

Fellowship Application Toolkit Town Hall

March 2024 Transcript

[Here is the actual video recording](#) and then [here is the audio recording](#).

Panel:

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Evan Vincent (EV) - Fellowship Director, University of Kentucky, Lexington, KY

David Suwondo (DS) - Ultrasound Faculty, Yale University, New Haven, CT

Liang Liu (LL) - Fellowship Director, Emory University, Atlanta, GA

Moderator:

Trent She (TS) - Fellowship Director, Hartford Hospital, Hartford, CT

Introductions

TS: Thank you to everyone for joining today! We here have a town hall with an esteemed panel of [ultrasound] fellowship faculty. The goal of today is to give aspiring ultrasound fellowship applicants an idea of what we are looking for in an applicant and on how you can improve your application. I wanted to go around the room and introduce everyone.

ML: I'm Matt Lohse. I am the ultrasound director and ultrasound fellowship director at Baylor Scott and White in Temple, TX. It's about an hour north of Austin and we also work with Baylor College of Medicine.

EV: I'm Evan Vincent. I am the ultrasound fellowship director at the University of Kentucky in Lexington, KY.

DS: I'm David Suwondo. I am not a fellowship director but I am one of the ultrasound faculty at Yale where I am the director of resident ultrasound education and am involved in the interviewing and recruiting of our fellows.

LL: Hey everybody. I'm Liang Liu. I am the fellowship director at Emory University in Atlanta.

TS: Thanks everyone. We have the five of us here to answer your questions. Our emails should be at the top of the webpage if you would like to reach out anytime.

Why should you pursue an ultrasound fellowship?

TS: To start, one of our colleagues put this question through humorously in our subcommittee meeting but it's a great question: "Why be poor for a year and decide to learn ultrasound?". And I thought that was a great question to start with.

ML: I think it's a telling question about your career trajectory and what you'd like to do in the field. When I was in residency, if you're someone who is pretty excited about academic practice, who wants to be around learners, and wants to have teaching as a regular part of their career, then I think fellowship is a really nice way to improve your likelihood of landing an academic job at a place you want to be. That was the pathway for me.

Ultrasound is a topic I was really interested in because I had prior experience with anatomy and I was a surgical resident for four years before I switched to emergency medicine. And ultrasound was the first rotation, just by chance, that I got assigned to in emergency medicine. And I was like, wow... this is amazing. I can look at all this stuff without having to cut people open. I was very excited to correlate all the stuff I knew from surgery with this non-invasive modality. And then I started thinking, you know, the teaching part was the most... restorative... in terms of our job and our clinical environment which can be very taxing. And we've all seen and resonated with that in the last four or five years with COVID and the surging volumes across the board that everyone's seeing. And so I started to realize that going out into the community may be a recipe for early burnout for me personally. And I thought after talking to my program director and taking his advice of "hey, find a niche that you can plug into that you can diversify your energies so that you're not just grinding the meat in a community shop for your whole existence. And you can have a passion for something within the field". That made a lot of sense to me as to why take an extra year with lower pay - to invest in what will hopefully be a better, more fruitful, more life-brining longitudinal career.

EV: I agree with Matt on a lot of those points and finding a niche while in residency, something that you can see yourself doing outside of your clinical practice for your career and lead to career longevity. I did residency and fellowship in the same program so I continued to have that mentorship with my attendings which was really important to me as a junior attending. I practiced in the community for three years and was an ultrasound director for three years and wasn't really finding a lot of value in that career. I realized I really enjoy teaching and had the opportunity to come back to my alma mater and work at the University of Kentucky.

And as for my opinion for [ultrasound fellows being] undervalued and underpaid, I didn't really feel poor. That was the most money I'd ever made in my life as a fellow. It's definitely less money [then] when you are an attending but you still make plenty of money.

