



Futuristic On-The-Job Fellowships

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Corresponding Author:

Dr. Deepak Gupta,
Anesthesiologist, Wayne State University, 48201 - United States of America

Submitting Author:

Dr. Deepak Gupta,
Anesthesiologist, Wayne State University, 48201 - United States of America

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Futuristic On-The-Job Fellowships

Author(s): Gupta D

My opinion

My opinion has a backstory. I graduated from Anesthesiology Residency Program almost a decade ago. Initially, I pursued Pain Medicine Fellowship, but I did not succeed. Once I started my job, I abandoned my pursuit for fellowship. However, amidst the opioid epidemic, I considered pursuing Addiction Medicine Fellowship. But then COVID-19 pandemic happened. Now, I begin hoping "Tele-Fellowships For Addiction Medicine" to come to fruition [1]. Interestingly, tele-fellowships may not evolve in those sub-specialties which mandatorily need in-person training. Therefore, it is my opinion that the medical community should be implored to consider exploring futuristic On-The-Job Fellowships (OTJFs).

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With futuristic OTJFs, history is going to repeat itself with a nice twist. One's experience will not have to vie for equal status with one's education because one's experience itself will be counted and credited as one's education. For example, physician anesthesiologists can always choose jobs where they personally perform anesthesia services. If physician anesthesiologists personally and exclusively perform anesthesia services as obstetric anesthesiologists or neuro-anesthesiologists or regional anesthesiologists, their one-year dedicated anesthesia experiences can be retroactively certifiable as futuristic OTJFs in obstetric anesthesiology or neuro-anesthesiology or regional anesthesiology respectively.

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COVID-19 pandemic has demonstrated that tele-learning is going to be the new normal. Hence, after-hours education related to core competencies (medical knowledge, practice-based learning and improvement, and systems-based practice [2]) can be imparted virtually and remotely during futuristic OTJFs. Compared to compensating for dedicated supervisors evaluating core competencies (patient care, interpersonal and communication skills, and professionalism [2]), retrospective 360-degree feedback [3] can be adequately and cost-efficiently performed during futuristic OTJFs. To overcome after-hours education overwhelming work-life balance, one-year futuristic OTJFs can be spread over

three-year periods. Compared to unpopular non-compete agreements [4], three-year futuristic OTJFs can improve the retention of practitioners as they assess opportunities of their personal growth at the job. The number of applicants to jobs offering futuristic OTJFs can increase due to the allure for certifications and degrees. With increased interest in futuristic OTJFs, new sub-specialties can evolve. Provisions for futuristic OTJFs can allow practitioners to accomplish multiple futuristic OTJFs over a lifetime. Futuristic OTJFs may not need financial support from payers like Centers for Medicare & Medicaid Services [5] because physicians can generate healthcare revenues as independent practitioners during futuristic OTJFs. To cover the costs of mandatory tele-learning during futuristic OTJFs, practitioners can pay reasonable tuition fees.

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Summarily, I am imploring the medical community to start the discussions about the futuristic OTJFs because I hope that all learn while working and all work while learning.

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