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# Why Sports Medicine? A Qualitative Interview of Career Motivations and Perspectives of Fellowship Selection from Attendings and Fellows

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# Abstract

**Background:**

This qualitative study aims to deepen the understanding of the field of Sports Medicine (SM) and elucidate the factors that trainees consider when pursuing this field.

**Methods:**

SM fellows and attendings were recruited through email and via a snowball sampling approach. Semi-structured open-ended question interviews were conducted using a private Zoom link. Each transcript was dual-reviewed to identify prevailing themes within the responses.

**Results:**

20 participants, comprising 13 attending physicians and 7 SM fellows, were included in this study. All participants highlighted the importance of early exposure and mentorship, as they may not have considered SM without it. The majority chose Family Medicine as their primary specialty to transition into SM, allowing a broad application of musculoskeletal care. Research was not a primary motivator, but it was emphasized as valuable in enhancing clinical practice and improving health outcomes. Work-life balance while maintaining clinical engagement was essential for career fulfillment. Most importantly, the participants emphasized that SM should not be perceived as a niche field catering to athletes but as an essential component of healthcare serving a broad range of patients.

**Conclusion:**

These findings highlight the importance of early exposure, mentorship, passion, and an understanding of what SM entails in healthcare for interested applicants.


# Background

Sports Medicine (SM) has evolved from focusing primarily on athletes to addressing the broader population, emphasizing the benefits of exercise, especially for preventative health.[1] The field of SM has become an increasingly popular subspecialty over the years. From 2010 to 2021, available fellowship positions more than doubled from 153 to 333.[2–3] Various factors, including clinical experiences, research opportunities, faculty mentorship, clerkship experiences, and personal attributes, may influence this rise in interest in entering this field.

Various factors, including clinical experiences, research opportunities, faculty mentorship, clerkship experiences, and personal attributes, may influence this rise in interest in entering this field. Interested applicants are recommended to practice interviewing, pass board examinations, obtain a letter of recommendation from a physician with an SM background, and provide game coverage at any level of competition.[1]

Some medical schools offer special programs to support students in their chosen fields. This gives them an advantage by allowing them to gain more knowledge and experience early on. However, differences arise between schools in cities versus those in rural areas. Students in cities often have more opportunities to learn about specific medical specialties and do research early on, while students in rural areas likely have less.[4]

In general, SM is an area that does not receive much attention in medical education. This qualitative study aims to develop a comprehensive understanding of the field of SM and the factors that trainees consider before pursuing this field by interviewing attendings and current fellows.

## Methods

# Recruitment Strategy:

A recruitment email was sent to SM fellows and attendings, with a maximum of three attempts made if no response was received. After each interview, the participant was asked to refer the study team to other individuals via a snowball sampling approach (n = 4). This study was approved by California Northstate University College of Medicine's Institutional Review Board (IRB): 2312-02-151. Informed consent was obtained from all participants before conducting interviews. This study and methods were carried out in accordance with the Declaration of Helsinki and institutional guidelines for research involving human participants.

## Interview and Data Collection:

This study was conducted virtually through a private Zoom link, between May and October 2024, with an average length of 30 minutes (range: 20–40 minutes). All interviews were recorded and transcribed using Zoom's audio recording function. To maintain participant privacy during the interview, no names or identifying information were shared or stored. Written and verbal confirmation of consent was obtained before the interview. Interviews were conducted in a semi-structured manner, using open-ended questions that allowed broad interpretations and reflection by the participants. The semi-structured interview guide was developed by the research team for this study (**Supplementary File 1**).

## Transcript Analysis:

All transcripts underwent de-identification before conducting further analysis. These files were stored in a restricted password-protected Google Drive folder (Google Drive; Google, Mountain View, CA). The de-identified transcripts underwent a narrative content qualitative analysis. Each transcript was independently dual-reviewed to identify prevailing themes within the responses. In cases of discrepancy, the inter-coder agreement was established through discussions between the two team members.

## Results

# Participant Demographics

This study included 20 participants, comprising 13 attending physicians and seven fellows, all specialized or trained in SM. Thirteen came from Family Medicine (FM), four from pediatrics, one from Emergency Medicine (EM), one from Internal Medicine (IM), and one from Physical Medicine & Rehabilitation (PM&R). The following five themes and subthemes will be discussed, and a brief overview/quotes can be found in Tables 1 and 2.

Table 1
Themes and Subthemes for the Selection of Sports Medicine

| Theme | Subthemes | Example Quote |
|---|---|---|
| Factors Influencing the Pursuit of Sports Medicine | Personal sports experience, passion, personal injuries, desire to work with motivated populations | “I've always loved sports, and dealing with injuries personally just made me want to help others going through the same thing.” |
| Selection of Primary Specialty | Specialty rotation experiences | "During my rotations, I was drawn to family medicine due to its variety and long-term relationships with patients." |
| Role of Research, Mentorship, Exposure | Early exposure, mentorship | "Mentorship was crucial during my training. I always looked for someone whose values aligned with mine and who could guide me." |
| Lifestyle, Financial, Work-Life Balance | Work hours, work-life balance, salary | "For me, maintaining a healthy work-life balance is crucial, and I looked for a specialty that allowed that." |
| Diversity, Representation, Expanding Access | Representation, the importance of diversity | "It's important to see diversity within the medical field. Representation matters for both patients and practitioners." |