DS: Yeah I think with regard to the opportunity or financial cost, what people don't often play up is that while you make less salary-wise as a fellow, you also work clinically a lot less. And so for me, it was helpful in that transition from residency to attending-hood. I often tell our applicants

that you have two jobs as a fellow. There's the "ultrasound" part of your job, but there's also the "being a new attending" part of the job. And being able to work half-time as an attending eases the transition to attending-hood while having a support network from the rest of your ultrasound division, your fellowship director, etc. I thought it was really helpful just for the practice aspect of the transition from resident to attending.

And as everyone is saying, for the opportunity cost of less pay for one year, you balance that out against the career longevity that having ultrasound training affords. Most of us coming out of residency don't blink at working a full time clinical load with nights and weekends. This is just what we're used to doing during residency. But I don't think any of us want to be working 15, 16 shifts for the rest of our life. And I think ultrasound is one of those few things you can do that generates value in a lot of different ways for your department and that you can leverage to argue for decreased clinical time, whether you work in the community or academics, and potentially reduce your clinical hours in the long run.

LL: In addition to what's already been discussed (which I wholeheartedly agree [with]) that depending on your residency program, your ultrasound training is going to be variable. There is the clinical piece that there are just so many modalities of ultrasound, [so] no matter if you're at the "best" institution, there's more to learn about ultrasound, whether it's regional anesthesia, it's MSK, or whatever you've gotten [some] exposure to as a resident but now you are really devoting time [towards being] a strong ultrasonographer.

The other piece is that I think all of us by default of being in residency and ultrasound leadership [went into ultrasound fellowship] for the educational opportunity. Ultrasound is very flexible. There's opportunities for researchers, and opportunities in administration. And so not only are you learning that clinical ultrasound piece, but also the understanding of a subsection of administration, education, or research. And that gives you a lot of flexibility long-term whether you want to be a medical director, whether you want to be a vice chair, etc.. Whatever you want to do long term with your career, ultrasound gives you a little taste of that through fellowship.

TS: Wow that was four great answers from our panel about their own paths about fellowship.

What are you looking for in a fellow's application? What items stand out in a prospective fellow's application?

TS: I'm going into some questions about the ultrasound fellowship application. First up, what are you looking for in a fellow and what items do you look out for in a fellow's application?

LL: Yeah I mean, this is cliché, but it's the fit, right? There are so many fellowship programs out there. We all offer something a little bit different. And I want to make sure the person coming to my shop is what we are looking for in a fellow and that they're getting what they want out of this year. It's a one-year investment, and we don't want you to waste that one year.

I've had applicants that clearly have not read our website or talk to some people to know what we have to offer. A candidate once told me that I'm not into education or teaching, and well... that's like 80% of what we do in our fellowship. And that's okay - if you're realistic about what you want to do and [education] is not something you're interested in, that's okay. But just apply to the fellowships that [offer] what is more important for you -- that stress research more, that stress whatever it is that you're interested in more.

As to what I'm looking for on the application, I think initiative is a big thing. There are residency programs out there that have all the opportunities laid out for you. The ultrasound community is small so we know what opportunities are available in different programs. If you go to one of those residency programs, and you've not been involved in any of those opportunities, that's telling. Then there are really strong candidates that come from programs that don't have that many opportunities, but they are making those opportunities for themselves. And that's also very telling. It says a lot that while [the opportunities are] not laid out for you, you were still able to get that program started, do that teaching, or whatever it might be that you're doing.

DS: I agree a lot with the "fit" part. I think there are some things where it's helpful to have an idea of what you want to do, or what you want to get out of your fellowship, and make sure that the fellowship program you're interviewing at can offer that. For example, if you come into an interview and say, "I want to learn TEE," and you're interviewing in a program that doesn't clinically do TEE, then that's going to show. Very basic things, like asking the right questions, reading the website - these are helpful. And just like Liang said, initiative and commitment, relative to the resources available at your program, really stands out. It's not so much "do you come from an ultrasound powerhouse?" but more, "what have you done with [what you have] and how have you gotten involved?" And I think that speaks to us more strongly than someone that doesn't really have a long track record of involvement with ultrasound and then submits an application a month or two before the application deadline.

