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Title: The Experience of General Internal Medicine Research Fellows and Program Directors: Results from a National Survey

Running Title: Survey of Fellows and Program Directors

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Abstract

Background: General medicine (GM) research fellowships facilitate health care professionals to obtain the skills and mentored research experience needed for a research career. Yet, little is known about the experience and outcomes of recent graduates of GM fellowships.

Objective: To survey 1) GM research fellows and recent graduates and 2) program directors to learn about the opportunities and challenges facing GM research fellowships.

Design: Cross-sectional retrospective survey study

Participants: Individuals who were enrolled in or completed a GM research fellowship (identified through prior fellow lists, advertising from the Society of General Internal Medicine, and fellowship program directors) between 2012 and 2022 in which $\geq 50\%$ of effort was devoted to training and conducting research; 2022 program directors were recruited separately.

Main Measures: Respondents were asked to rate factors motivating them to pursue a research fellowship and their experiences during fellowship, and to report their professional outcomes. Program directors were asked to rate how challenging different fellowship activities were to them.

Key Results: A total of 160 (42.2%) current/former fellows and 27 (67.5%) program directors completed surveys. Fellowship training was considered essential to obtain the skills necessary to become a GM researcher. Fellows were highly productive (median of 4 papers [IQR 3-6] published from fellowship work); the majority obtained research

faculty positions. Gaps in training included negotiation skills, team management, and grant writing. Trainees and graduates sought more cross-institutional collaboration during fellowship. Approximately 1/3 reported at least one symptom of burnout.

Fellowship outcomes generally did not vary by gender or under-represented in medicine status. Program directors (88%) found fellowship recruitment challenging.

Conclusions: Research fellowships play a critical role in cultivating GM investigators.

Consistent investment in GM research fellowships is needed to ensure a pipeline of researchers with the skills necessary to improve general medicine, especially during an ongoing crisis in primary care.

Introduction

Health care systems with strong primary care have improved outcomes, quality, and equity.¹ Research that focuses on primary care is instrumental to addressing the many challenges facing primary care in the US.² In fact, the 2021 National Academies of Sciences, Engineering, and Medicine (NASEM), has called for an Office of Primary Care Research at the National Institutes of Health (NIH).² However, despite the important role of primary care research in improving population health outcomes and the calls for more government support for primary care research, <1% of all federal research dollars are spent on primary care research.³

Research fellowships in general medicine (GM) are a primary way that general internists and allied health care professionals obtain the skills and mentored-research experience needed for a research career. Programs that have funded the training of GM researchers include the National Clinician Scholars (NCS), the Veterans Affairs (VA) Health Services Research and Quality Scholars fellowships, and T32 grants. However, investment in these programs has declined, making it increasingly challenging to train generalists to conduct primary care research.

In 2020, the Society of General Internal Medicine (SGIM), the professional home of many academic generalists, tasked survey GM research fellows and fellowship program directors. The surveys built on existing literature on GM research training that included surveys conducted over 20 years ago^{4,5}, single-program evaluations⁶, and perspectives on their training from early career GM researchers^{7,8}. The surveys aimed to learn about the experience of research fellows, professional outcomes, and the challenges facing GM research training programs.

Methods

Survey Design and Development

Surveys were designed through a series of iterative discussions between SGIM's Research Committee (n=18 members) and its sub-committee on GM research fellowships (n=11 members). The sub-committee leading the survey initiative included experts in survey development and disparities. We piloted within the sub-committee among members who met fellow survey eligibility criteria and members who were program directors. We followed this initial round of feedback with review by SGIM's research committee consisting of more recent graduates of GM fellowships.

Fellow survey

The Fellows' Survey (Appendix 2) included 15 questions on factors (e.g., desire to make an impact, learn research skills, mentorship) that influenced fellows to pursue a fellowship; and 12 questions about their experiences during fellowship (e.g., quality of mentorship/training). Responses were measured on a 5-point Likert scale. The survey asked participants to report their professional role, whether the role aligned with their intentions during fellowship, their productivity during fellowship (e.g., papers, grants), and symptoms of burnout (measured using a single item⁹). In addition, the survey included open-ended questions asking participants to describe the factors that influenced them to pursue a GM research fellowship, their experiences during fellowship and how fellowship influenced their career paths. Finally, participants reported the type

of fellowship they had enrolled in, graduation year, age group, gender, and race/ethnicity. Respondents were also asked if they were a member of a group under-represented in medicine (URiM) (yes/no).

Survey Development: Program director survey

We used similar methods to develop the Program Director's Survey. The final survey (Appendix 3) asked program directors to report on a 5-point Likert scale how challenging several fellowship-related activities were for them including recruitment, mentoring, faculty participation, funding for faculty and for fellows, and job placement. Directors also reported their age, gender, race/ethnicity, region, and primary funding source for their fellowship.

