

Introduction

Understanding what qualities and metrics make strong fellowship directors (FDs) is important to help guide trainees on how to become future leaders. Pediatric anesthesiology fellowship directors play a dynamic role by providing clinical mentorship, shaping curricula, fostering professional growth, and driving innovative research to shape the future of anesthesiology. This study aims to assess trends in characteristics, training experiences, and academic productivity among pediatric anesthesiology FDs in the United States (U.S.). We hypothesize that pediatric anesthesiology fellowship directors have institutional loyalty and high amount of research scholarship.

Methods

Design

- Descriptive cross-sectional study
- Publicly available data

Data Sources

- Organizational: ERAS, ACGME, NPI Registry
- Professional: Institutional websites, Alpha Omega Alpha (AOA), Doximity, LinkedIn

Variables Collected

- Demographic: Gender, IMG status, AOA
- Training: Residency/Fellowship institution, Years of completion
- Academic productivity metrics: H-index, Number of publications, Number of citations

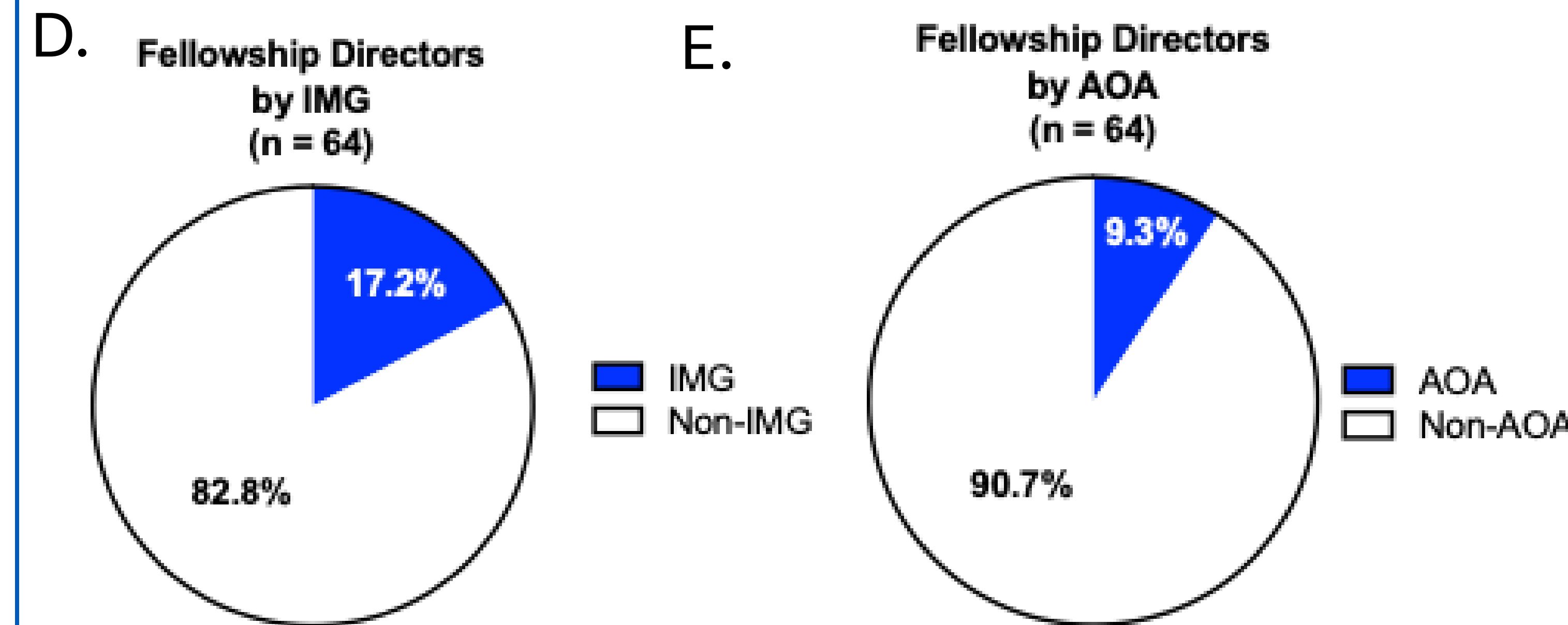
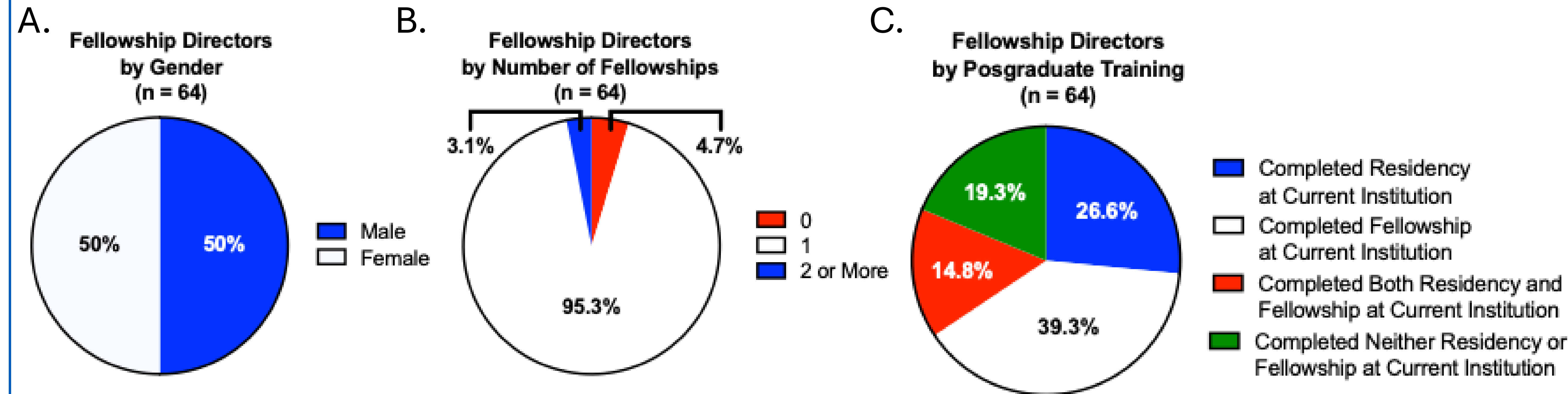
Variable Extraction

