Many fields of medicine have niche areas of practice requiring additional training, above and beyond that which is offered during residency and fellowship. Many of these sub-sub-specialties have only institutional oversight, and can be likened in some circumstances to apprenticeships. We sought out to develop a one year non-GME lung transplant fellowship for pulmonary trained fellows. There are currently approximately 20 such programs, and one has not existed at University of Colorado in the past 10 years. We sought out to re-establish the program, which grew in scope from its inception into a collaborative national effort. During the development of this program we identified many pearls and pitfalls that we wish to share.

First and foremost were identifying opportunities locally for the educator, so that they can attain the skills necessary to execute such an endeavor. Many individuals with an interest in medical education benefit from acquiring additional skills and resources. The pulmonary and critical care division has a medical education working group that allows Educators to share resources and ideas, as well as provide feedback and develop new projects. Additional resources, such as the Teaching Scholars Program, provide valuable resources in a longitudinal manner foster the educator to Educator, as well as develop medical education research projects, curriculum development, and provide a forum for cross-specialty collaboration.

Another key aspect of this process was identifying stakeholders, within the division and beyond, and validating a need for such a program. The lung transplant program at University of Colorado has been growing, and there is a clinical need for physicians that outstripped the pool of eligible candidates. If no need exists, logistic issues like acquiring funding are going to be challenging. Additional considerations include identifying faculty members with the knowledge and skills to be able train learners, and career mentors for the Educator. It is key to ensure that a similar program with overlapping interests does not already exist, as was the case with the initial inception of the lung transplant fellowship with an already existing advanced lung disease program.

A pitfall of programs such as these is that with only local and institutional oversight, there can be heterogeneity among a trainee’s experience depending on which institution they are part of. During the development of this program, a medical education working group formed via networking at the International Society for Heart and Lung Transplant annual conference. This venue provides many opportunities to develop ideas, collaborate on curriculum and research projects, and centralize resources. Contributions to scholarly activity and medical education, as well as national reputation, are weighed during the promotion process, and working with a think tank or working group can provide potential resources to magnify one’s efforts. The major drawback to forming a de novo working group such as this is the classic “too many cooks in the kitchen” trope, which can slow down project development and implementation. A take home point from this experience is to establish firm timelines, meeting dates, and responsible committee members to address tasks.