Target Population

To better understand the challenges facing fellows and fellowship programs, we surveyed both the current and former GM research fellows and current GM research fellowship program directors. Thus, our target population included: (1) for the fellows survey, all current and former GM research fellows in the US who completed fellowship in the past 10 years; (2) for the program directors survey, all current directors of GM research fellowship programs in the US.

Sampling Frame

The sampling frame for the GM research fellows survey included individuals who completed fellowship between 2012 and 2024 and reported spending $\geq 50\%$ of their

fellowship effort on research. We excluded fellows in sub-specialty clinical fellowships. To identify the sampling frame for the GM fellowship program directors survey, we searched the internet for information on current leaders of GM research training programs funded by the NCS Program, the VA, and T32 grants.

Recruitment

We employed three strategies to identify current and former fellows (Appendix 1). First, we contacted current and former research fellows on a list maintained by SGIM. Second, we searched government websites (e.g., NIH reporter, NCS Program, and the Veterans Health Administration) to compile a list of GM research fellowship programs. We then emailed the directors of these programs to ask them to share a list of their current and past fellows. Program directors were not involved in the fellows' survey data collection process and did not receive any information about whether their fellows participated. Third, we advertised the survey via SGIM list-serves, on social media, and at the Annual Meeting in April 2022, where we asked potential participants to share their contact information via a QR code link.

We emailed 437 potential participants, whose contact information we received, an individual anonymous study survey link up to 5 times. Respondent eligibility was confirmed by a series of questions at the beginning of the survey. The fellows' survey was fielded between 02/03/2022 and 05/31/2022. We emailed program directors the program-director survey, up to four times, between 1/17/2022 and 4/18/2022.

Analysis

Survey responses were collected using REDCap software and stored in a secure, de-identified database. We included surveys that were $\geq 50\%$ completed in these analyses. We compared all outcomes by 1) gender (excluding the two respondents who preferred not to report their gender), and (2) URiM status. To test statistical significance of differences between groups, we used Fisher's exact test for categorical variables and Wilcoxon rank sum test for continuous variables. All p-values were 2-tailed and considered statistically significant at <0.05 . We performed all quantitative analyses using Stata, version 13.1 (StataCorp LLC).

We used Braun and Clarke's thematic analysis¹⁰ to identify themes in fellow participants' responses to open-ended questions. Using NVivo 11 qualitative software, two investigators (MAS and HW) independently reviewed the first 20 participant interviews to develop a codebook (Appendix 4). Disagreement about the meaning of themes or codes were discussed and resolved by consensus. Once a codebook was established, it was used (by EG and MAS) to code the entire dataset. As new themes emerged, new codes were developed and previously coded interviews were recoded. Codes were then organized into higher order themes and subthemes within 5 domains (1. Motivations to Pursue a Research Fellowship, 2. Valued/ 3. Challenging Aspects of Fellowship, 4. Challenges During Early Career, 5. Strategies for Enhancement). Direct quotes and participants' study identification numbers were used to illustrate themes. Members of SGIM's research committee who had completed the anonymous fellow-survey reviewed the final themes to increase the credibility of the findings.

Beth Israel Deaconess Medical Center's Institutional Review Board approved this study.

Results

Of 98 institutions contacted, 40 were eligible (37 had no qualifying fellowship, 21 had no eligible fellows). Of these, 35 provided the names of 379 potentially eligible current or past (within 10 years) fellows (herein referred to simply as “fellows”) (Appendix 5). A total of 160 (42.2%) individuals completed the survey and 130 (81.3%) provided at least one response to an open-ended question. Of 98 program directors contacted, 40 were eligible and 27 (68%) participated.

Characteristics of respondents

Of the 160 respondents to the fellow survey, 76.6% were aged 40 or younger, 56.1% were female gender, 62.0% were White, 24.3% were Asian, 9.0% were Latino/a/x; 19.9% reported belonging to an URiM group, 92.5% were physicians, and 76.3% had already completed fellowship (Table 1). Most fellows were at least partially supported by federal funds (65.6%) while 20.6% were completely institutionally funded; 26.9% had completed a third year (versus ≤ 2 years). Of the 27 program directors, 16 (59.3%) were aged 50 or older, and 24 (88.9%) were non-Hispanic White.

Factors influencing motivation for research fellowship

Nearly all respondents pursued a GM research fellowship to obtain training in research methods, to make an impact, and were inspired by a role-model in medicine (Figure 1). Most were also motivated by opportunities to obtain leadership and grant-writing skills. The most common negative consideration was the earning potential associated with a research career compared to other career paths (moderate/strong negative influence, 35.0%).

