



Training Programs in the U.S.

Subspecialty certification requires:

- Initial certification in general pediatrics
- Graduation from accredited pediatric training program in U.S. or Canada

Fellowship training entails:

- 3 years of training, with at least 12 months of clinical experience
- Regular meetings with a Scholarship Oversight Committee to review clinical and scholarly progress
- Scholarly activity (typically a research or quality improvement project) which generates a “work product,” often an original manuscript for publication

Unique training opportunities:

- Dual Pediatric Subspecialty Certification: applicants may propose an integrated 5 year (4 in special circumstances) training program involving two pediatric subspecialties (e.g. Pulmonary and Critical Care), or complete two consecutive fellowships (the second typically truncated to 2 years)
- Combined Internal Medicine – Pediatrics Subspecialty Certification: applicants may petition for an integrated, 5 year fellowship
- Subspecialty “Fast Tracking:” applicants with accomplishment in research may have scholarly activity requirement waived and complete fellowship in 2 years.

Choosing a Fellowship Program

There are 52 accredited fellowship programs in Pediatric Pulmonology and 64 in Pediatric Critical Care Medicine. Programs may have particular strengths, areas of research/clinical emphasis, or approaches to education. Important considerations include your preference for a large or small program, research interests, and geographic preferences. For complete program listings, visit: <https://www.acgme.org/ads/public>.

As you consider a career in pediatric pulmonary, critical care, or sleep medicine, the ATS encourages you to become a trainee member of our Society AT NO COST TO YOU for one year. We would like to welcome you to our subspecialty community and offer you a host of resources that will help you as you advance in your career.

As an ATS trainee member, you will receive:

- Electronic journal access to the ATS’s three scientific journals
- Discounts to attend the annual ATS international conference
- Access to Patient Education Series, statements and guidelines
- Networking opportunities with leaders in the field

To take advantage of this opportunity,
please apply online by visiting



or call **212.315.8684**



CONSIDER THIS!

A CAREER IN PEDIATRIC, PULMONARY
OR CRITICAL CARE MEDICINE

For Residents and Medical Students

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Why Go Into A Sub-Specialty?

VARIETY: Pediatric pulmonologists and pediatric intensivists (critical care physicians) see patients with a broad spectrum of acute and chronic illnesses, with the added challenge of treating patients through childhood as growth and development impact disease.

IMPACT: Pediatric pulmonologists and intensivists encounter children and their families at some of their most vulnerable times, both in acute crisis and when dealing with chronic illnesses with significant morbidity and mortality. We have the ability to form long-term relationships with patients and their families, and positively impact their healthcare experiences.

RAPID MEDICAL ADVANCES: The fields of pediatric pulmonology and critical care medicine are relatively new, and research and clinical advances in both occur at a rapid pace, making our work both challenging and rewarding.

EMPLOYMENT OPTIONS: There is currently a shortage of pediatric pulmonologists and intensivists. In the past 20 years, the number of fellowship positions in these subspecialties has nearly doubled to meet this need.

LIFESTYLE OPTIONS: While the majority of pediatric subspecialists work in an academic setting (affiliated with a teaching hospital or medical center), there are also opportunities for private practice positions (with or without academic affiliation), and full or part-time work. Within academics, many pursue predominantly clinical tracts, while others focus on education, administration, quality improvement, or clinical, basic, or translational research.

