Dr. Alice Hon: Hello and welcome to the Association of Academic Physiatrists podcast featuring sports medicine and spine fellowships. Today’s podcast will include a question and answer session with Dr. Michael Mallow, assistant professor in the Department of Rehabilitation Medicine at Sidney Kimmel Medical College of Thomas Jefferson University. I am Dr. Alice Hon, a spinal cord injury fellow at Kessler Institute for Rehabilitation and a member of the Association of Academic Physiatrists Residents and Fellows Council. I will be hosting this podcast. Welcome to the program Dr. Mallow. Let’s get started.

Dr. Michael Mallow: Thank you very much Dr. Hon. I appreciate your time.

Dr. Alice Hon: Could you tell us about your training background?

Dr. Michael Mallow: Yes, I’m happy to. I started my residency at Temple University in Philadelphia in 2006 and graduated in 2009. And I struggled, like a lot of people do as a natural part of residency; struggling with the fellowship decision. I was interested in a variety of things in the musculoskeletal world: spine care as well as sports medicine. And so I had a hard time choosing. It was during my residency in the very beginning that accredited sports became an option for us as physiatrists, so that was on my radar as well, as it is today.

I ultimately applied not to accredited sports but applied to spine fellowships. I was at that time focused on doing interventions. So I did a non accredited spine fellowship local to us here in Philadelphia. Ultimately during that training and leading up to it, I really couldn’t give up the hope of doing a sports medicine fellowship, so believe it or not I did another. I applied to ACGME accredited sports fellowships and successfully matched into a family
practice based fellowship just outside of Philadelphia and completed that fellowship.

Dr. Alice Hon: Currently there are various fellowship options for residents interested in musculoskeletal pain medicine. Could you describe the various options?

Dr. Michael Mallow: There’s a lot of ways, I think, to break this down. What I like and what I describe to residents and what I over time have come up with are really four categories. The first category is accredited pain, and so we know there are accredited pain programs mostly in anesthesia departments and several in physical medicine rehabilitation departments. They’re a one year fellowship and you're going to move to the spectrum, obviously, close to pain. And the fellowship is outlined with the care of patients with chronic pain with medications. It encompasses the use of PCAs, doing hospital pain consults, treating cancer pain; you know, a very, very broad overview of pain. And so that’s sort of easy to categorize.

The second category I like is accredited sports. They’re also ACGME monitored and what your experiences are determined by the ACGME. There’s more variability, I think, between accredited sports programs. For example, you need sports coverage, but it’s not mandated that you cover wrestling, for example. It’s not mandated that you cover professional sports. So there’s surely flexibility within an accredited sports program.

And then the third box and fourth box are the non accredited fellowships. Now these are very variable and I would caution folks that the name of a fellowship, how they describe their fellowship—sports and spine; interventional spine; spine—may or may not mean something. So it’s incumbent on the applicant to decide and to learn what it is you're going to be taught. I divide these fellowships into two different things because I think
your application process, your auditing process is going to be different whether it’s at an academic institution and there’s a chairperson, there’s a GME office, there’s a dean of this and that, versus a private practice non accredited where it’s much more like a job and you have to be careful at signing a contract that might have a noncompete; that might have issues with your future employment in other places. And we’ll talk about that in a second.

So again, four blocks; accredited pain, accredited sports, academic non accredited, private practice non accredited. That’s how I would separate them.

Dr. Alice Hon: Could you discuss non accredited fellowships?

Dr. Michael Mallow: The distinction I make lies whether they’re in a private practice or an academic institution. And I have had strong emotions in different times about this. To some extent, I was surprised personally how much like a job my first fellowship was. They were kind people. They took good care of me. But I didn’t appreciate how much it would feel like I was out working. And I think the word fellowship is not the right word to use, to be honest with you.

I don’t think we should be as ready as the AAPM&R to endorse non accredited fellowships. And I think we silently endorse them when we put them on our website or we put them in a directory. And we use the word fellowships, which implies some protection—for the applicant, for the resident, for the fellow or what have you—that really isn’t there. And it implies, perhaps, a oversight to the educational process, which everybody should be aware is not there. There is not oversight to non accredited fellowships.

And so that’s why I break them into two categories. A non accredited fellowship in an academic institution, you know, that’s associated with a
residency program; there’s a lot of checks and balances there. There’s a GME office. There’s a chair of a department. There’s other attendings. They have a reputation that they want to protect; that they have residents they want to train. They’re obviously dedicated to education and so maybe that’s why they have the fellowship. So I think you’re in a safer place in that respect. You still want to audit the training. You still want to talk about what you're doing. You want to ask how the fellowship is funded, because you could still be asked to see patients on your own.

The private practice fellowships I think you really have to have your senses keenly aware of what’s in the contract; specifically is there a big noncompete. Would you have to leave the area for two years before you could work in that area? So that’s a big issue that is much less an issue for accredited fellowships. Some hospital systems have, you know, little noncompetes for their fellows, but they’re likely not enforced. But in private practice they surely are, and I know people that have signed very, very big ones.