Training and experiences during fellowship

During fellowship, most respondents reported having strong faculty mentors and sponsors and having received high-quality training in research methods, presentation skills, and manuscript writing (Figure 2). There was more variability in their experiences with grant-writing, diversity/cultural awareness, leadership training, and the support of fellows as caregivers (e.g., childcare, eldercare). Areas with lowest ratings during fellowship training included training in negotiation skills and how to hire and build a research team.

Outcomes of fellowship training

While most fellows (100/152, 65.8%) sought or were planning to seek a clinician investigator position after fellowship, 34.2% did not (Table 2). Respondents reported publishing a median of four papers [IQR 3-6] from work completed during their fellowship. Of those who were pursuing clinician investigator careers, most (91/100, 91.0%) were planning or had applied for a career development award. Of the respondents who reported having applied for a career development award, 74.2% (49/66) had received one to date and 25.8% (17/66) received an R01 or equivalent research grant. Respondents reported receiving a median of 2 offers with median protected time for research of 75% in their first academic medicine job (Table 2).

Differences by gender and URiM status

Neither gender nor URiM status were associated with motivation for pursuing a fellowship, or with outcomes of fellowship (Appendix Table 1). Respondents who were

URiM reported more effort devoted to research in their current position compared to those who were not URiM (75% vs. 70%, $p=0.006$).

Burnout

Overall, 33.1% (53/160) of fellow survey respondents reported currently experiencing one or more symptoms of burnout, including 5.0% (8/160) who were considering seeking help or making changes to allow them to go on (Figure 3).

Qualitative Results

In open-ended comments (Appendix Table 2), participants described motivators to pursuing a GM research fellowship including expanding their skill-set, increasing their career opportunities, being inspired by a mentor, and wanting to have more flexibility over their schedule. Participants uncertain about their career path or not ready for an attending position were also motivated to complete a fellowship.

Participants described several valued experiences during fellowship such as excellent mentorship, skill development, peer support, and identifying a new career path. However, participants also described challenging aspects of fellowship such as difficulties finding a supportive mentor, “I had a lot of trouble finding the right mentorship and right projects that would help me gain the right skills” [Participant 111]. Some participants described a hierarchical culture, an unsupportive teaching environment, and/or feeling isolated or inadequate during fellowship. *“There was little support for beginners or those exploring. You were expected to know basic research skills from the get go* [Participant 63].

Once on faculty, participants described broad challenges to a research career. They described the research pathway as “*cut-throat*” [Participant 104], too many competing demands on their time (both at home and at work), were inadequately compensated, missed the intensity of mentorship they received during fellowship, and even that their research was undervalued. Participant 8 commented “*Despite my own success, I think fellows that want to go into this track should think long and hard about the slog.*”

Participants suggested ways to improve the fellowship experience by offering more training on managing a team, finding and negotiating a job, and fostering cross-institutional collaboration. To improve the experience of junior research faculty, participants recommended providing more support via start-up funds or pilot grants, and for childcare and other caregiving needs. They felt more advocacy was needed for primary care GM research nationally.

Program directors survey results

Most program directors (88%) found recruitment of fellows to be a particularly challenging activity (Figure 4). The majority also found funding of fellows, funding of faculty, and job placement of fellows at least somewhat challenging.

Discussion

In this national study of GM research fellows, recent graduates of GM research fellowships, and of research fellowship program directors in the US, we found that a fellowship is perceived as an essential next step after medical training to obtain the

skills necessary for a career as a GM researcher. Current and past fellows described gaining much needed methodological skills and were highly academically productive, and, most were successful in obtaining faculty positions with protected research time. However, participants noted some gaps in their training particularly around learning negotiation skills, team management, and grant writing. Those entering fellowship with little prior research experience described needing access to more support than was provided. In general, fellows were concerned about limited funding for primary care research leading to a highly competitive work environment. These concerns have likely only risen as the Agency for Healthcare Research and Quality, an agency that funded primary care safety and quality improvement studies, was recently dismantled, and large funding cuts continue to be proposed for the NIH and HRSA.

Fellowship training may offer some protection against burnout. A third of participants (33%) reported symptoms of burnout, which is considerably lower than the 46% to 58% burnout for those pursuing careers in primary care.¹¹ These findings suggest that the structured research training, mentorship, and dedicated research time provided during fellowship may help mitigate burnout. Protecting fellowship programs and expanding opportunities for training in GM research may be beneficial not only to advancing GM research but also to mitigating burnout in the primary care workforce.

