Applying to Residency in Pediatrics: Resources to Help You on Your Journey

By Christian Pulcini, MD, M.Ed, MPH

Recently, a medical student approached me for advice on applying to pediatric residencies. It wasn’t long ago that I was in his shoes, and I was eager to share what I learned along the way. So, I started spilling out everything I knew, much akin to what we often refer to as “verbal vomit”. As the student politely nodded, I realized that in an effort to be thorough, I probably only caused the student more stress and confusion. Despite this, I learned that the student was relying mostly on websites to get his information, many of which featured strong, yet misguided, opinions of medical students and residents whose personal stories and experiences were not only unique to them, but also clouded the true messages. As I pointed the students towards resources written by reliable, expert pediatricians and other physicians, I thought about how other students might benefit from knowledge of these helpful, but often underutilized, resources.

Below are some of these resources. I’ve presented them in a step-wise fashion with accompanying links. It is my hope that these will help simplify the application process. Since there is so much information to cover, I will only cover the process up to the application itself. However, many of the resources mentioned in this article go far beyond the application itself, and also provide helpful guidance for the interviews, post-interviews, and even for the match itself.

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Keep in mind that these resources provided are just a sampling of what I find to be helpful. This list is not comprehensive and includes advice of experts, not my own personal opinions.

So, without further ado, let’s begin:

Step 1: Preparation/Research
This often takes place during the first through third years of medical school, and will help you navigate through the medical school years in a seamless manner, helping you figure out what is important to you and where you stand as an applicant. The resources listed below are particularly important for this step.

- **Becoming a Pediatrician** is a synthesis of expert opinions published by the American Academy of Pediatrics on all the steps towards becoming a pediatrician from pre-medical to residency training. A new update is coming soon, but in the meantime, read up because this document has some wonderful information from multiple experts in the field of pediatric education.

- **The National Matching Residency Program Director Survey** is performed annually and informs applicants of all specialties about important factors that play into a successful match – from interview invites to match list. What it basically tells you for pediatrics is that everything you do is important in some manner, and, in general, pediatrics is a field that promotes a diverse and well-rounded workforce. Also, share this with your colleagues in other specialties, they will be appreciative!

Step 2: Obtaining advisors/mentors
This should be done as early as you recognize you are interested in pediatrics. I recommend starting with the pediatrics clerkship director, pediatric residency director, and/or asking housestaff at your institution who they would recommend as an advisor/mentor. This is a very important piece of the process, and being proactive about it is very important. The resources identified below are also extremely important and can be valuable tools for all students applying in pediatrics.

- **PedsConnect** is a resource brought to you by the Medical Student Subcommittee of the Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT). It is an on-line advising forum featuring real-time virtual contact with a panel of medical education experts across the country who answer questions, offer advice, etc. The archive of articles and interviews included on the PedsConnect website is especially valuable, with highlights including an interview with Dr. Ted Sectish, program director at the Boston Combined Residency Program, on “How to become a competitive pediatric residency applicant.” This discussion also includes important information on things like away rotations, electives, etc.

- **Pediatric Career Blog** is a blog run by Dr. Terry Kind at Children’s National in D.C., and can serve as a sort of “virtual advisor”. It is a wonderful resource for medical students, featuring an archive of blog posts such as “Dear Pediatrics: will you be mine” and “How will you apply yourself”

This is an excellent resource that should not only be utilized in preparing and researching, but also all the way through the match and beyond as you pursue a career in pediatrics.

Step 3: Obtaining letter writers, starting a personal statement, and updating CV/resume
These should be done far in advance of the application being opened. Many of my own advisors recommend beginning these as early as March/April of the third year or the beginning of 4th year. Attempt to have multiple individuals read through your personal statement, (Continued)
but do not obsess over it (a common pitfall...) because as you can see on the NMRP website, it is not a particularly strong factor used to get an interview invite or for the rank list.

- Resources to use for this step: Becoming a Pediatrician, Pediatric Career Blog, and PedsConnect are all extremely helpful for this step in answering many of the common questions or concerns.
- The University of Colorado Department of Pediatrics has put together a very helpful “Residency Preparation Manual”. This manual contains a multitude of tips on the application process as well as examples of well-written and poorly written personal statements.

Step 4: The application
The pediatrics application is actually fairly self-explanatory and requests basic information and explanations of things that are already listed on your CV. I would aim to submit the application with all letters on the day the application opens. If you were diligent about obtaining letter writers, even if requested as late as July/August, that still allows letter writers at least a month to submit. The most common question for applications is “how many programs should I apply to?”, and the answer is “it depends”. This is an individualized question that should be discussed with your personal mentor/advisor.

