the Hospitalist Position—what type of employment; (3) The Challenges—potential concerns faced with pre-fellowship hospitalist years; and (4) Describe the “What”—the experience's contribution to resident professional development.

Conclusions Fellowship PDs in 4 competitive IM subspecialties placed a strong emphasis on explaining a clear, logical reason for seeking short-term hospitalist employment prior to fellowship, describing how it fits into the overall career trajectory, and selecting activities that demonstrate continued commitment to the subspecialty.

Introduction

Two-thirds of internal medicine (IM) residents pursue Accreditation Council for Graduate Medical Education (ACGME)-accredited subspecialty fellowship training,¹ but not all proceed directly to fellowship. In IM and other fields such as family medicine and pediatrics, residents may elect to defer fellowship application instead of going “straight through” from residency to fellowship. In IM, traditional graduate medical education (GME) fellowship timelines require career decisions early in residency training.^{2,3} Some residents pursue one or more years of short-term employment as a hospitalist between residency and fellowship, or a “pre-fellowship hospitalist year.”^{4,6}

Residency program directors (PDs), fellowship PDs, and mentors regularly advise residents on whether pre-fellowship hospitalist years are right for them but have a dearth of evidence to guide them.

The literature describing pre-fellowship hospitalist years is sparse and limited to IM.^{4,6} Other specialties such as pediatrics or family medicine lack any literature describing this decision. Reasons for pursuing pre-fellowship hospitalist years vary, and may include accommodating personal or financial circumstances, desiring additional time for career consideration, or crafting a more competitive application.^{4,6,7} The benefits and drawbacks of pursuing pre-fellowship hospitalist years are likely viewed differently depending on the stakeholder. A perspective authored by cardiology fellows who had been employed as hospitalists prior to fellowship outlined practical advantages, such as flexibility in scheduling fellowship interviews and strengthening clinical and academic skills.⁴ Hospitalist

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Editor's Note: The online supplementary data includes the semi-structured interview guide used in the study.

leaders may view hiring short-term hospitalists as less desirable or risky for their groups,⁸ though a differing perspective authored by an academic hospital medicine group leader highlighted the benefit of experience in hospital medicine to foster advanced communication skills and professional identity formation for future subspecialists.⁵ Residents perceive fellowship career planning as stressful⁹ and desire to know what fellowship PDs think—residents often doubt they prepare applications correctly and believe fellowship PDs can most reliably provide fellowship application-related information.¹⁰

No published studies report on IM subspecialty fellowship PDs' experience with or perspectives on residents who pursue pre-fellowship hospitalist years. The purpose of our study was to explore the perceptions of fellowship PDs regarding potential benefits and drawbacks of pursuing short-term hospitalist employment prior to fellowship, including experience with fellows pursuing pre-fellowship hospitalist years and perceived effects on how that decision affects fellowship application candidacy.

Methods

Study Design

We used rapid qualitative analysis to analyze interview transcripts.^{11,12} This approach is best aligned with the tradition of phenomenology,¹¹ seeking to understand the common experience of a group of individuals from a pragmatic interpretive framework, intending to describe an approach to a real-world challenge. Rapid qualitative analysis utilizes a structured analysis in rapidly changing health care learning environments and is appropriate when a project's scope is narrow.^{11,12} Qualitative researchers have concluded, based on studies comparing rapid and traditional qualitative methods, that rapid methods are equally effective and rigorous.^{13,14} Study team members represented leaders in GME (E.G., S.K.M., who are associate program directors in IM residency programs) and hospital medicine (T.C., A.S.L., B.K.), and researchers with specific experience and expertise in rapid qualitative methods (A.S.L., E.G., A.K., L.M.).

Setting and Participants

Between September and October 2021, we conducted semistructured interviews of IM subspecialty fellowship PDs in 4 subspecialties: cardiology, pulmonology/critical care medicine, hematology/oncology, and gastroenterology. These were selected because they are both the most competitive (ranging from 1.3 to 1.5 applicants per fellowship position) and the most commonly chosen subspecialty training pathways for IM

KEY POINTS

What Is Known

Little is known about how fellowship program directors view short-term hospitalist employment in their fellowship applicants.

What Is New

The comments of selected internal medicine subspecialty fellowship program directors revealed 4 themes that can help those advising residents contemplating short-term hospitalist employment.