Our study found that fellowship programs may need to tailor their training based on the prior research experience of their fellows to make sure that even those with the least amount of experience can flourish. This finding builds on prior studies of GM clinician researchers that identified GM fellowship training as a prerequisite for a

research faculty position⁵ and that GM research fellows go on to successful research careers.¹² Similar to prior studies on the research pipeline in basic science and related fields, there is increasing recognition of the need for individualized training programs, mentoring, and institutional support, particularly for attaining gender, racial, and ethnic equity in academic leadership.¹³⁻¹⁷ Individualized training and mentorship programs for women and URiMs at the post-doctoral level have also been shown to improve outcomes and persistence in academic careers.^{18,19} Fortunately, prior fellows have published guides to succeeding during and after a GM research fellowship which may be of help.^{7,8,19,20}

We found few differences by gender in terms of motivations for pursuing general GM fellowships or in their professional outcomes. In contrast, prior studies observed that women self-perceive lower competency in clinical research, even after completing an intensive training,²² are more likely to report burnout, particularly among early-career women,²³ and are less likely to be promoted regardless of parental status,²⁴ compared to men. Women clinician-scientists were lead authors on fewer GM journal articles compared to men, particularly in higher-impact journals.²⁴ While not powered to compare GM fellowship outcomes by gender, our findings suggest that GM research fellowships may mitigate gender disparities in leadership and long-term productivity in academic GM.

We found no disparities in fellowship outcomes by URiM status. Researchers who are URiM are more likely to focus their work on marginalized populations, and their visibility in research can build trust and improve community-academic partnerships.^{26,27}

However, since this survey was fielded, the federal government has cut programs supporting trainees who are URiM, including diversity supplements to R01 grants and diversity focused loan repayment programs and T32s. Without targeted investment to support trainees from under-represented backgrounds, these cuts may undercut the gains toward more equitable racial and ethnic representation in primary care research.

In addition to funding challenges, program directors reported recruitment to be challenging because most medical trainees are not aware of the possibility of completing a GM research fellowship. Not every institution has a GM research fellowship, and these fellowships do not participate in the fellowship match program. To increase awareness, SGIM recently launched an online database of General Internal Medicine Fellowship Programs.²⁸ We also encourage fellowship graduates to involve medical students and residents in their research projects to increase awareness.²⁹

This study has limitations. First, because there are no formally validated surveys available to measure GM research fellowship training experiences, we developed and used a novel survey. Due to resource and timeline limitations, piloting of the survey was limited. For instance, non-SGIM members who may have completed GM research fellowships were not including in the design process. Second, only 42% of eligible participants completed the Fellows Survey, and fellows who did not pursue careers in academic medicine may have been less likely to participate. We did not obtain data from non-respondents to be able to compare their characteristics to those of study participants. Moreover, based on our sample size, we are unlikely to detect small differences in outcomes between subgroups. Third, recall bias is an important limitation of surveys of former program participants. Although 23.7% of the participants were

current fellows and 65.8% graduated within 5 years of fielding the survey, 10.5% of the participants graduated >5 years prior to survey fielding. Fourth, although many participants submitted rich qualitative comments underscoring high engagement by survey participants, this was a long survey and satisficing – selecting the most cognitively easy option – may have biased the results. Fifth, some self-reported outcomes (e.g., number of papers completed during fellowship) may have been inaccurately reported. These questions may be better assessed using audit methodology in future studies. Lastly, the professional challenges reported by GM research fellows and faculty in this survey have likely been exacerbated by the recent research funding cuts.

Conclusion

These surveys of GM fellows and program directors underscore the important role that research fellowships play in cultivating clinician-investigators via structured research training and dedicated mentorship. However, gaps in training and a need for more support and cross-institutional collaboration were identified. With one-third of respondents reporting burnout symptoms, sustaining these fellowships—and the workforce they produce—is an urgent concern.

Conflicts of Interest

The authors declare no conflicts of interest.

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Author Contribution

- *Study concept and design: all authors*
- *Acquisition of data: Schonberg, Paasche-Orlow*
- *Analysis and interpretation of data: Maruthur, Ryskina, Weerahandi, Paasche-Orlow, Schonberg*
- *Drafting of the manuscript: Maruthur, Ryskina, Weerahandi, Schonberg*
- *Critical revision of the manuscript for important intellectual content: all authors*

Human Ethics and Consent to Participate

Beth Israel Deaconess Medical Center's Institutional Review Board reviewed and approved this study with a waiver of written consent as this was an anonymous survey.

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Figure legends

Figure 1. Factors Influencing Motivation to Pursue a GM Research Fellowship (N=160)

Legend. The question asked to think back to their experience prior to their GM research fellowship and to “rate each of the following factors in terms of how strongly they influenced your decision to pursue a general medicine research fellowship”. Four respondents did not complete the question about “Grant writing skills” and were excluded from the denominator for that question.

Figure 2. Experiences During GM Research Fellowship Training (N=160)

Legend. The question asked participants to think about their GM fellowship experience and rate their degree of agreement with each statement worded such as the following: “I have/had at least one strong faculty member who provides/provided regular feedback on research.”