EV: Yeah, just to piggyback off Dave and Liang, it's demonstrating that you have drive, that you're a self learner. None of us want to pull someone along for that short one year that you're going to be with the program and we want you to succeed and pursue what it is you want to do with your career. Being able to demonstrate that as an applicant that "this is what I want to do" and that you've shown that commitment and essentially saying that "you're not going to have to motivate me." That's the big thing.

ML: I agree. To add something on that hasn't been said, but just recognizing that within our niche field, there are a lot of different ways that you can harness ultrasound training and use it in practice. And it doesn't have to mean becoming a research powerhouse in an ivory tower institution. [For me], it was about going to a place that has a residency that you're going to be able to teach but that has never had anyone with ultrasound fellowship training to take over as the ultrasound director to bring a little bit of order to the chaos. To start organizing the tracking and billing and QA process, get a middleware up and do the administrative things but then also beef up the teaching and breadth of what the residents were being exposed to, rather than having it all be EFAST and first-trimester pregnancy. That was a challenge I looked forward to.

I think it's just understanding the places you're wanting to train at and what their background is with ultrasound and it might be that's a unique opportunity. And that's something I pitch to the applicants to my fellowship - if you want to see what my experience was like and be mentored by me, in seeing what I have done to build a formalized ultrasound program here, then that's awesome. And I'm happy to be that for you. If you're looking for someone that will give you the fast track to research grant funding, maybe I'm not that person.

And I may have gone off-topic from the question but I think it's important to be honest about what your strengths are and what they aren't. And do those strengths mesh with mine? Are they going to resonate with your [department] and is somebody I can enjoy working with and get along with? That it's not going to be this awkward year of "well, can you do this?" and figuring out that you may not be able to.

TS: Thank you. Again, I think these are great answers across the board. Choosing to spend your year in ultrasound, it is important to know what you're getting into and what you're going to get out of it.

Who should you get recommendation letters from? Do fellowship directors actually call those letter writers?

TS: Okay next question... so all of you have read through a number of different recommendation letters from applicants. I tell my applicants that it's important to get a recommendation letter from at least your ultrasound director and program director. I wanted to see if you guys had any thoughts about that? And then, do you guys also contact people in those recommendation letter directly to ask [about the applicant]?

ML: For me, this is my inaugural year as a fellowship director so I haven't really had a lot of cycles to compare notes on the application process but for us, our application pool has been relatively small and so we've looked a lot at recruiting internally as a lot of us do when you're in a newer fellowship. And [recruiting internally] gives you the easiest access to who that person is and what they're going to be like clinically. But I also try to do due diligence and thoroughly read the personal statements and letters from people but I have not gone through the process of reaching out over the phone.

As for the recommendation letters, I think someone from their program who is ultrasound fellowship trained or is heavily involved in ultrasound is important (like being grandfathered in) so they can understand what's important in this field and does this person show evidence of caring about that in some way - whether that's extra volunteering or teaching [for the residents] or in some way for the medical school. Or if there's not a lot of that then them saying that they didn't realize early enough in residency to get that to happen. But I would say that letter is important. As well as the program director's letter - someone that knows you really well.

And then it depends on who you're applying to again. If you're applying to a well established fellowship, and if you've got some high profile people in your department that also happen to be ultrasound, that's a double bonus, right? And then those letters might be important just because of name recognition and people recognizing and respecting the people that are writing your letters. But otherwise, I say just people that know ultrasound that also know you.

EV: Yeah, I agree with that. I think the obvious are your program director and any ultrasound faculty that may be involved with your residency training. Those are going to be objective. They know you're meeting your milestones, that you get work done and that you're going to be a good fellow.