Bottom Line

Those advising residents about the prospect of short-term hospitalist employment before competitive fellowships can find useful perspectives within this article.

residents.¹⁵⁻¹⁷ In 2023, applicants for these 4 subspecialties represented 4848 (61%) of the 8013 applicants for all 18 National Resident Matching Program IM subspecialty fellowship positions.¹⁶

Participants were recruited from the 4 subspecialty fellowship programs in the 5 home institutions of the authors: Icahn School of Medicine at Mount Sinai, Indiana University School of Medicine, University of California San Diego School of Medicine, University of Chicago Pritzker School of Medicine, and University of Colorado Anschutz Medical Campus. We used a convenience sample of eligible PDs at the authors' institutions as they represented geographically diverse academic programs with all target subspecialty fellowship programs. Twenty eligible PDs were identified from fellowship websites, and invitations were sent via email in September 2021. PDs were invited to participate voluntarily without compensation.

Semi-Structured Interview Guide

Semi-structured interview questions (provided as online supplementary data) addressed 3 domains: (1) PD experience with fellows who had pursued pre-fellowship hospitalist years (denoted in the interview guide as "hospitalist gap years"), including frequency of these fellows in their programs, common reasons for choosing pre-fellowship hospitalist years, and observations related to their fellowship performance; (2) PD perceptions in evaluating fellowship candidates who completed pre-fellowship hospitalist years; and (3) how PDs advise residents applying in their subspecialty considering pre-fellowship hospitalist years. Participants were given an opportunity to discuss additional observations. The interview guide was developed following literature review^{4,5,8} and based on the expertise and experience of authors within GME and hospital medicine. We elected for 5 study authors (T.C., A.S.L., E.G., B.K., S.K.M.) to conduct interviews due to ease of scheduling and coordination.

Authors underwent interview training in 2 one-hour Zoom sessions led by team members (E.G., A.S.L.) with experience in rapid qualitative methods.

Data Collection

Participants were invited and interviewed by an author from their own institution. Participants consented to participate and gave permission to record. Interviews lasted approximately 30 minutes and were conducted via Zoom. Recordings were de-identified and transcribed via the Zoom transcription function or traditional transcription, including both manual and transcription company services.

Analysis

Using the rapid qualitative analysis method, we used a structured template to create summaries of each interview transcript.^{11,12} Summaries were bullet points of information included in each interview organized based on the 3 interview guide domains. For consistency, one transcript was selected for all authors to summarize, and summaries were compared between authors to standardize the approach. Following this process, 3 authors (T.C., A.S.L., E.G.) completed summaries for each interview, and 1 author reviewed all summaries against the transcripts (T.C.).

An analysis matrix was then created from the summaries of each interview. In this method, a matrix is an analytic tool used to organize summarized data to understand themes occurring within the data.^{11,12} We constructed the matrix by transferring the content of the interview summaries for each domain into a Microsoft Excel file, where each row was an interview, and each column was a domain from the summaries. After information was transferred, authors individually reviewed the data using a standard approach—looking across rows, down columns, and then in a zig-zag pattern to identify recurring themes and subthemes. An inductive approach was taken as we identified concepts, themes, and subthemes organically from the data. The group met to iteratively discuss themes and subthemes and reach consensus. Throughout the process, authors reviewed transcripts to determine that data saturation had occurred.

We recognized that our analysis could be influenced by potential working relationships within the same institutions by authors and participants. All authors are hospitalists or employed by hospitalist groups, involved in training programs, and have worked with individuals pursuing short-term hospitalist employment. In acknowledgement of potential existing relationships as well as beliefs or thoughts about the study question held by each author informed

by their unique perspective, during the initial development of the research question and during analysis, reflexivity was fostered via regular group discussions to examine how individual circumstances or relationships may have influenced data interpretation. Each participant was interviewed by an author from their own institution; however, the summaries were created by authors outside the participants' institution, and all authors participated in analysis. Investigator triangulation was used to ensure multiple observations and perspectives.¹⁸ Lastly, member checking was employed via discussion of results with several interviewed fellowship PDs to enhance trustworthiness and ensure credibility of results, and minor revisions to the order of the themes were made based on feedback on their relative importance.¹⁹

This project was deemed exempt by the University of Colorado Institutional Review Board (#21-3531).