Figure 3. Self-Assessment of Burnout Among Fellows’ Survey Respondents (N=160)

Legend. The question asked: “Based on your definition of burnout, how would you rate your level of burnout?” Of the 160 participants that answered the question, 21 (13.1%) reported no symptoms of burnout, 86 (53.8%) reported stress but did not feel burned out, 40 (25.0%) reported one or more symptoms of burnout, 5 (3.1%) reported persistent burnout, and 8 (5.0%) reported having to make changes or seek help due to burnout.

Figure 4. Program Directors' Perception of Fellowship Activities (N=27)

Legend. The question asked "To what extent are the following activities difficult for you as a program director?" The six activities included were: recruitment of fellows, funding of faculty, funding of fellows, engaging faculty to participate in educational activities, securing job placement for fellows, and mentoring of fellows. Twenty-seven participants answered this question.

Tables

Table 1. Characteristics of Survey Respondents

Characteristic	N (%)
Current/former fellows	160 (100%)
Completed fellowship (N=160)	122 (76.3)
Graduation year (N=158)	
Before 2017	54 (34.2)
2017-present ^a	104 (65.8)
Program type (N=160)	
VA	13 (8.1)
Clinical Scholars/Robert Wood Johnson	15 (9.4)
HRSA	53 (33.1)
NIH T32	33 (20.6)
AHRQ	6 (3.8)
Internally funded	33 (20.6)
Other	7 (4.4)
Length of research fellowship (N=160)	
1 year	2 (1.2)
2 years	115 (71.9)
3 years	43 (26.9)
SGIM region (N=154)	
New England	45 (29.2)
Mid-Atlantic	29 (18.8)
Southern	18 (11.7)
Mid-West	23 (14.9)
Northwest	6 (3.9)
Mountain West	4 (2.6)
California or Hawaii	26 (16.9)
Outside of the US	3 (1.9)
Age (N=158)	
<30	6 (3.8)
31-35	52 (32.9)
36-40	63 (39.9)
41-45	32 (20.3)
46-50	5 (3.2)
Female gender (N=157)	88 (56.1)
Race (N=158)	
Asian	40 (25.3)
Black	13 (8.2)
White	98 (62.0)
Other	7 (4.4)
Latino/a/x (N=155)	14 (9.0)
Underrepresented in medicine (N=151)	30 (19.9)
Degrees (N=160)	
PhD/ScD	15 (9.4)
MD/DO/MBBS	148 (92.5)
MS/ScM	64 (40.0)
RN/NP	2 (1.2)
MPH/MPP/etc	85 (53.1)
MBA	2 (1.2)

Characteristic	N (%)
Specialty (N=134)	
General Internal Medicine	118 (88.1)
Med-Peds	8 (6.0)
Geriatrics	3 (2.2)
Family medicine	5 (3.7)
Current professional rank (N=63)	
Instructor	6 (9.5)
Assistant Professor	44 (69.8)
Associate Professor	10 (15.9)
Other	3 (4.8)
Program directors	27 (100%)
SGIM region (N=27)	
New England	9 (33)
Mid-West	6 (22)
Mid-Atlantic	5 (19)
Northwest	3 (11)
Southern	2 (7)
Mountain West	1 (4)
California or Hawaii	1 (4)
Age (N=27)	
<40	2 (7)
40-49	9 (33)
50-59	6 (22)
60+	10 (37)
Female gender (N=27)	15 (56)
Race (N=27) ^b	
Asian	4 (12)
Black	0 (0)
White	24 (88)
Latino/a/x (N=26)	0 (0)
Underrepresented in medicine (N=26)	0 (0)

