

Table 1: Potential Training Gaps in CPHM for Pediatric Hospital Medicine Fellows

Domains	Definitions	Representative Quotes
Non-Clinical Domains		
Advocacy	Advocating for pediatrics within an adult system, learning community advocacy	“... to just know how that hospital system is <i>very</i> different and they don't really care about peds. How do you advocate for peds in said system? Because in an academic system, in a freestanding children's hospital, you don't have to do the advocating. Everybody's already on board for helping kids and how to get that to work; that's not necessarily the status when you're at a community site.”
Autonomous Practice with Limited Resources	Developing one's own style and abilities to manage as solo provider with limited subspecialty, ancillary support	“...I was less prepared on how to manage problems without all this other facility support. When you're at a free-standing children's hospital, lab's good, respiratory therapy is good, everybody understands kids. Then you go to a community hospital, that doesn't necessarily happen...you're really on the hook to be able to manage and evaluate things more independently, I felt less prepared for those kinds of things.”
Business of Medicine	Knowledge of medical and system finances, understanding how to keep community pediatric sites open and prove value	“...when we're trying to advocate for different anything, for our group, for our patients, I'm talking to business people and I don't know how to speak their language. I don't know numbers or how any of it works well enough to feel like a really effective advocate”
Career Planning and Advancement	Preparation for CPHM jobs, how to align your goals with site goals, finding CPHM mentors while in fellowship	“...when I went to the PHM Fellows Conference in my second year and I was in my job search process, and aware that I was probably going to end up in a community PHM job, I felt like a lot of the information that I was getting was maybe not applicable to the job that I would be doing the following year.”
Education and Scholarship in CPHM	Working with physician and non-physician learners, how to approach scholarship in community settings	“This is obviously personal, but research is very difficult to do at community sites, but we need research at community sites. Helping fellows in future community rotations find ways to do whatever they're passionate about at community sites is something that I think will be very valuable.”
Health Systems Practice	Quality improvement, policies/protocols/pathways, systems knowledge	“I felt so beholden to the protocol in fellowship and in training, and then as an attending realizing, ‘Well, not only do I not have the protocol that I think makes sense or that I'm used to, but I also don't have the resources that I'm used to, so I have to stray from this protocol because I want to avoid sending this kid hours away from where they live’ ... “

Interdisciplinary Team Dynamics and Communication	Communication with staff and PCPs; understanding how to work in a multidisciplinary team	"I think one thing that struck me... is the amount of communication that is expected between the hospitalist and the community pediatrician. I've never been somewhere where the community pediatricians have been so involved."
Leadership and Administration	Leader as pediatrician in adult system, formal leadership training, administrative roles within organization	"For better or worse, bureaucracy is different at community sites, and so sometimes a decision needs to be made. If you happen to be the one working that shift, you are going to be the physician voice, whether it's a change in medication or a change in some pathway."
Perception and Value of CPHM	Community hospital medicine may be undervalued; University-based colleagues may not understand the skills community sites bring to PHM	"There are no community fellowships, they're all in academic institutions. That edge, bias push, you just assume that you're going to be academic from the beginning, and so then I don't want to... I'll feel judged, which didn't end up being the case. But this silent part of me was like, I'm just going to pretend that I'm going to be an academic and love this stuff, and then maybe later figure it out."
Clinical Domains		
Emergency and Critical Care Skills	Emergency medicine, pediatric critical care skills, including codes, co-management with adult colleagues, procedures	"We get paged to the ER for critical kids that are coding...It's all adult providers down there. Sometimes they'll look at me and say, 'What do you want to use for this or that? It's a little bit rusty...'"
Neonatal Medicine	Newborn care, deliveries, neonatal intensive care clinical skills and procedures	"But outside of [4 weeks in fellowship], the last time I was in a delivery room was probably second year of residency. Just some of those newborn resuscitation skills are definitely something that I feel like I would've benefited from having had more of during fellowship training."
Triage & Transfers	Discussion and decisions regarding when to accept and when to transfer patients	"...so when it takes five hours for transport to come get a baby, that's been hard for me to deal with. I didn't feel like fellowship prepared me for that, just because we would get somebody there within 20 minutes max, maybe 30 minutes if they really were super sick. So, learning how long it takes help to get to you and thinking, 'Okay, now I have to backtrack and think if it takes me four hours to get transport here, maybe I shouldn't wait until I put this kid on BiPAP before I call.' "