- Resources to use for this step: Becoming a Pediatrician, Pediatric Career Blog, and PedsConnect are also all great resources at this point in your application process.

Step 5: Beyond the application
Continue to use the resources provided above for interviews, post-interviews, ranking, and matching. This part of the application and matching process is so personalized that it is difficult to offer unbiased, blanket advice. The publications offered above, however, do a nice job of guiding individuals through this process as well, often encouraging self-reflection, speaking to advisors, and a little more self-reflection.

Another resource underutilized by medical students is the Medical Student Subcommittee of the AAP (contact information included in this publication). These individuals can help guide other medical students through the application process by utilizing the resources mentioned above, as well as providing medical students with contact information to pediatric residents in every pediatric residency program in the country for questions/inquiries.

Lastly, it goes without saying that the people who choose to pursue pediatrics are a wonderful bunch. We love to mentor, advise, and talk with others about our own experiences and the highlights of our daily lives working with children. Be proactive and take advantage of this during application season, and even if we are unorganized in our presentation, our enthusiasm and love of pediatrics will hopefully keep you with a smile.

So there you have it! Despite the advice listed above, keep in mind that every program is unique, just as every applicant is unique. For a true assessment of you as an applicant or a particular residency program, it is essential to speak to multiple advisors in various roles including the designated personnel of your medical school who have years of experience with individuals in your position at your medical school. There is no shortage of qualified people to speak to and this includes Deans of Student Affairs, pediatric clerkship directors, pediatric residency program directors, pediatricians in the community, fellows, residents, and even your classmates applying to residency. Also keep in mind that regardless of the position someone is in (whether it is a professor emeritus in pediatrics or a pediatric resident), only you know what your own goals and personal needs are and it is ok to make different choices based on your own assessment. Lastly, if any advisor is making strong “must” statements such as “no matter what your grades and board scores are, you need to apply to at least 30 pediatric programs to match”, ensure that you seek additional advisors who may also assess your personal situation and engage in a conversation that will benefit you the most (and, in this case, your wallet).

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SPOTLIGHT ON D.C.

With the 2015 NCE taking place in D.C., we thought we would spotlight the various pediatrics residency programs located around the greater D.C. area! (in alphabetical order, of course)

Children’s National Medical Center Program: An Interview with Dr. Dewash Agrawal, Program Director

By Nan Du

How can medical students show interest in pediatrics during their preclinical and clinical years? What about students who are not geographically close to the area they wish to apply to?

Most medical schools allow time during the summers or within their formal curriculum for students to do research.

This is a great way to show interest in the field, especially if one is interested in academic pediatric programs. In the first two years, I would encourage students to ask pediatric faculty about any research projects they can get involved in. For third and fourth years, I encourage students to use their elective time to follow up on research projects or take pediatric electives. I think it is especially important to create a pediatric focus during fourth year.

The classic way of expressing interest in a particular residency program is an audition elective at the location or program you wish to Match at. However, this can be a double-edged sword. You certainly don’t need to do this to get into a residency program, but it is a great way to showcase your skills. Nevertheless, there is going to be a lot of scrutiny. My residents are my spies! They want to select people that they want to work with. If you are the type of person who gets along with everyone and people like working with you, it is in your benefit to do an elective away rotation. If you are more shy, socially awkward, or hard to get to know, though clinically capable, maybe it won’t be to your advantage to do an away rotation. It isn’t perfect for everyone. I have plenty of residents who come from around the world, and the vast majority did not do an away elective here.

Furthermore, if you need to be in a particular city, then it might be a good thing to tell the program through personalized emails during the interview cycle or during the elective, explaining, “These are the reasons why I would like to be here.” (Continued)
What do program directors value in strong pediatric residency candidates?

As program directors, what we want in strong pediatric residency candidates is not rocket science. Each program has different things they look at, and, in general, most of us would agree that the best medical students make the best residents.

So, what is a great medical student? It is someone who has done well in medical school throughout the first three years and has excelled clinically. A Dean’s Letter will give a comparative description, often with bottom quartile vs. top quartile. There is a lot of objective information we are given through the ERAS application: AOA, grades, Dean’s Letter, Step 1 and Step 2 scores, and Gold Humanism Honor Society membership are a few we look at. The programs which are more academic or research intensive will see if you have a PhD, MPH or multiple publications. Have you had significant leadership activities which demonstrate passion to be a future leader? Have you overcome adversity? Are you the first to have gone to the college in your family? These are all factors that residency programs consider.