But, in addition to that, just somebody that you have a really great relationship with that's your mentor in residency. I was lucky my mentor was the ultrasound director and so we had a really great relationship and I felt like they could speak to who I am and they really knew my strengths and weaknesses.

Like Matt, this is my first cycle and my one fellow incoming is an internal applicant and I'm excited about that. But we did have some outside applicants and seeing what people had to say about them was really important.

DS: I'll preface this, again, that I'm not a fellowship director, but someone that reviews applications and conducts interviews. I think the things that stand out, more so than the title of the person writing the letter, is when they know you well. For me, it's a red flag when the letterhead on the letter is longer than the actual letter itself. A two sentence letter from someone that doesn't know you really well can sometimes hurt more than a letter from somebody that doesn't have a lot of titles, but can talk about your interpersonal skills or what you're like on shift - because it's not just the ultrasound part, right? You're going to be an attending in our department, and you're going to be teaching our students and our residents, and be involved in a lot of division activities. The knowledge part, we can teach, and that's why you're doing a fellowship. But the personal attributes are things you can't teach. People that know you well enough to speak to those - it's always helpful to have a letter like that in the portfolio. And for me a red flag - well, not really a red flag, but a flag - is if you come from a very strong ultrasound program, and you don't have a letter from someone in the ultrasound division, then I think a lot of programs will probably reach out regardless to the director at that program. That's just something to keep in mind.

LL: In terms of who to ask, there are two things you have to balance. 1) Somebody who's good at writing letters. You can have a person that you know really well, but if they're bad at writing a letter, they may not be able to express what you want them to express in a letter. 2) Someone that knows you and you've worked with, even if they're not ultrasound trained. If there's a faculty that works with you during your intern year and then that faculty continues to work with you through the three or four years of your residency, that [faculty] will know you well and can speak to a lot of the things that we don't see [otherwise in an application].

I often will zone out as I'm reading a letter the portions that's already outlined in your CV that I've already read. I read it. I promise you. I do read your letter, but that entire paragraph [ends up being] just a reiteration of what I already know. I'm looking for that letter to tell me something that I don't already know from elsewhere in your application. So, [faculty who] know you, [that] you've worked with them, and [that you've spoken to so] it's not news to them two days before the letter is due that you're now deciding to apply for an ultrasound fellowship.

[Back to the first part of my answer], who's good at writing letters? In general, it's

- Clerkship directors - who are writing tons of letters for medical students or evaluations
- Fellowship directors - whether it's ultrasound specific or just other fellowship directors since they read lots of letters, and they're going to [know what letter readers are looking for] and be able to put it into your letter
- Anybody in residency leadership - For the same reason: They're interviewing prospective residents. They read tons of letters that are written about those prospective residents, and so they know what language goes into a good letter.

The best people to ask to write your letter will need to be a balance of those two things.

The last thing to consider is that even if [a letter writer] doesn't fit those criteria, it's ok. For example, if it's somebody that knows you well and you've been doing a passion project with them for several years, you can help that person write a good letter for you. Make sure you meet with your letter writers. Give them a CV, not a draft of a CV, but a completed CV. Tell them why you care. Why are you applying for an ultrasound fellowship? It's almost like a mini-interview that you can treat as a trial interview with someone who you trust. Tell them why you're applying and what you hope to convey. Now, they might not say that in their letter - you have to keep in mind the letter is what they think of you, but you at least want to show them that this is what you hope they think of you.

As for who I contact? So I reach out to

- 1) Letter writers I know (for example, if I see that the letter writer was a former trainee, I will send them a text to say hi and to inquire about you)
- 2) Individuals at your institution whom I know (even if they did not write your letter). After all, the ultrasound community is fairly small, and so even if you don't ask someone in your institution to write a letter, I'll probably reach out.
- 3) Red flags - There are certain ways letters are phrased where the [letter writer] wants you to call them to learn more about this person. Those are the red flags where I'm going to call that person and say "Hey, what's the story that you don't want to write down but want to tell me?" It might be something good, but oftentimes it's not.