Table 2
Factors Influencing the Pursuit of Sports Medicine

| Theme | Fellow | Attending |
|---|---|---|
| **Personal Factors** | ***"Being an active person and having been an athlete for most of my life made me gravitate toward SM."*** | ***"As an athlete, I always had to deal with injuries and recovery. That hands-on experience made me want to help others stay active and healthy, which led me to SM."*** |
| **Research, Mentorship, and Exposure** | ***"I engaged in research to improve clinical outcomes, even if it wasn't the most exciting part of my work."***<br><br>***"My faculty were real with me; they didn't just push me toward orthopedics. Instead, they guided me toward FM and SM."***<br><br>***"Prospective SM physicians need earlier exposure and mentorship to gain an honest understanding of the field."*** | ***"I signed up for an SM rotation by chance, and it changed my career trajectory. Having a mentor who showed me the impact of SM was crucial."***<br><br>***"Exposure is everything—if you don't see it, you don't know it's an option."***<br><br>***"I didn't even realize non-operative SM was a field until my third year of medical school. More exposure earlier would have been valuable."***<br><br>***"Research didn't motivate me directly, but I realized how valuable it is in improving practices in SM."*** |
| **Selection of Primary Specialty** | **"Working with Spanish-speaking communities in my Latino Medical Student Association helped me realize that FM was a better fit for me, especially in SM."** | **"Initially, I wanted to pursue orthopedics, but my exposure to FM and its holistic approach to patient care shifted my focus. SM was the natural progression because it allowed me to combine my passion for musculoskeletal health with the broader, more inclusive patient care of FM."**<br><br>**"When I was in medical school, SM wasn't a formal pathway. I had to find opportunities on my own."**<br><br>**"In the mid-'90s, SM wasn't well developed, so I sought mentorship from a sports doctor who guided me through the process." (Attending)** |
| **Work-Life, Financial, and Practice Considerations** | **"FM, with its more flexible schedule, made it easier for me to consider a future with a partner and children."** | **"Work-life balance mattered to me, and I saw SM as a field that allowed for that."**<br><br>**"The ability to combine sports and medicine was what drew me in."**<br><br>**"Finances didn't drive my specialty choice; my debt was substantial, but I knew I'd be able to pay it off eventually."** |

| | | |
|---|---|---|
| **Diversity, Representation, and Expanding Access** | **"Diversity is crucial in SM. We need to make sure people from different cultural backgrounds and specialties see themselves represented in this field."** | **"As an African American female, I rarely saw anyone who looked like me in this field, which made me question whether I belonged. Seeing more representation would have made a huge difference."** |

# Personal Factors

Personal sports experiences significantly influenced their decision to specialize in SM, which provided direct exposure to sports injuries and rehabilitation. SM allowed them to integrate their passion for athletics with medical practice. Additionally, many emphasized the alignment between their values and the role of SM in enhancing patient health.

## Selection of Primary Specialty

FM was most frequently chosen as the primary specialty because of its broad scope and patient-centered approach. Participants' experiences in medical school played a substantial role in shaping specialty decisions. For many, SM was not a structured component of their medical school curriculum, which required them to seek experiences and mentorship in this field actively. Others stated their medical schools had assigned SM faculty, which helped them understand SM as a career path even when their initial interests were in different specialties.

## Role of Research, Mentorship, and Exposure

Conducting research in SM was not seen as a primary motivator, but many stated it was valuable for enhancing clinical practice and improving health outcomes. Participants frequently cited mentorship as a crucial factor because it provided exposure to SM through rotations, sideline coverage, and guidance. Many even stated that mentorship influenced them beyond career selection, but deepened their understanding of the field and its scope. Participants highlighted experiences such as shadowing, conferences, and sideline coverage as crucial in shaping their decisions. Some interviewees suggested structured mentorship programs to provide enhanced guidance within SM.

For some, limited exposure during early medical training to SM made it challenging to consider it a specialty. The need for earlier integration of SM into medical school curricula was suggested as knowledge of this field emerged later in some of their education.

# Work-Life, Financial, and Practice Considerations

Intrinsic motivators, such as improving patient health outcomes and performing procedures, were most frequently cited, with less focus on financial considerations.

However, many acknowledged the financial costs of medical school but expressed a stronger desire to feel more fulfilled in their career goals, rather than solely for income. Additionally, the stronger emphasis on work-life balance with more predictable working hours while maintaining clinical engagement influenced their decision-making.

Participants noted that this discipline allowed them to pursue their passions for patient care and sports while supporting a lifestyle that allows time for their interests and family.

## Diversity, Representation, and Expanding Access

Participants underscored the need for greater diversity and representation within SM, emphasizing the importance of supporting underrepresented groups and expanding opportunities for diverse students to enter the field. Many stressed that SM should not be perceived as a niche specialty catering only to elite athletes but as an essential component of healthcare serving a broad range of patients.

The number of participants mentioning these particular themes can be found in Table 3.