^aIncludes 38 participants who were in fellowship during survey collection

^bRespondents could select more than one race

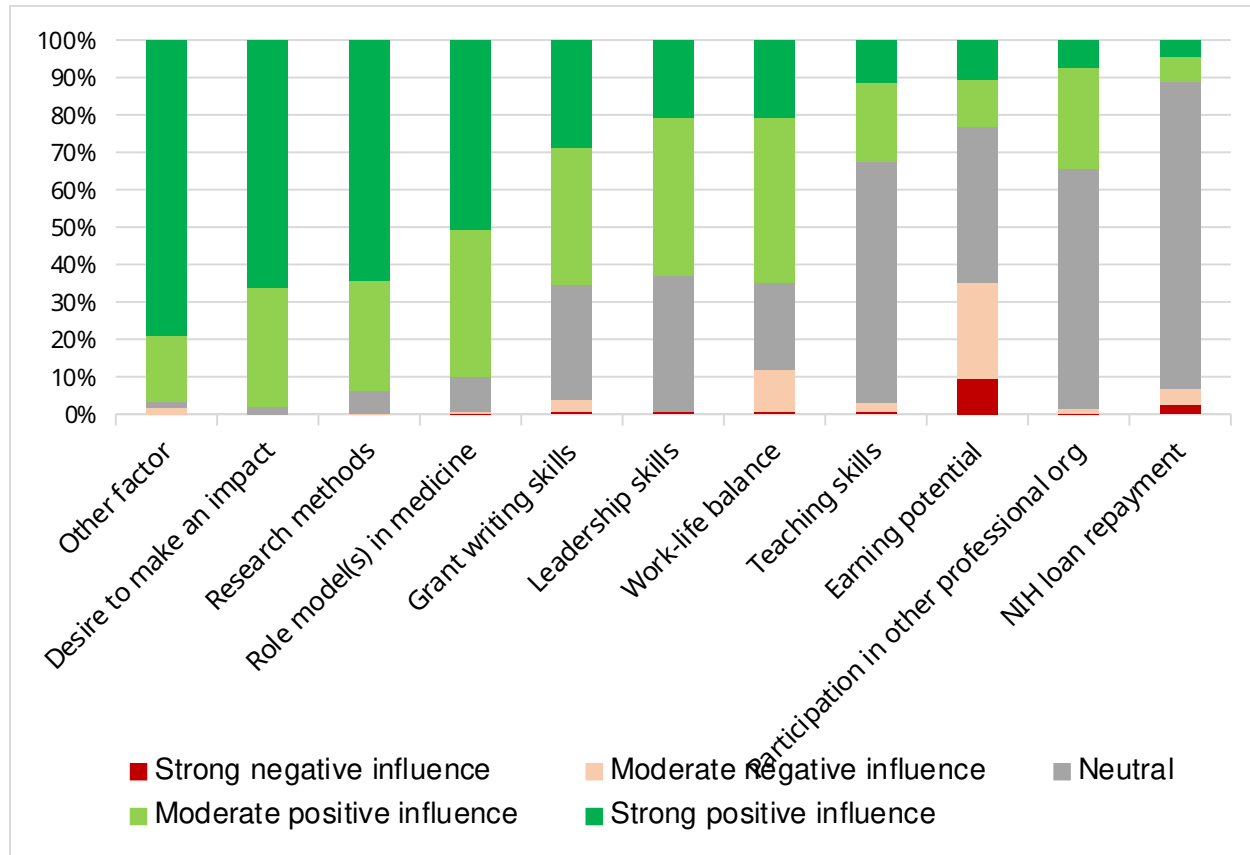
Table 2. General Medicine Research Fellowship Outcomes

Outcomes	Responses (n)	Median (p25 to p75) or n (%)
Number of papers submitted during fellowship	158	4.0 (2.0 to 6.0)
Number of papers published based on fellowship work	139	4.0 (3.0 to 6.0)
Applied for career development award	159	
Yes		68 (43)
No		68 (43)
No, but preparing		23 (14)
Received career development award	66	49 (74)
Received R01 or equivalent	122	17 (14)
Time spent in research currently	151	75.0 (30.0 to 75.0)
Applied/planning to apply for clinician investigator job	158	100 ^a (63)
Number of interviews completed for clinician investigator job	81	3.0 (2.0 to 5.0)
Number of offers received	73	2.0 (1.0 to 3.0)
% protected time in first job	63	75.0 (70.0 to 75.0)
Start-up funds	63	
\$0		8 (13)
>\$0 to \$10,000		5 (8)
>\$10,000 to \$50,000		18 (29)
>\$50,000 to \$100,000		11 (17)
>\$100,000 to \$150,000		11 (17)
>\$150,000		8 (13)
First job tenure track	63	
Yes		26 (41)
No		16 (25)
Not applicable		20 (32)
First job professional rank	63	
Instructor		16 (25)
Assistant Professor		45 (71)
Current rank	63	
Instructor		6 (10)
Assistant Professor		45 (70)
Associate Professor		10 (16)

^a18 current fellows reported planning to apply for a clinician investigator job (6 additional current fellows were not sure of their plans at the time of survey response)