TS: These are all excellent points. I've always told our residents [for letter writers to have] the ultrasound director, someone in the program leadership and if you have a third letter writer, that's your wild card of whoever you think can write you the strongest letter. I agree with Liang, the academic ultrasound community is pretty small so I tell my residents to just assume that we all know each other. So if you don't get a letter from the ultrasound director of your institution, I will probably reach out to them anyway. And I also have been called by other people in the

same fashion. So whoever is writing your letter - make sure that they not only can write you a strong letter, but also is ready to have a conversation about you.

What are activities/research projects prospective fellows can do that they can put on their CV to demonstrate their ultrasound interest? Especially ones that are reasonable to expect of a residents.

TS: Moving to another topic: Research. A lot of my residents are looking for ultrasound research or items to buff up their CV. For applicants that may not have a strong ultrasound program or have the ability to participate in large prospective randomized control trials, these can be hard things to get on your resumes. What are some things prospective fellows can do to put on their CV to demonstrate that they are very interested in ultrasound that may not require significant faculty input that they can do themselves.

LL: We understand that there are powerhouses [institutions], and there are not. There are going to be great candidates that come from both groups. So, if you are at a powerhouse institution, and we know your research faculty are common names that we see on ultrasound papers and you're not doing research, then it is a little suspicious. If that's the case for you, then you want to explain why you are not involved in research in some way when the infrastructure is set up for you.

Most candidates come from somewhere where there's not as strong a research infrastructure, and in that case, what we're looking for is someone that is intellectually curious. You have to [be able to] wonder about something. Because that's where research projects come from - that you wanted to know why. You may have a case report or two on something that was interesting that you looked a little bit deeper into. It could be a peer reviewed publication or something like an ACEP newsletter article -- whatever [that] demonstrates that you were curious about something, took the time to take a deeper look at it, and was able to produce a product out of it.

DS: Yeah, I like that. Broadly speaking, the commitment to generation or dissemination of knowledge can take a lot of forms, and that does not have to be traditional papers. So depending on the resources available, if you recorded a video and submitted it to the AEUS meeting, or you create some sort of online tutorial or curriculum for your interns, for their intern ultrasound orientation, or for your local medics - things like that show initiative, and also show intellectual curiosity and commitment to creation and dissemination of knowledge. For residents that are looking for ways to get involved and have things or projects on their CV, I think ultrasound QI projects are an attainable project, where you don't have to go through an IRB because you're doing QI work, but it shows you're involved and could potentially become a presentation, abstract or a poster.

TS: I think those are great points. Research can be so cumbersome of a word and what you put on your resume is not necessarily “research”. There’s so many ways to put a product out that you can put on your CV. Shoutout Dave, I saw your recent publication in the ACEP Newsletter about QR codes on ultrasounds. Congrats! Evan?

EV: Contributing to the larger ultrasound community, whatever means that may be. We see when we are using ultrasound clinically or educationally that we come across some unbelievable things. We see things that I personally may never have seen before or something that’s never been reported before. So you’re always going to come across something that could be interesting and educational for others. And I think that’s important even if it isn’t some robust research project.

And yeah, we’re really big on quality improvement. The things that can improve your department and patient care are things that matter and should you not choose an academic career, these are things you can take with you for your department or your hospital. And that’s something I really enjoy. What question do we have? What can we improve and how can we improve it? Showing that you are interested in residency I think speaks volumes.

TS: Agreed. Every cool, interesting case that you come across is a potential write-up that will take you maybe a couple of days of your time and there are places that you can submit that to.

ML: To round it out for applicants who don’t have a lot of built up research infrastructure that supports publishing, data collection or if there is not a structured database to do a review on - I think that demonstrating that you have this interest in teaching is important. I think for everyone who does ultrasound fellowship, teaching is going to be at least a pretty substantial part of it. If your department offers an annual faculty refresher enrichment course that’s potentially for CME, you could be a volunteer at a scanning table with a patient. Or if you actively volunteer to help teach at the medical school and whatever curriculum you have established for ultrasound for them.