Results

Sixteen (80%) of 20 fellowship PDs participated (TABLE 1). Four major themes were identified: (1) Explain the “Why”—residents should have a reason for choosing a pre-fellowship hospitalist year which should be well-described in their applications; (2) Characteristics of the Hospitalist Position—considerations regarding the type of hospitalist employment; (3) The Challenges—acknowledging potential perceived downsides for residents selecting pre-fellowship hospitalist years; and (4) Describe the “What”—the importance of describing how the year contributes to the resident's career development. TABLE 2 presents additional subthemes and representative quotes.

Theme 1: Explain the “Why”

PDs emphasized that residents should have a clear reason to pursue a pre-fellowship hospitalist year. In the fellowship application, residents should be able to explain that reason well, ideally in the personal statement, even if the reason is that they were previously unsuccessful in matching. One PD commented, “*Being explicit of what those years are consisting of and why is really, really important*” (PD10). PDs described more and less permissible reasons for pursuing pre-fellowship hospitalist years (TABLE 2). Personal reasons, such as aligning timelines with a partner, were mentioned frequently and described as “*understandable and reasonable*” (PD5, PD8) or even “*benign, acceptable... legitimate*” (PD10).

Many PDs felt pre-fellowship hospitalist years have become more common and acceptable. The majority of PDs characterized deferring fellowship

TABLE 1
Participant Demographics of Internal Medicine
Subspecialty Fellowship Program Directors (N=16)

Demographic Characteristics	n (%)
Gender	
Male	13 (81.2)
Female	3 (18.8)
Years as fellowship program director	
Mean (SD)	8.78 (5.44)
Median (range)	7 (1-22)
Fellowship subspecialty	
Cardiology	4 (25)
Gastroenterology	4 (25)
Hematology/oncology	3 (18.7)
Pulmonology/critical care	5 (31)
Institution	
Icahn School of Medicine at Mount Sinai, New York, New York	2 (12.5)
Indiana University School of Medicine, Indianapolis, Indiana	2 (12.5)
University of California San Diego School of Medicine, San Diego, California	4 (25)
University of Chicago Pritzker School of Medicine, Chicago, Illinois	4 (25)
University of Colorado Anschutz Medical Campus, Denver, Colorado	4 (25)
Academic rank	
Associate professor	10 (62.5)
Professor	6 (37.5)

after many years of “straight-through” training as “understandable and reasonable” (PD5, PD8) in many circumstances. Some attributed this change to the profession’s increased emphasis on well-being: “In my generation it was really frowned upon... I have to admit I started off kind of biased against people who were doing a hospitalist year... I came to realize that there’s a lot of valid reasons why people would take a gap year” (PD15).

PDs had mixed views on using pre-fellowship hospitalist years to strengthen fellowship applications or extend time available for career decisions. Some viewed this as acceptable whereas others indicated a degree of risk associated with this decision (“When someone does a hospitalist year because they just aren’t sure what they want to do... there’s not the level of commitment that we like to see” [PD7]). PDs tended to view some reasons for pursuing short-term hospitalist employment more negatively, such as not matching or pursuing financial gain or leisure activities (TABLE 2).

Theme 2: Characteristics of the Hospitalist Position

PDs described characteristics of types of short-term hospitalist employment that influence their assessment of applications. A single year of employment was perceived as more acceptable than multiple years. Longer periods were perceived as a break in training and viewed more negatively, as PDs described concern for lack of commitment to the subspecialty field and historical experience with subsequent fellowship performance (TABLE 2).

Several participants discussed subspecialty-specific hospitalist positions, such as employment focused on subspecialty-defined patient populations (eg, oncology hospitalist positions) or non-ACGME-accredited fellowships (eg, nutrition fellowships within gastroenterology). PDs perceived clinical benefits of these positions inconsistently—some felt they contributed to developing subspecialty expertise, while others viewed them as unnecessary because “it’s more important to us that someone arrives in our program as a really good internist than that they’re already beginning to specialize” (PD9). PDs did point out some potential academic benefits of subspecialty-focused positions (TABLE 2). Some highlighted that applicants can pursue these positions to demonstrate continued commitment to the subspecialty or attain mentorship that may be needed to strengthen applications: “It may be a little bit easier for them to make those connections than a general medicine hospitalist” (PD11).