The most important factor for me is how you would be when taking care of my own kids. I want residents who are comfortable with children and their families. I look for characteristics such as trustworthiness, strong communication skills, and genuine concern for patients. We don’t just want book smarts, but we’re looking for someone who is able to show empathy and compassion. These qualities are often hard to search for and find. This is why the interview process can be complicated. We love students who have comments from their clinical rotations that say, “everyone loves working with them” or “has a great attitude.” Nobody wants to work with someone on their team that channels frustrations in an unproductive fashion all the time.

Each program is different regarding the use of a USMLE score cutoff. For those who are curious, our program does not have a score cutoff. We look at the overall picture. If a resident applicant has a failure on Step 1 or Step 2, we look for a reasonable explanation.

How can medical students be successful in the Match?

Be an amazing medical student. Do everything you can to study hard, play hard, and enjoy being a medical student. In fourth year, the best things you can do is be honest with yourself. You should figure out how competitive you are and apply to the appropriate diversity of programs within that level of competitiveness. If you are a top applicant and you know you are doing well, you probably could apply to only 3-5 programs, but you might give your Dean a heart attack! If you are an average medical student, I promise you are going to get into pediatric residency. Remember that 97% of U.S. medical students who are interested in pediatrics will match into pediatrics. You should also look at the full spectrum of residency programs and the full spectrum of competitiveness.

When you interview, put on your best face. We have always been a bit surprised by the things we find out from applicants on interview days. Remember, this is a job interview. I’ve interviewed applicants who are unkempt or have frowns on their faces throughout the day. Dress well and be professional. In our program, I meet and greet all of the applicants.

Given proximity to our nation’s Capital, what advocacy opportunities are available at your residency program?

There are many different ways to advocate for children. One of the strengths of our program is the proximity and access to legislative advocacy opportunities. We also have amazing institutional leadership in our Children’s National’s Child Health Advocacy Institute. One (Continued)
component of the general training for all of our residents is a workshop on how bills are made, where we show the old “School House Rock” video! There is also a 3-week long health policy elective. There are innumerable ways residents can get involved formally or informally. Our residents have drafted multiple pieces of legislation. One of the current chief residents has been to the Hill almost 20 times during his residency rotations. The AAP Federal Affairs and Legislative office is based in D.C., and we have many residents who do an elective rotation there.

As a physician, you can improve the lives of so many kids by being their direct physician one-on-one. You can improve the lives of so many more kids by working as an advocate, either at a local, regional, national, or international level. On a local level, our residents work in southeast D.C. where there are many health disparities. They design and implement projects such as reducing teen pregnancy rates, obesity prevention, and increase access to safe parks. In addition, residents in the Community Health Track have a month-long advocacy rotation and also take a 3-week long health policy course, which teaches them the skills pediatricians need to be effective advocates for children in the public policy arena. Residents also do advocacy-focused research projects with AAP CATCH grants.

We are looking for residents who have their own passions. If they have their own interest on how to improve the lives of kids, my job as the program director is then to help connect them with the people, mentors, and resources to be able to do that. We love residents who have this passion and are able to implement whatever ideas they come up with.

What makes Children’s National Pediatric Residency Program special?

By far, what makes this program so wonderful is the people. The residents are the ones who make it so amazing. They are why we work so hard to make the program better each year. There are currently 117 residents. They define this program and their accomplishments are what we are most proud of. They are going to become leaders in their respective field. I love my job as the program director. It is great and amazing to watch how my residents grow from the new intern who is afraid of writing an order to the senior resident who is leading rounds confidently. They are happy while they are here, and we provide a very supportive environment. This program is really centered around the residents as we aim to further their growth.

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Please feel free to share some tidbits about yourself, such as—Where did you grow up? Where did you attend medical school/residency? Why Pediatrics? Why the DC area?

I grew up in Toledo, Ohio. I went to Duke (go Blue Devils!) for undergraduate and attended the University of Michigan Medical School. From there, I spent 6 years in Boston completing my pediatric residency and pediatric emergency medicine fellowship training. I came to D.C. because my then fiancé (now wife) needed to be in D.C. due to her job in international trade law. Luckily, there was a fantastic pediatric emergency department at Children’s National, where I was able to start my academic career in 2003. In 2007, I was ecstatic to become the residency program director.

Any last thoughts for our medical student members?

I urge fourth year students to have fun throughout this process. It is a tremendous opportunity to visit children’s hospitals and pediatric residency programs across the country. Enjoy each place. Be sure to partake in the pre-interview dinner/happy hour so you can talk to the residents off the hospital premises. I encourage every applicant to talk to as many residents as they can in person, by email, blog, or any other available opportunities. They really provide the best advice and are the best ambassadors for the program. Remember to also always be on your best behavior. We love having students apply to our program, and I look forward to reading your applications!