The other thing in private practice non accredited fellowships I think is important to keep in mind is how are you funding your time; what are you being asked to do; are you billing on your own. And oftentimes you are going to bill on your own. Are you going to see follow up patients that are chronic pain management patients and who you might feel compelled to continue managing in a certain way? So those are things you want to think about.

One big thing is think about how and look at how they’re going to pay your tail coverage, which is your malpractice coverage when you leave the fellowship. There are some non accredited fellowships that ask their graduating fellows to pay their tail coverage on the way out. And so tail coverage is an extension of your malpractice insurance when you finish
working anywhere. And so that can be several thousand dollars or more than ten thousand dollars, I understand, to have to pay your tail coverage.

So the take-home is non accredited private practice fellowships: treat it as half a fellowship and at least as half of a job and audit the experience and the contract as you would your first job.

Dr. Alice Hon: And what are your thoughts regarding the pros and cons of the various fellowships?

Dr. Michael Mallow: So I’ll go through it in the same order, I think; and please jump in if there’s something I say that doesn’t make sense. To me, accredited pain you're on the spectrum and you're not terribly interested in taking care of knee pain or shoulder pain, as we think of in sports medicine. You’re looking towards the full time of chronic pain needs. Now there’s a spectrum. You're not just talking about chronic back pain all day every day. You might do cancer pain. You might do hospital consults. You might manage PCAs. You might be very interventional. You might do pumps and stims and there are a very wide array of procedures that are coming out and have already come out that are minimally invasive that get close to doing a 360 fusion without major incision. Now that may or may not be good, but that’s that world of accredited pain. So I think when you're really enjoying that area, when you're focused on that area; that’s the place to be.

The next basket sort of are more connected, I think. And I think that’s where people have some struggles when they decide on what training they want to seek out: accredited sports versus the sports and spine. I think it’s important to determine what your career goals are. Now it’s easier said than not, but I think it’s important to articulate the differences. The major one that I see is that the accredited sports programs puts you in association with the very many, more
than 150 I think, family practice and rehab fellows that graduate every year and seek out jobs doing sports medicine. And they cover teams. They often will work in orthopedic practices; manage fractures, potentially; do interventions, potentially ultrasound guided interventions. But that’s that environment.

And I think if you desperately want to or have a strong feeling that you want to work in that environment, covering a football team, covering any professional athletics, I really do think that you're going to have a much easier time of meeting your goal going through an accredited fellowship and having that board certification. I really do think it matters; especially in competitive areas of the country. It matters for certain around Philadelphia that if you want to cover a football team, if you want to cover a baseball team you're much more likely to have success in that world with an accredited sports fellowship program behind you.

Non accredited fellowships, the spine fellowships can be wonderful and they can be very, very good experiences. And that’s a fair middle ground; you want to do a little bit of everything. And I think there’s nothing wrong with that. If you don’t want to give up the idea of doing interventions, interventional spine procedures, you really like that but you want to leave open some fellowship training to learn more musculoskeletal medicine, I think that’s a wonderful thing to do and it’s not a bad idea.

I think practically speaking most of the people that I know—most; not all—that did interventional fellowships with those goals in mind end up moving away from musculoskeletal medicine as time goes on. In private practice I’ve come to understand that it’s challenging to really pick who you see. And if you have an interventional background and you're doing interventions, and you're getting referrals for that purpose, you own a fluoroscope, you have time
at a surgery center to do interventions; it does, I think, become challenging to find time to do the sports medicine that you might also be interested in. If a kid gets injured at practice you need to have the availability to see him. You need to have room in your day to fit him in in the afternoon. Now you're not going to be able to do that if you have a full schedule in an operating room or a fluoroscopy suite. So there are challenges with mixing the two. I understand the attractiveness of mixing the two, but I think in practicality it’s awfully challenging.

Dr. Alice Hon: What advice would you give to someone that’s deciding between the various fellowships?

Dr. Michael Mallow: The primary advice I would give is sit down and really think about your own goals. And sports medicine is an attractive thing to lots of residents. But then when you really get down to it, they may or may not be interested in the definition of sports medicine as defined really by the folks that started and originated the programs from a family medicine perspective. These people in these programs are very interested in team coverage, caring for the health of an athlete, taking care of acute injuries—so someone sprains their ankle and you want to see them the next day or later that day and you want to manage their acute ankle sprain; give them the crutches; put them in a boot; do those things. You’re interested in managing fractures. I didn’t realize how much I would learn about fracture care doing an accredited sports fellowship. And there’s a wide array of fracture care that non surgeons can do with, you know, some oversight if there becomes questions and issues with complicated things that absolutely do need referrals. So I think if that’s what you want out of sports, then you should go to an accredited sports program. You should strongly consider it.
If you imagine working with orthopedists in an orthopedic practice, you imagine working in a very competitive area and you think you might increase your chances of landing the job that you want with the sports certification, which I think is true in certain situations; especially big orthopedic practices, which are increasingly common; very common around Philadelphia, I think that’s the way to go. If you're not necessarily interested in team coverage; you want your Friday nights to yourself, which is perfectly fine and reasonable, you're not necessarily interested in a practice that’s, you know, as dynamic as I’ve just described, meaning the star quarterback hurts his foot and you’ve got to come see him and get an x-ray right away and look at the x-ray; if you're not interested in that type of more or less orthopedic practice and you’d rather see people with more chronic or sub-acute musculoskeletal injuries, then you might not necessarily need to go for the sports fellowship. The non accredited fellowships might be just fine for you.