PDs generally encouraged hospitalist employment in academic institutions for residents pursuing academic fellowships (TABLE 2). Many recommended residents stay in the same institution or city as residency for continued access to mentorship and to complete scholarship, as well as to demonstrate commitment to academic subspecialty clinical practice. Staying near residency training could facilitate “keep[ing] your foot in the door in terms of keeping research projects ongoing” (PD4).

Most PDs made a clear distinction between a pre-fellowship hospitalist year and a chief resident year, which were viewed as more selective and prestigious: “The [chief resident] is the mark of approval by the program director. The gap year is something to be explained” (PD7). They also described the chief resident year as more standardized in terms of professional development and skills obtained (TABLE 2).

Theme 3: The Challenges

PDs highlighted substantial challenges when advising residents whether to pursue a pre-fellowship hospitalist

TABLE 2

Themes, Subthemes, and Representative Quotes Among Internal Medicine Fellowship Program Directors Discussing Perception of Short-Term Hospitalist Employment Prior to Subspecialty Fellowship

Theme	Subthemes	Representative Quotes
Explain the “Why” —the reason for electing to take a pre-fellowship hospitalist year is important and must be clearly described	There should be a clearly stated reason for taking a hospitalist year, ideally in the personal statement	▪ “Make sure if you take a year off, a gap year, make sure it’s very clear in your personal statement or wherever why you did that, not that you didn’t match ... if it’s a significant other, that sort of thing, that’s fine, but make sure you have an answer to that question because it will be asked.” (PD7) ▪ “And even if it’s that ‘I didn’t match ...’ Just say, ‘I didn’t match, and here are things I’m doing to make myself a better candidate.’” (PD10)
	Reasons for a hospitalist year are perceived variably	▪ “If there was some health care issue or family issue, you know, that’s totally reasonable.” (PD6) ▪ “If there’s a baby, I get it; if there’s a sick parent, I get it and you get full credit for that; if there’s ‘I went on a lot of vacations because I could bunch all of my trips’—if that’s the way you want to live your life, that’s cool, but that’s not going to impress a program that is interested in people that can maintain that wellness throughout, but also can do the clinical work and do that plus-one of education, scholarship or whatever the expectation is in academics.” (PD12) ▪ “I’m very supportive of gap years if they fit, I don’t think doing them as a strategic thing for your application—I think it’s rare that that makes a big enough difference to do that, just for kind of fellowship strategy.” (PD9)
	Hospitalist years may be becoming more common with more focus on well-being	▪ “It never seems to me like a crazy thing to take a year or 2 between training levels, particularly if you’ve been in training nonstop for forever ... I think that there’s a lot to be said for kind of cleansing your palate for a year.” (PD4) ▪ “A lot of trainees are in debt. They have other things going on. They have family. They have a marriage. They have children. And they want to take a year and be a hospitalist. I say do it—I wouldn’t overthink it and you need to do what’s right for you and if you do it the right way and do some research, you can make it a positive part of your application and not worry.” (PD6)
Characteristics of the Hospitalist Position —the characteristics of the type of hospitalist employment	Limit the gap in training to a single academic year if possible	▪ “[Multiple years] is a break in your training, versus the gap year which can certainly be seen more as ... you’re just filling in.” (PD5) ▪ “I don’t necessarily think there’s a downside to a gap year. People who are out 3-4 years, those people have been out of training long enough that that is seen as a negative for me—but out 1 year, not a big deal.” (PD14)
	Subspecialty hospitalist positions may provide more academic than clinical benefits	▪ “[Subspecialty-focused years] sort of alleviates concerns of how motivated are you to be within this specialty. Because then, you’re clearly wanting to do GI, you’re doing a GI gap year or focusing on GI patients during your gap year, and so this is this is really what you want to do.” (PD10) ▪ “The only way it’s an advantage if that’s tied to academic things that we see as telling us there’s an academic career, an academic interest there.” (PD9)
	Hospitalist years in academic settings can be beneficial	▪ “I try to encourage them to try to stay at least somewhat connected to projects here at the university if they can.” (PD5)