If you can capture some of those time commitments that you’ve made and put those down on your application as evidence of commitment to teaching I think that is valuable.

TS: Agreed. One of our ultrasound faculty is very involved in the medical school and says that if you want me to write you a recommendation letter and you want me to speak about your teaching abilities, you have to do a teaching session with medical students in which I am there so I can comment on that.

When do you guys start looking at applications and offering interviews?

TS: Thanks all. A couple of logistical questions. When do you guys start looking at applications? What is your own internal timeline and when do you offer interviews? Rank lists are due in

October and Match Day is in November. I've heard of programs offering interviews as early as August but mostly in September.

ML: Again, this is with the caveat that this is my second or so cycle and my first cycle, we took an internal applicant. But I was surprised to get two applications to my program on around June 1 and I had to wonder for which year and if this was off-cycle. I had to reach out to those applicants and let them know that I appreciated the earlier interest but I needed a couple of months to finish and wrap up the academic year before we could schedule interviews. Then in August, I reached out to schedule interviews in August or early September. That was my timeline.

I also had a few hiccups with the internal email mechanism from SCUF's website so I ended up sending an email from a separate client as I didn't get a reply [in the expected time].

TS: I also personally email applicants [from my Gmail]. I try to email them whenever they send me their application saying we've received it but we also do September and October interviews at Hartford.

EV: Yeah with my n of 1 fellowship cycle, I wish that I started a little bit sooner. The time goes by quicker than you think. And the sooner that I can review everything the better. So [my advice] is to get that application in as soon as possible. I like to give applicants an opportunity to visit the program if they're interested and if they're from an outside program and that takes time. From September to the beginning of October is what I offered this year.

DS: So I am not the person that initially screens and reviews applications as they come in, but we review them rolling as soon as they come in, and while I don't think you have to be the July 1st applicant, if your application comes in later in the fall, it will raise questions of is this a late decision to ultrasound fellowship in lieu of something else? So I think the late summer area is helpful so you have the greater choice for interviews, slots, and dates. And then you avoid being [at] the back end of the application season.

LL: I'm with Matt. I had an application in June and I was like...woah, let me finish this year. Probably, [submitting your application in] July is ideally what you want to aim for. We had applications last year from June to October. We do interviews in September and October. They are virtual, and there are four set dates. We offer interview dates as I review applications. If you're a strong candidate, I will offer upfront and if we're balancing different candidates then I may wait a little bit. But the later you apply, the less likely there will be an interview date open still. You definitely want to aim for the month of July. It gives us time to review applications and gives you the best chance to come and interview.

TS: I agree. The earliest I've gotten an application at Hartford is mid July and the latest is beginning of October. We had set interview dates as well and all the dates had passed by October and so for the last applicant, they had a one-on-one discussion with me. We do our best to accommodate late applicants, but our faculty are busy as well. I think late July, early

August is a really good time for me. And you don't need to have your letter writers all done by the time you submit your application.

ML: And can I ask the group? Are you guys communicating with the internal SCUF email or via your work email or Gmail?

TS: I use my personal email [Gmail] for notifications. I only use SCUF for the notification that an application is received.

LL: Same. And I wanted to stress what Trent said that you don't need your letters in by the time you apply. Some of our candidates waited until their letter writers had written their letters to submit their application, and you don't need to do that. We will need your letters in by your interview day for us to review, but not on the day you apply.

TS: Agreed. Sometimes your letter writers can take longer, and applicants probably know who those letter writers are. It's better to get your application done, signed, sealed and delivered. We will consider applications without all letters in.

Do you differentiate between DOs and MDs? IMGs?