- Extracted and confirmed by 2 researchers
- Data excluded if not found by 2 researchers

Data Analysis

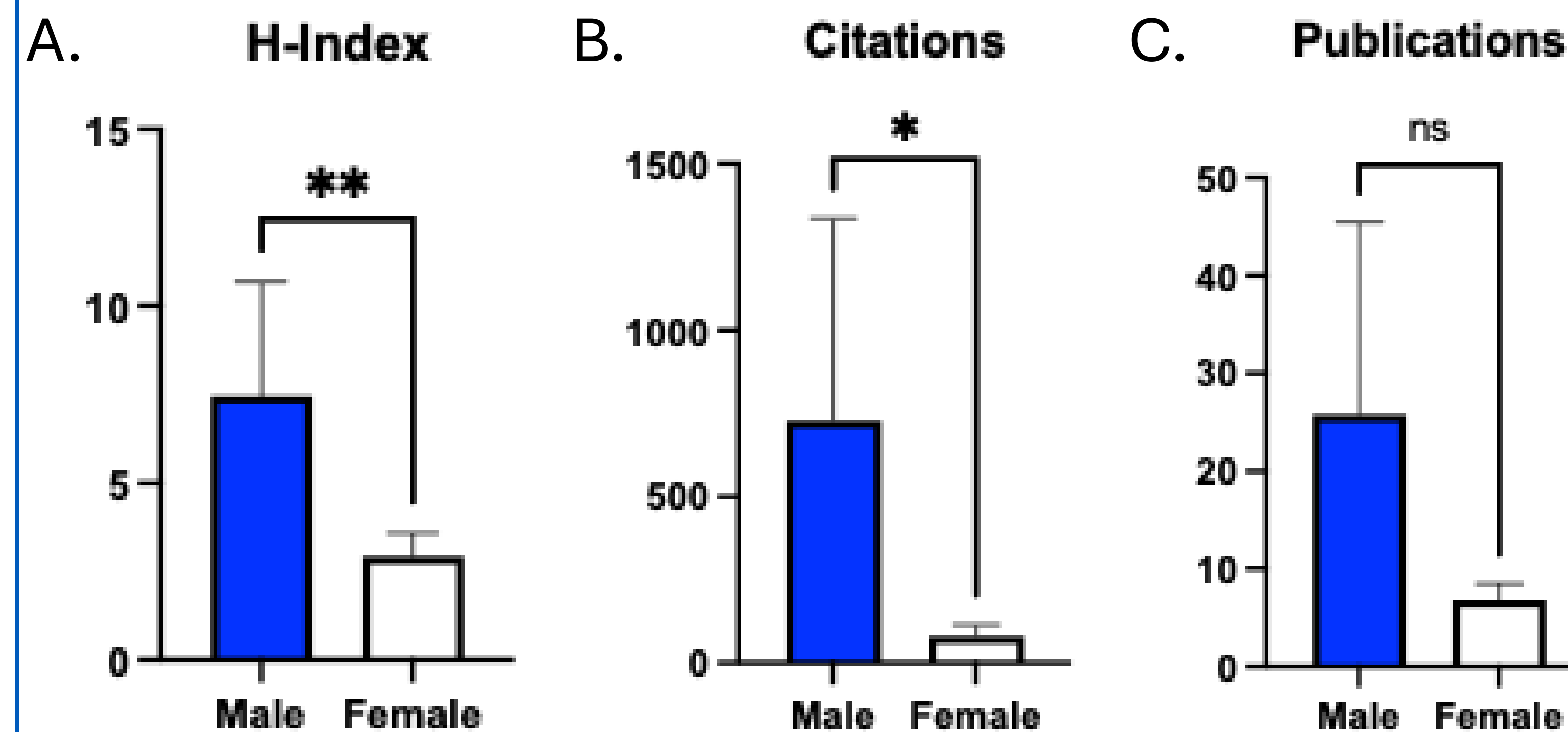
- Student t-tests to analyze data (means with 95% confidence intervals)

Results



Summary Statistics of Fellowship Directors.

(A) Fellowship Directors by Gender (B) Fellowship Directors by Number of Fellowships (C) Fellowship Directors by Postgraduate Training (D) Fellowship Directors by IMG status (E) Fellowship Directors by AOA status



Metrics of Fellowship Directors by Gender

(A) Mean H-index scores by gender, (B) Mean Citations by gender, (C) Mean Publications by gender. Error bars represent 95% confidence intervals. NS = not significant. * represents p-value < 0.05. ** represents p-value < 0.01.

Conclusions

This study provides valuable insights into the paths to leadership in pediatric anesthesiology, highlighting the importance of fellowship training, academic productivity, and institutional loyalty. Our study found that most FDs were U.S. graduates who completed fellowship and, on average, were appointed 8 years after residency completion. More than one-third completed residency at the institution where they became FDs. While FDs who completed fellowship display a significantly higher number of publications and citations, the findings suggest that research productivity is important for current leaders in anesthesiology. Interestingly, despite male FDs having significantly higher H-index scores and citations, there was still an equal number of FDs based on gender. Limitations of this study include the cross-sectional design, the nonlinearity of leadership paths, and specific program preference for FD selection. These findings serve as a roadmap for medical students, residents, fellows, and junior attendings aiming to pursue leadership roles in pediatric anesthesiology.

Key Points

1. Pediatric anesthesiology FDs have equal representation across gender.
2. There is high institutional loyalty shown by FDs completing residency and/or fellowship at their current institution.
3. Almost one-fifth of pediatric anesthesiology FDs for U.S. fellowship programs are IMG graduates.
4. Male FDs have significantly higher H-index and citations than female FDs, while there was no significant difference in publications.