TABLE 2

Themes, Subthemes, and Representative Quotes Among Internal Medicine Fellowship Program Directors Discussing Perception of Short-Term Hospitalist Employment Prior to Subspecialty Fellowship (continued)

Theme	Subthemes	Representative Quotes
		“I think there’s a different degree of care, and subspecialty care, at a lot of community hospitals ... I’ve seen some applicants from residencies who have done hospitalist years that are more community smaller hospitals where there’s maybe not the volume and the intensity—and that, I question.” (PD3)
	Chief resident years are viewed as more prestigious and more of a known quantity	“I value a chief resident year more, in part because I know you have to be selected.” (PD4) “Chief resident years tend to be mentored and I know what skills people are going to develop in terms of the administrative skills, in terms of oversight and supervision, and that group of people, in general, comes out with a more enriched skillset than the average person who’s not in hospitalist year.” (PD12)
The Challenges— downsides perceived for trainees who take hospitalist years	Fear that there is a red flag hiding	“I think that it potentially can mean that there’s some kind of red flag within their application, that maybe they’re not as motivated to go into that specialty.” (PD10) “If there’s just purely no reason, it’s a little bit of a red flag. Like, why if you love cardiology—why didn’t you just apply for cardiology? It’s a slight red flag—maybe I say it’s a yellow flag not a red flag.” (PD1) “There is no question, ‘Why did you do a gap year?’ I always have the question, ‘Why did you not match last year?’” (PD8)
	Application inflation has made searching for explanations for hospitalist years more onerous	“It’s a competitive fellowship and I’ve got a lot of really good applicants—so if anybody has something on their application that I’m scratching my head, and I don’t know why—there’s 10 other applications I’m about to review with people that had very clear-cut stories and motivation.” (PD10) “My job is to look at someone’s track record pretty quickly because we get 470 applications that I have to go through, and pretty quickly to look at that and screen for that, and again, the math that I do is say, ‘Okay, what’s your timeline? Where were you at? What did you do with it?’” (PD12)
	Clinical benefits may be variable, but are unlikely to make a difference long-term	“To be honest with you I’m 100% agnostic ... I don’t notice any difference in the quality or caliber of the applicant, or their performance during the first year of fellowship.” (PD16) “As a clinician, the hospitalist is probably a little bit more advanced and mature in their clinical decision-making. The other trainees will get there so, I don’t think in the end it makes a big difference 5 years out, 10 years out.” (PD11) “When there’s already a degree of independence, it can be tough to give it back.” (PD3)
Describe the “What”— what the hospitalist year contributes to the trainee’s career development	The hospitalist year must contribute to professional development by highlighting what is gained by the year	“What are the things they have done with the year and the skills that they have? Can they tell a story about their year and reflect on it? What have they learned and how does this predict success? People that can tell that story, they get lots of credit for their hospitalist year. People that are just going through the motions and collect the paycheck, they are punished for it—they’re not punished, they’re penalized for it in terms of their application because it’s evident that they just wanted a year without thinking about their career development. That may be an okay thing to do, but when we have a pretty stacked applicant pool, someone else is going to rise above them on the rank list.” (PD12)

TABLE 2

Themes, Subthemes, and Representative Quotes Among Internal Medicine Fellowship Program Directors Discussing Perception of Short-Term Hospitalist Employment Prior to Subspecialty Fellowship (continued)

Theme	Subthemes	Representative Quotes
		▪ “I think out of the gate, I don’t think having a gap year puts you in any disadvantage initially, but I do think that what people choose to spend their time doing during that gap year may have an impact.” (PD5) ▪ “We like to see that each year somebody does or each step is sort of a step toward that academic career.” (PD9)
	Activities of the year should demonstrate commitment to the chosen specialty, ideally in academic skills or scholarship	▪ “I want to see that they have the time and the interest to maintain some sort of kind of ongoing obvious interest in the subspecialty that they are stating a lifelong desire to commit to.” (PD3) ▪ “Make sure that you get involved in other things because just hitting pause on your professional development is not neutral; it’s going to be seen as someone took a year off and it can be difficult to start that engine again.” (PD12) ▪ “The expectation for our fellowship would be that they probably have a little bit more research productivity compared to someone who goes straight through.” (PD2)
	Application cycle timing emphasizes the importance of residency advising and planning	▪ “So I think just having a plan for advisement, even during starting during that second or third year of residency of, ‘Okay, how are we going to move things through, even when you’re doing your gap year?’” (PD10) ▪ “Now if you extend it beyond the one year, I think it really ... puts a lot of emphasis and attention on it right? And it becomes even more important on what you did.” (PD5)