TS: One of our residents heading onto fellowship is a DO and so he was concerned about fellowship being DO friendly. And I want to extend the same thought to IMGs. Do you consider if the applicant is a DO, MD or IMG?

LL: For AEMUS, you have to be ABEM-certified. You can be a MD or DO, but you need to be in a residency certified by ABEM to be eligible to sit for the FPD [Focused Distinction of Practice exam]. So that's something to consider. Otherwise, I don't treat DO or MD [candidates] differently. IMG candidates are a little different in that we need to figure out funding and so that is a separate pool of candidates that I have not yet had to go through that process to fully understand yet. We did have an [international] group that sponsored fellows and so funding was established, and then it was whether we would take a candidate or not. That was outside of the match. So for the IMG group, I would [need to] do a little bit of extra work on.

TS: Yeah same for us, I unfortunately learned that our hospital system does not support a J-1 Visa for IMGs that come for fellowship training so we had to turn down an applicant. But yeah for DO or MD, we don't care at all.

DS: Yeah I think - speaking generally and not specific to my institution - I think the thing that matters more than MD versus DO is, can the person get credentialed and are there any visa or employment considerations? Are they able to work shifts that allow for funding for the fellowship position? That is more important than the type of degree.

EV: Personally, I also think we're way past feeling that DO is not equivalent to MD. I don't view that any differently. IMG, however, is institutionally dependent to sponsor the J-1 Visa, there's only so many available so that is a case-by-case basis.

ML: Yeah I would say the same in terms of DO. We've had some issues with IMGs where we had an internal candidate who was a couple years out from residency and there were some issues with the Texas Medical Board in terms of getting their attending license to practice in Texas. It had to do with where they do their clinical rotations and the volume and length of them. Certain medical boards may have stipulations like that which could affect medical licensing, with Caribbean schools just to show an example.

TS: I agree with what I'm hearing from this panel. From DOs, the only issue is whether you are credentialed through AOBEM or ABEM since in order for you to graduate and take the focused practice designation exam, you have to be ABEM-certified. For IMGs, I think it's always best to reach out individually to a program because, while I myself as the fellowship director do not have any great concerns about IMGs because if you're a great candidate, you're a great candidate, paperwork can get in the way.

**Do you guys take non-EM graduates or non-physician applicants?
What are your thoughts?**

TS: Kind of on a related subject. We take only EM residency graduates here at Hartford but have any of you guys considered taking an FM, IM or non-physician as a fellow?

ML: We're just EM because of funding for the fellowship works and the clinical work that must be done to reflect that funding. We have not arranged any cross departmental collaboration to say that you could work in FM or clinic and then do ultrasound fellowship on top of that.

EV: Yeah, we're the same at UK. It's EM only. Not that I'm opposed to that idea in the future and it would take a lot of work at this point but one motivating factor is to sit through the AEMUS exam so right now we are just EM with no APP applicants either but maybe something in the future.

DS: Yeah we are currently EM only. I can't speak to the future, but the current situation is that there are certainly programs that do take non-EM physicians and have a track record of doing that. I think for those specific applicants, finding a program that has a track record of success in training non-EM applicants would be key.

LL: We have a PEM ultrasound fellowship and so through that we have taken on PEM folks and have also taken on PICU and Pediatric Urgent Care fellows. But it's just like what Matt said, it just comes down to funding. We are not opposed to teaching others, but is your institution going to support that, and are the other departments going to support that? If there's interest, but your

own department that you are working clinically in is not going to be supportive, then how will you make that logistically work?

One last take away from everyone.

TS: Last question. If you guys had one last piece of advice, one last takeaway from this panel that you think would be important for them as they go into application season, what would you tell your applicants?