I would put out a caveat that I think most good programs, most good residents you're ready to do that anyway. You're ready to manage those sub-acute to chronic musculoskeletal injuries coming out of a residency anyway. And if you don’t feel that you are as a PGY3, I really would hope that you would be as a PGY4. The one difference there is the spine aspect of things. Do you really want to do interventions? Do you think that that’s a vital part of your practice? And then that might push you to the sports and spine fellowships. I think there’s nothing wrong with that.

I do, though, get anxious about things at times in my life and I have some anxiety about really pigeonholing yourself into what do I do; well I do interventional spine and I do epidurals and I do joint injections. And times may change. I like the idea of defining yourself a little bit more broadly and keeping some other options open. Even if you do the fellowship, even if you get that training, I always suggest to people to, you know, do some general
physiatry; continue to do EMGs; continue to do other things so you have some flexibility.

Dr. Alice Hon: For those that decide to apply for a fellowship, what sort of resources are available?

Dr. Michael Mallow: Similar resources that were available in residency. FREIDA will list all the accredited programs, and that’s a good place to go to get started. Another good resource is the AMSSM. For those interested in sports medicine this is the American Medical Society of Sports Medicine. And anybody that’s interested in accredited sports fellowship should be a member. It’s a pretty inexpensive resident membership. Great resources there. Outlines of time and a guide to getting a fellowship. It’s really fantastic stuff. The AAPM&R Resident Physician Council years ago created and then updated a roadmap to a fellowship, and this is available through the AAPM&R website. And it’s a fairly good document. I think at one point in life I had a hand in creating a small part of it. And it outlines things and provides good links to different locations of getting more resources.

The big missing resource here is information on the non accredited fellowships. I know the AAP kept a fellowship database in the past. I think the AAPM&R keeps something. That being said, there doesn’t have to be necessarily perfect upkeep to those systems, so any information you find you want to corroborate with the actual program. Some places take a fellow, then they might not the next year. So you might have to do a little more digging; go to the source with a non accredited fellowship. Whereas with an accredited fellowship, you can be fairly confident in what it says on the FREIDA website.

Dr. Alice Hon: What is the typical timeline for those applying for fellowship?
Dr. Michael Mallow: The preparation, the prep work occurs in your PGY2 year: the thinking through this; the deciding what your career goals are. And it’s very challenging because it’s so early and you might not have specific rotations yet. Applications for pain start in the middle of your third year; the middle of your PGY3 year. And the match for pain, which is a match now, is in September I think your lists close and then October or so the match runs.

Sports is a little pushed back. And that match runs in January, but your list closes in December and you’ll interview in the fall. You apply in the summer between your PGY3 and PGY4 years. You interview in the fall of your PGY4 year and then you match in January of your PGY4 year. Pain is shifted forward by about six months or so. You apply in the winter of your PGY3 year, interview in the spring or summer and then you match in around October.

Non accredited fellowships are variable, of course. And you might imagine that people are applying to more than one type of fellowship. And so most non accrediteds, from my understanding, is the summer of your PGY3 and 4 year; that middle area you're going to apply and interview. And then it’s a rolling process of admissions or acceptances. Oftentimes non accredited fellowships will offer positions before the match locks; before the match sets up and you're stuck going to the match for pain or for sports. So a non accredited fellowship that’s very pain focused, very interventional focused, will probably look to fill its spots in September so it can get some good applicants that might otherwise go into the pain match. And a more sports oriented non accredited fellowship might start accepting applicants in November and December, if not earlier, and therefore bringing those people out of the sports match.
Dr. Alice Hon: Where do you see the future of the field?

Dr. Michael Mallow: There’s an article in the purple journal, a point/counterpoint from August of 2013 that’s excellent and discusses different ways the future might go and what fellowships might most prepare people for. I think it becomes increasingly difficult to be an interventionalist and that things consolidate themselves. What does that mean? You need to do something else than just interventions, potentially. Or if you're only going to do interventions, maybe having a pain fellowship behind you will be the answer in big, big health systems. I don’t know. But I think the important thing is to articulate what you want out of your career.

Dr. Alice Hon: Thank you Dr. Mallow for this insightful discussion on fellowships. On behalf of the Association of Academic Physiatrists we’d like to thank you for listening to this podcast. More information on podcasts and the American Journal of PM&R, including the journal iPad app, can be found on the AAP website at www.physiatry.org. This concludes today’s program. Thank you.

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