Abbreviations: PD, program director; GI, gastrointestinal.

year. While PDs emphasized that pre-fellowship hospitalist years are becoming more acceptable and residents should “*do what is best for your life*” (PD9), they also acknowledged that historically PDs have been anxious that this decision is associated with hidden red flags in applications, and this fear may still persist (TABLE 2). Several PDs discussed this concern in the context of application inflation and administrative burden of application review. With high application volumes, PDs were less willing to search for reasons why an applicant pursued a pre-fellowship hospitalist year if not immediately apparent (TABLE 2).

In considering experience with fellows following pre-fellowship hospitalist years, some PDs discerned no differences in performance, whereas others observed enhanced clinical skills like efficiency, communication, more independent clinical decision-making, and maturity (TABLE 2). Others related challenges with these fellows’ ability to re-enter a learning environment as a trainee, particularly for those with multiyear employment. Most PDs framed any differences as largely incidental and emphasized that fellowship training itself corrects any variability: “*The incremental knowledge that you get from being on a hospitalist team, you make that up in the first week or 2 of fellowship*” (PD6).

Theme 4: Describe the “What”

PDs uniformly emphasized it was essential that residents describe not only *why* they chose a pre-fellowship hospitalist year, but also *what* was gained or produced during the year. PDs expect residents to clearly detail what was accomplished and how the experience fits with their overarching career trajectories, ideally with deliverables: “*It’s not whether they do a hospitalist year or not, it’s what they did with that hospitalist year*” (PD12). The personal statement was frequently suggested as an ideal space to summarize both the “why” and the “what” behind a pre-fellowship hospitalist year.

Nearly all PDs explicitly stated that residents should participate in scholarship and academic pursuits during the pre-fellowship hospitalist year to maintain connection to the subspecialty. One PD summarized: “*Contribute academically, whether that’s in education, quality improvement, implementation research, clinical science, translational science, foundational science—any of those we identify as academic leadership and scholarship*” (PD2). Some PDs felt a higher burden is placed on applicants deferring fellowship to clearly describe how activities pursued during their pre-fellowship hospitalist year contributed to their overarching

career development than those who go straight through training: *“There’s a little bit of risk there, where someone does a hospitalist year but then can’t quite explain why they did it. Whereas someone who does residency—well, everyone does a residency, you don’t have to explain that”* (PD11).

The longer an applicant was out of training, the more PDs expected in terms of academic productivity. PDs acknowledged residents choosing a one-year position may have difficulty producing meaningful products by the early months of their employment when they submit their applications: *“We’re interviewing them in typically September/October, so there’s a whole rest of that gap year to happen. So when we meet them a lot of times there is a big plan to do research ... but probably a minority had a real significant research experience”* (PD9). When short-term hospitalist employment extends beyond one year, PDs expected to see even more tangible results of projects.

Discussion

This qualitative study of fellowship PDs in 4 competitive IM subspecialties at 5 academic centers describes how pre-fellowship hospitalist years are perceived in assessing residents’ candidacy for and performance during fellowship. Pre-fellowship hospitalist years may be increasingly recognized as an acceptable path to fellowship, but PDs describe a high burden of proof for residents to explain the reasoning for, the products of, and the professional benefits attained from this decision. The insights gleaned from this study are important for both prospective fellowship applicants and their advisors who assist applicants in making career planning decisions that must balance personal needs, well-being, time available in training, and ultimate success of matching into their desired field.