FOR MORE INFORMATION:
Council of Pediatric Subspecialties:
<http://www.pedsubs.org/SubDes/index.cfm>

American Thoracic Society:
<http://www.thoracic.org/professionals/career-development/residents-medical-students/choosing-pediatric-pulmonology.php>

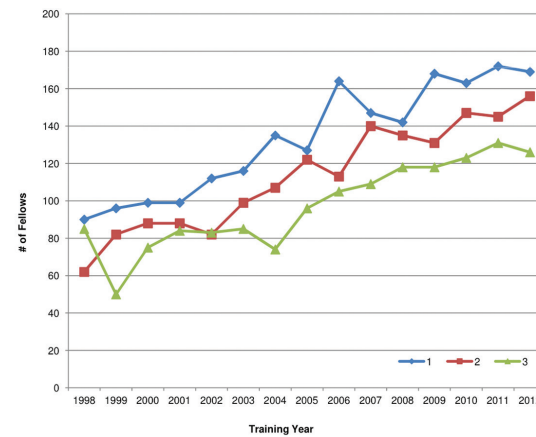


Figure 1. Rising number of pediatric critical care fellows; blue = 1st year fellows, red = 2nd year, green = 3rd year.

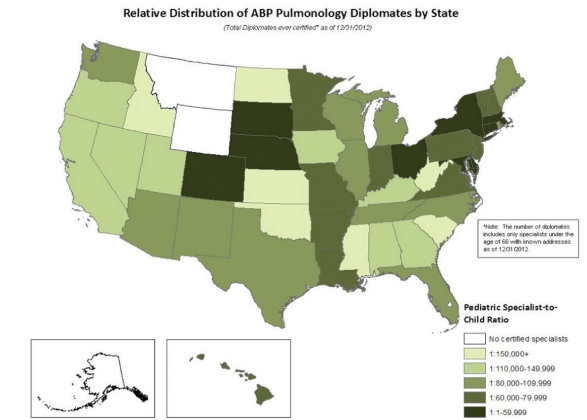


Figure 2. Distribution of pediatric pulmonologists across the U.S. demonstrating continued need for new subspecialists.

The Nature of Practice

In Pediatric Pulmonology, Pediatric Critical Care Medicine, and Pediatric Sleep Medicine

PEDIATRIC PULMONOLOGY

- Pediatric pulmonologists see infants through young adults with a variety of acute and chronic illnesses that both directly and indirectly impact the upper and lower airways. Pulmonology offers the opportunity to develop relationships with, and provide continuity of care for, patients with cystic fibrosis, asthma, recurrent cough or wheeze, recurrent pneumonias, interstitial lung disease, sleep disorders, upper airway obstruction, and neuromuscular/neurologic diseases causing respiratory insufficiency, among others.
- Pulmonologists see patients in an outpatient clinical setting and serve as an inpatient attending and/or consultant.
- Most pulmonologists are involved in teaching of medical students, residents, and/or fellows, and many have active basic and clinical research projects with NIH funding.
- Pulmonologists perform procedures and testing such as flexible bronchoscopy (with lavage and biopsies), pulmonary function testing, and, in some cases, polysomnography (sleep studies).

PEDIATRIC CRITICAL CARE MEDICINE

- Pediatric intensivists care for critically ill children as inpatients, with medical and/or surgical needs including life support in the form of ECMO (extracorporeal membrane oxygenation).
- Intensivists work in a variety of settings including large or small academic centers with fellows, residents and students or in private practice with advanced level practitioners (NPs, PAs).
- Procedures, including central line and chest tube placement, are an important part of practice, as is the ventilation of patients in acute and chronic respiratory failure.
- Other career opportunities include basic, translational and clinical research, sedation services, transport medicine, and palliative care

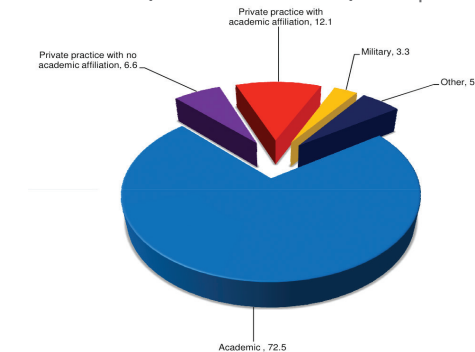


Figure 3. Distribution of pediatric pulmonologists by practice settings.

All figures from ABP workforce data report 2012:
<http://www.abp.org/abpwebsite/stats/wrkrc/workforcebook.pdf>