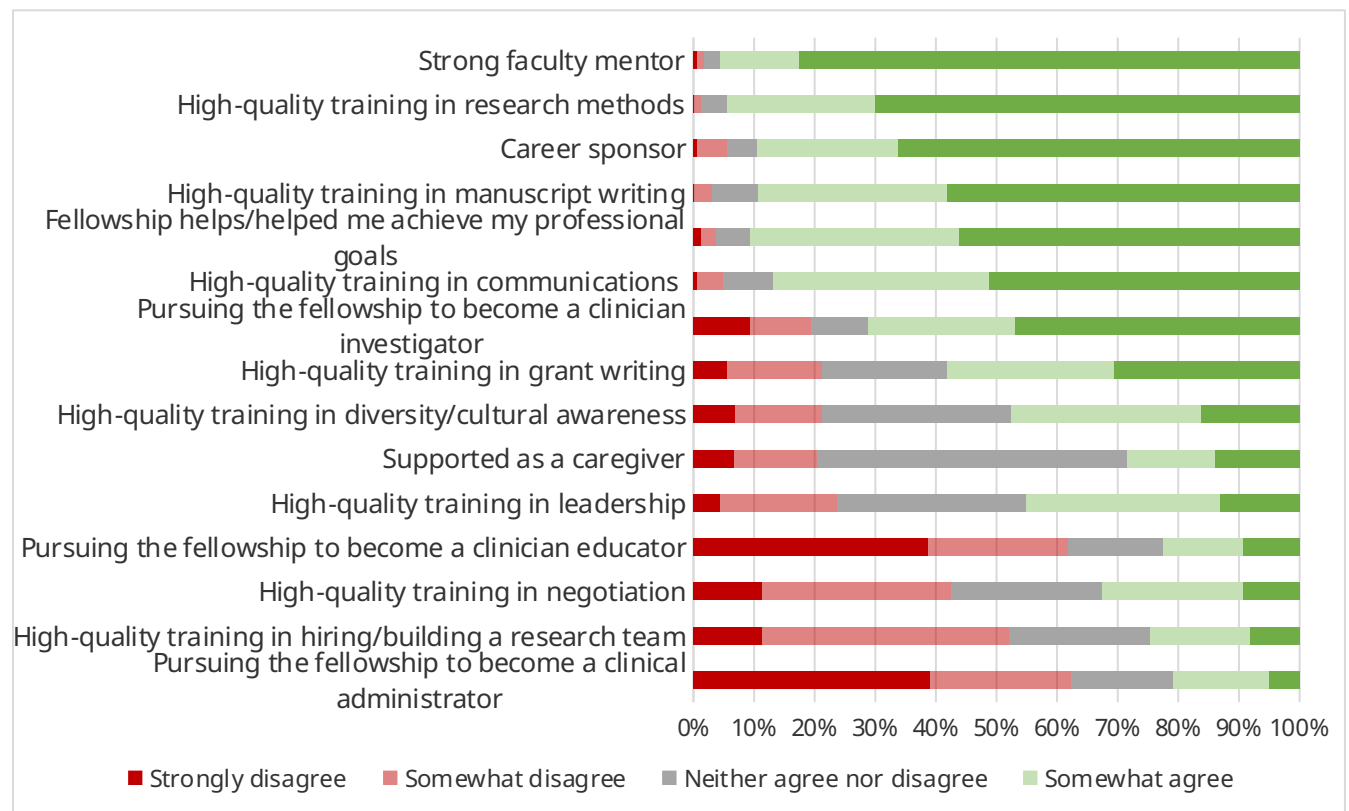
Figures

Figure 1. Factors Influencing Motivation to Pursue a GM Research Fellowship (N=160)



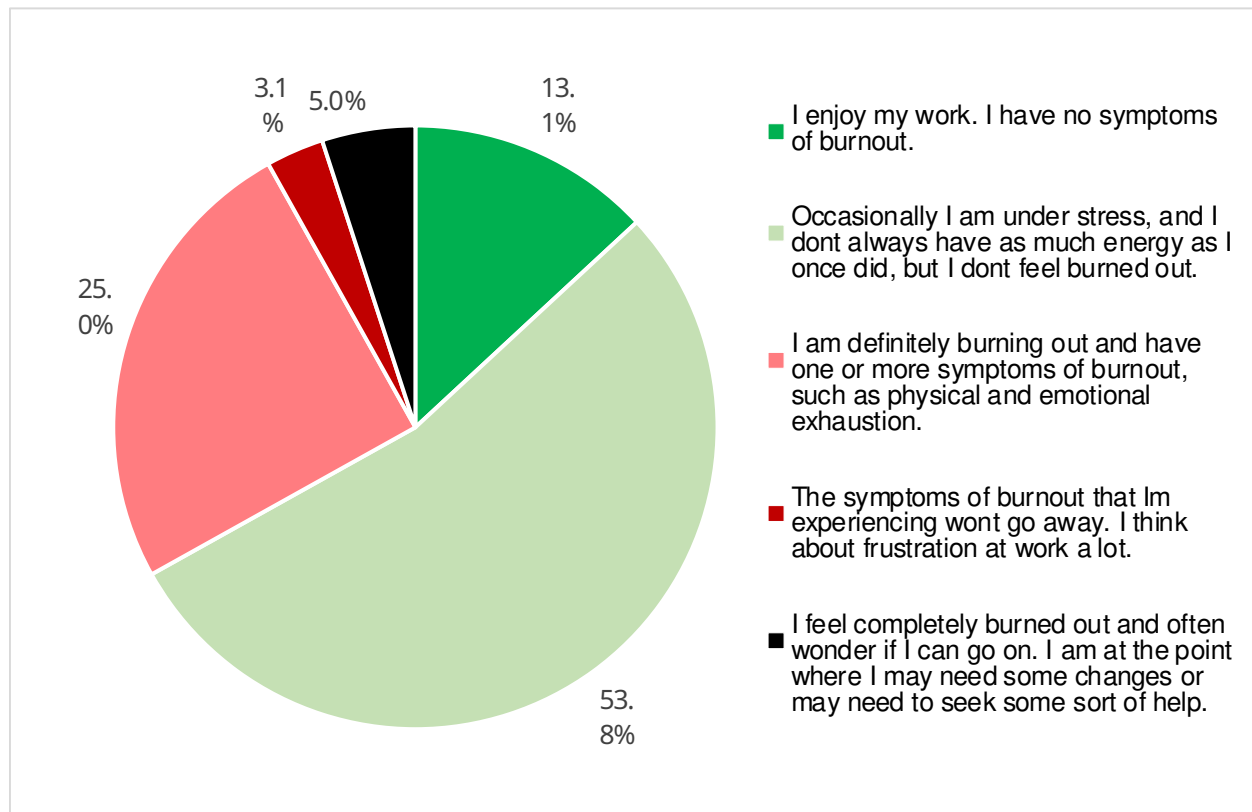
Legend. The question asked to think back to their experience prior to their GM research fellowship and to “rate each of the following factors in terms of how strongly they influenced your decision to pursue a general medicine research fellowship”. Four respondents did not complete the question about “Grant writing skills” and were excluded from the denominator for that question.