PDs in our study recognized pre-fellowship hospitalist years as relatively common, and many indicated they are becoming more widespread. Nearly all PDs described what they deemed as “understandable” reasons for pre-fellowship hospitalist years—most often to better sync with personal or family needs. Social support in residency is protective against burnout,²⁰ but also potentially vulnerable to the stressors of training.²¹ Potential negative effects of “straight-through” training may include deferring family or life decisions, particularly for female physicians.²² Shifting generational expectations, particularly regarding well-being, may also be contributing to PDs’ perceptions that trainees are seeking more flexibility in training timelines.^{23,24} This aligns with trends in undergraduate medical education: over 70% of entering medical students in 2022 reported a gap year between college

and medical school, an increase over the preceding 3 years.²⁵ Taking a gap year is associated with decreased risk of burnout in medical students.²⁶ With more recognition of trainees’ holistic needs, PDs in our study indicated a sense of acceptance (or at least permissiveness) for alternative timelines in medical education.²⁷⁻²⁹ PDs and advisors should recognize the weight of these personal timeline decisions for trainees when advising them during application periods.

PDs wanted residents to describe outcomes of their pre-fellowship hospitalist year. While PDs were interested in scholarly products, they also desired something slightly less tangible: a thoughtful explanation of the experience’s contribution to the resident’s overall career trajectory, such as skills gained or other contributions to professional development. They sought this explanation specifically in personal statements, consistent with prior literature evaluating what PDs value in personal statements.^{30,31} PDs acknowledged that timing of the application cycle can pose a challenge to residents hoping to improve the competitiveness of their application with scholarship. The demand for scholarly products in competitive IM fellowships is high and potentially rising.^{3,32} Following the COVID-19 pandemic, competition may be even further heightened due to the virtual interview format and lower barrier to application.³³ For residents choosing to pursue a pre-fellowship hospitalist year, the fact that most of the year occurs after the fellowship application cycle intensified the importance placed on scholarship and career decision-making during residency proper for PDs in our study.

Career choice in residency is stressful,⁹ and may change throughout training.^{1,34} Our study underscores the importance of clear guidance from PDs and advisors for all residents in how to craft a competitive application in a timely fashion. One of the primary purposes of moving the IM fellowship application timeline later in residency in 2012 was to allow more time for career decisions.³⁵ Nevertheless, time in GME training is scarce, and residents face many competing demands related to career decision-making, including finding mentorship and producing scholarship. Even subspecialty clinical experiences may represent a challenge as traditional GME rotations often prioritize service needs and may not be optimally designed for career consideration.³⁶⁻³⁸ Particularly for residents choosing to pursue a pre-fellowship hospitalist year, the final year of IM residency must be designed such that these residents possess a well-developed academic portfolio by the time applications are submitted (ie, at the start of the pre-fellowship hospitalist year).

Our study has limitations, including the small number of subspecialties and institutions included. We lack representation from community-focused

fellowship programs that may assess applicants differently. We did not obtain participant racial/ethnic identity information, and our participants were predominantly male; the representation of these identities may have influenced perspectives provided and our results. Participants were interviewed by authors from their home institutions with whom they may have had working relationships, representing a potential threat to trustworthiness of data. However, measures were taken to ensure credibility by having multiple study authors perform analysis, as well as member checking. Finally, in studying only competitive IM subspecialties, our conclusions may not transfer to less competitive fields or non-IM fields.

Our study provides important guidance to residents navigating career decisions, and to residency PDs, fellowship PDs, mentors, and hospitalist leaders invested in advising, recruiting, and mentoring these individuals. Advisors should coach residents on the importance of stating a clear and concise reason for choosing a pre-fellowship hospitalist year in personal statements, engage them in thoughtful discussions of how the year will fit within their overall career trajectory (including skills or products attained), and help residents brainstorm how to demonstrate continued commitment to the subspecialty via the activities and outcomes of the pre-fellowship hospitalist year. Future work should examine perspectives of residency PDs and hospitalist leaders, as well as fellows who have completed and are currently undergoing pre-fellowship hospitalist years.

Conclusions

Fellowship PDs in 4 competitive IM subspecialties described pre-fellowship hospitalist years as providing a flexible training timeline but highlighted important considerations for individuals considering this option. PDs offered mixed opinions regarding benefits and drawbacks of hospitalist years prior to fellowship but acknowledged that the decision to pursue short-term hospitalist employment may receive closer scrutiny due to deviation from standard training pathways, particularly for multiyear gaps. While many perceived pre-fellowship hospitalist years as becoming more common and acceptable, PDs emphasized the importance of careful fellowship application preparation and thoughtful advising regarding activities and products of the pre-fellowship hospitalist year to guide residents toward a successful Match.

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