LL: It's tough when you finish residency, you're a little burnt crispy. Many residents are and then to commit to another year of training is a lot. But it's what a lot of people on this panel have already mentioned. Consider fellowship as a long-term investment. Do I want to work clinically only or do I want something else or some other niche in my career. The converse is also true. Do not take fellowship as a way to just extend your training another year because you're not sure of what you want. Make sure it's intentional. [Fellowship faculty] put a lot of time into doing a fellowship and you put a lot of time into doing a fellowship. Make sure that fellowship is what you want. We definitely have candidates that do many years of clinical work and come back to fellowship. It's a little bit tougher for them to transition. If you are thinking you want something outside of clinical work, do consider fellowship.

DS: The most successful candidates already have an idea of what they want out of fellowship. And I personally like to see that because one thing I ask all of our applicants is "What do you hope to get out of this year? And how can we help you with that?" That also tells you that you've thought about this and you have a plan, whether it's you want to go to the community, be an ultrasound director, or want to do research, or want to create a curriculum and do undergraduate medical education, things like that. And it helps us to make sure you're a good fit. I think there are a lot of programs and a lot of applicants and it ranges from folks that have a very specific sort of academic trajectory or niche they're interested in, to folks that didn't get as much ultrasound experience in residency as they wanted to and now want to broaden their ultrasound knowledge and skills base through a fellowship, and I think there are different fellowships that are a better or worse fit for those different phenotypes. Making sure what you want to get out of the fellowship for the year matches with the strengths of that program is the key to success and to have the year be really worth it.

EV: Yeah, I have similar advice. I feel like I keep saying that. You have to be able to convey that this is something you have a strong interest in, a passion and that you have a long-term commitment to this. Ideally that's the type of candidate that I would like to have as a fellow. Those candidates that you know this isn't a one-off year and then you realize that this is not really what I want to do with my career. That may happen, that's okay, but somebody who this is really important to them that they love ultrasound is important

ML: Yeah I think doing a little bit of sculpting and honing your career vision going into the application cycle so that you can convey that, so it makes your application stick out that allows us to remember you, especially as programs are getting a higher number of applications. [We see] this specific interest, whether it be undergraduate medical education, graduate medical education, teaching, research, administration, building a program in a place where there wasn't one. That [interest] may change and you may not understand that certainly coming out of residency. But feel free to spit ball some ideas and have something you want to talk about. I think that gives us something to work with and see whether the fit is going to be right.

TS: I completely agree with what everyone said. And I think for me, the biggest thing I would like for any applicant to take away is that if you have any questions, especially if it's about a specific program, please feel free to ask and reach out to that program. In my time in the academic emergency medicine ultrasound community, what I've noticed is that everyone here is really nice and welcoming. I haven't met anybody who has been off-putting or rude and it's been really nice to be a part of this community and we are always able to welcome more people and we like it when you ask us questions.

ML: I would totally echo that Trent. Like I've been really impressed with being out for five years and trying to kind of go it on my own at a place that didn't have a lot of resources internally that I could ask for advice. I could just send an email to the ACEP ultrasound thread and I would get responses back from like David Bahner. And then he would say, hey, just call me on my cell phone or Vivek Tayal and I was speaking with both of those two legendary figures in our field, like on the phone for like an hour about struggles I was having, whether it was, you know, getting past cardiology roadblocks or complaints our POCUS echos and how they were being documented in the chart. And it's just awesome to hear from those guys and what their experience over 20 to 30 years in our career and having fought those battles at their places, but realizing that, hey, people are still fighting those same battles in other microcosms. And so the fact that people in our field are willing to reach out and share that experience is super valuable.

TS: Thanks, Matt. Evan, last thoughts?

EV: Yeah, in a similar vein to what I said before, but I think conveying that to the program you're applying to, like this is the specific things I'm interested in and what I hope to get out of my year of the fellowship. And so that you and the fellowship can see if you're going to align, if your goals and the program strengths will align. I think being able to identify that within yourself and communicating that's important.

TS: I want to thank you to all our four panelists for participating. Please do not hesitate to reach out to us if you have any questions and if you want to watch the recording it will be on the website.