Figure 2. Experiences During GM Research Fellowship Training (N=160)



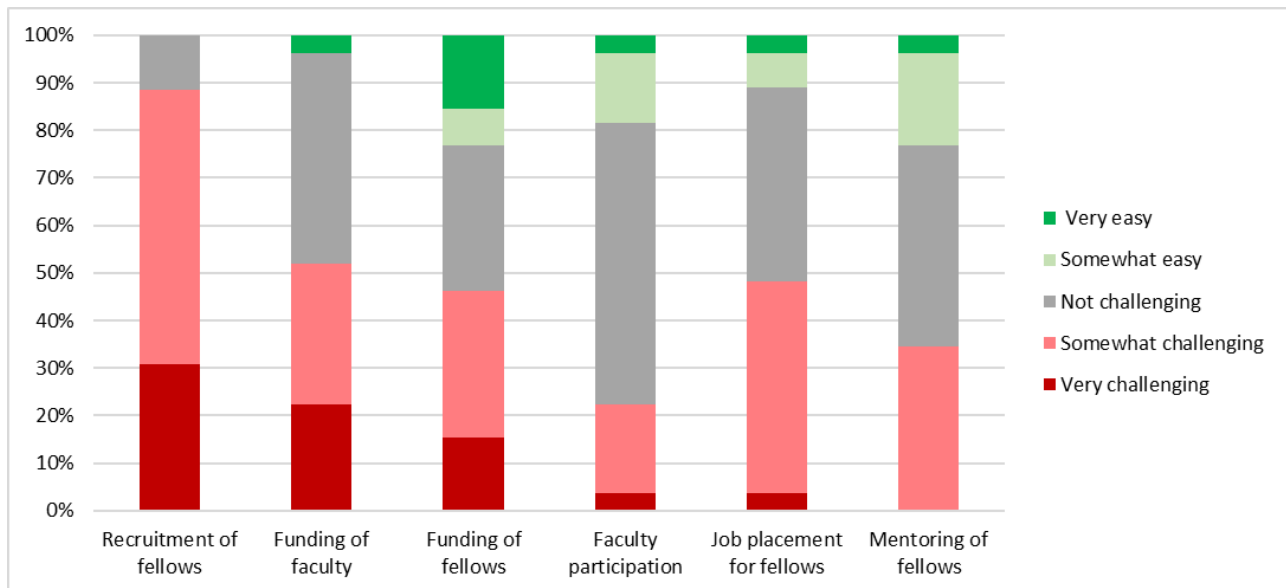
Legend: The question asked participants to think about their GM fellowship experience and rate their degree of agreement with each statement worded such as the following: “I have/had at least one strong faculty member who provides/provided regular feedback on research.”

Figure 3. Self-Assessment of Burnout Among Fellows' Survey Respondents (N=160)



Legend: The question asked: "Based on your definition of burnout, how would you rate your level of burnout?" Of the 160 participants that answered the question, 21 (13.1%) reported no symptoms of burnout, 86 (53.8%) reported stress but did not feel burned out, 40 (25.0%) reported one or more symptoms of burnout, 5 (3.1%) reported persistent burnout, and 8 (5.0%) reported having to make changes or seek help due to burnout.

Figure 4. Program Directors' Perception of Fellowship Activities



Legend: The question asked “To what extent are the following activities difficult for you as a program director?” The six activities included were: recruitment of fellows, funding of faculty, funding of fellows, engaging faculty to participate in educational activities, securing job placement for fellows, and mentoring of fellows. Twenty-seven participants answered this question.