Table 3
Number of Participants Mentioning Themes

| Theme | Mentioned by number of participants (n = 20) | Percentage (%) |
|---|---|---|
| **Diversity and representation was seen as vital** | **18** | **90** |
| **Mentorship during training was critical** | **16** | **80** |
| **Personal athletic background influences decision** | **12** | **60** |
| **Exposure during medical school guided choice** | **14** | **70** |
| **Interest in work-life balance influenced choice** | **10** | **50** |

# Discussion

This study explored the important factors for applicants interested in SM from the perspective of SM fellows and attendings. The qualitative analysis uncovered the following main themes: 1) having a background as an athlete; 2) the importance of faculty mentorship; 3) exposure to SM; 4) work-life balance; and 5) diversity/representation.

At the beginning of training, medical students may already have specialty considerations, but these preferences are not fixed.[5] Kaminski et al. found that 87% of students had minimal exposure to their chosen specialty before third-year clerkships.[6] Previous research has also demonstrated the significance

of mentoring for medical students and the great impact it can have on their career choice and development.[7]

As more people have become aware of SM and its demand has increased, the trends in its match would be of interest to applicants. Despite the doubling of accredited programs and fellowship positions from 2010 to 2021, there was a significant increase in match rates.[1,8] Above all, the participants noted that the strongest candidates are those who demonstrate their passion for the field, regardless of when they begin pursuing it. This sentiment echoes holistic screening processes, in which continued involvement in extracurricular activities, such as research, volunteering, advocacy, shadowing, or other specialty-specific activities, can showcase an applicant's interest. Thus, trainees who decide to pursue this field earlier through mentorship/career guidance can benefit from earlier sideline coverage, clinic exposure, and research experiences, which can make them stronger fellowship candidates. This is supported by a study evaluating factors associated with SM fellowship acceptance, which were interview performance, letter of recommendation from SM fellowship faculty, and high school event coverage.[9–10]

Vo et al. evaluated the considerations important to a trainee using a continuous scale: job satisfaction (mean: 87.81, SD: 13.33), lifestyle (mean: 83.31, SD: 16.18), and impact on the patient (mean: 82.2, SD: 14.21).[5,11] Similarly, the participants in this study emphasize that an aspect of SM they enjoy is working with highly motivated populations, which leads to job satisfaction and a positive impact on the patient.

Primary care SM encompasses not only non-surgical musculoskeletal conditions but also other medical concerns that primary care is responsible for, such as heart disease, concussions, heat exhaustion, stroke, diabetes, asthma, and more.[10] Furthermore, there is training in nutrition, supplements, drug testing, psychology, and exercise physiology. Various health aspects can affect physical activity, thus reflecting the comprehensive and multifactorial nature of primary care SM in maintaining overall health, enhancing performance, and preventing injury.[10]

This qualitative study provides information on factors that SM physicians consider when going into this field. The results of this study underscore the need for increased mentoring programs and ways to increase exposure to this field to foster student development and interest in this field. Future studies can examine the understanding of this field among medical students and residents at different points of their training.

# Limitations:

To our knowledge, this is the first qualitative interview study conducted with SM fellows and attendings. However, some limitations must be addressed. First, several study participants were recruited through a snowball sampling approach, which introduces selection bias that may reduce the generalizability of these findings. Second, multiple study team members conducted the interviews, which may introduce inconsistencies and interpersonal variabilities. To minimize this, a standard protocol and questionnaire

were utilized for each interview to ensure consistency. Third, the interview format introduces social desirability and recall bias, which can affect the reliability of the data analyzed.

## Conclusion

There were five themes identified in this study: 1) having a background as an athlete, 2) the importance of faculty mentorship, 3) exposure to SM, 4) work-life balance, and 5) diversity and representation. These findings can help inform trainees on factors to consider when pursuing SM as a career. Additionally, medical schools and program directors can utilize this information to enhance mentorship programs, career counseling, and curriculum.

## Abbreviations

SM
Sports Medicine
FM
Family Medicine
EM
Emergency Medicine
IM
Internal Medicine
PM&R
Physical Medicine & Rehabilitation

## Declarations

Ethics approval and consent to participate:

This study was approved by California Northstate University College of Medicine's Institutional Review Board (IRB): 2312-02-151. Informed consent was obtained from all participants before conducting interviews. This study and methods were carried out in accordance with the Declaration of Helsinki and institutional guidelines for research involving human participants.

Consent for publication:

Not applicable

Availability of data and materials:

The datasets used and/or analyzed in the current study are available upon reasonable request. Please contact J.W. to request data from the study.

Competing interests:

All authors declare no potential competing financial interests or personal relationships as specified on the required ICMJE Disclosure Forms.

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Authors' contributions:

MDH, JW, DG, DDM, MS, BM, CG, AA, MW and SPF contributed to the conception and design of the study. MDH, JW, DG, DDM, MS, DR, and AA acquired and analyzed the data. MDH, JW, DG, DDM, MS, DR, BM, CG, and MSW interpreted the data. All authors contributed to drafting, revising, approving, and were accountable for the submitted manuscript.

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## Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- SupplementaryFile1.docx