Click here to learn more.
Almost all U.S. medical students are going to match! There are so many programs in the United States. It is important for medical students to think carefully about what they are looking for: small vs. large program, free standing hospital vs. children’s hospital within a hospital. Medical students can also be successful by showing interest in pediatrics in the ways listed above and by choosing pediatric experiences. Another piece of advice: Follow up with your interviews and don’t hesitate to do a second look if you are interested. Students should also try to meet as many residents as possible while they are interviewing and try to gauge what feels right for them.

Given proximity to our nation’s capital, what advocacy opportunities are available at your residency program?

I’m very active with the D.C. AAP chapter, and we try to get as many of the residents involved as possible. Currently, there are four residents who are resident delegates and one who is an executive board member. Furthermore, we encourage our residents to do a variety of advocacy activities including lobbying on Capitol Hill. Depending on the time of the year, the residents on the adolescent medicine rotation block can spend a day testifying at the D.C. council or at the Capitol. The AAP Legislative Conference is also held in D.C. and residents can attend.

What makes Georgetown Residency Program Special?

We are the smallest of the three D.C. programs. This allows for a lot of one-on-one interactions with attendings. Our only fellows are in the NICU. There is great communication and individualized teaching by the faculty. Another strength is our continuity clinic, where residents spend one afternoon per week. Consistent with Georgetown’s Jesuit tradition of service and care for all, our clinic has a diverse population of patients. Residents will see patients from all over the metropolitan D.C. area and from different backgrounds, from children of diplomats to those receiving public assistance. Therefore, residents get training with many types of patients. Additionally, there is a large contingent of international faculty and we see a lot of international patients.

Please feel free to share some tidbits about yourself, such as—Where did you grow up? Where did you attend medical school/residency? Why Pediatrics? Why the MD area?

I’m originally from Connecticut, and I went to New Orleans for college on an Army ROTC scholarship. I returned back to Connecticut for medical school. I knew early on that I wanted to be a pediatrician. I decided on adolescent medicine based on some amazing experiences I had with an adolescent medicine trained family medicine physician, though I chose to take the pediatric route. I moved to NYC for... (Continued)
residency at Mt. Sinai where I received a CATCH grant with two fellow residents and developed a program in East Harlem to teach pregnant and parenting teens about well-child care. I moved to D.C. for my adolescent medicine fellowship where I became active in the D.C. AAP chapter. We have a robust local chapter with great programming and a considerable amount of advocacy work. I’m proud of how much this chapter has grown in the last 12 years, and I enjoy having the opportunity to testify for issues important to child health such as bills on concussions and expedited partner treatment for STD treatment.

Any last thoughts for our medical student members?

Go into residency interviews with an open mind. You might be pleasantly surprised with the program. If there is a program you are interested in, go back for a second look. Try, if you can, to meet the residents outside of the program at happy hour. Most of all enjoy the experience!

Click here to learn more.

“Go to residency interview with an open mind. You might be pleasantly surprised with the program.”

Inova Children’s Hospital Program: An Interview with Dr. Kathleen Donnelly, Program Director

By Nan Du

How can medical students show interest in pediatrics during their preclinical and clinical years? What about students who are not geographically close to the area they wish to apply to?

During the preclinical years, it is not important to me that students show an interest in pediatrics. They should do everything in their power to investigate their career options fully, and take the opportunity to learn as much as they can about the basic sciences. This knowledge is the foundation going forward. During the preclinical years, you often feel that you will never get to the “real stuff”, but all that “stuff” you learn is still useful. I would not mind going back to sit through my pathophysiology course again now!

During the clinical years, you start to have more flexibility in choice of rotations, especially from third to fourth year. Students’ best resource is their local faculty, who can help them design a unique curriculum for pediatrics reflecting their individual interests. As a fourth year student, I wanted the chance to deliver babies one more time, so my mentor helped me to design a (Continued)
It is always ideal to rotate at an institution that interests you. You will get more exposure in a month rotation than during the one day interview process. However, you can only do that a couple times during your fourth year. Hence, you should be prepared to explain in your personal statement and during your interviews why you are attracted to a given program. It is common for programs to ask candidates why they chose to interview at that institution. If you have invested some time to learn about the institution, you will be rewarded.

**What do program directors value in strong pediatric residency candidates?**

All program directors value medical students who have shown strong clinical performance on core rotations. Beyond that there are variations between programs, and different priorities based on the program’s personality. Understanding the priorities of each program you are applying to will maximize your satisfaction in the Match.

**How can medical students be successful in the match?**

The best way to be successful is to be honest about who you are and what you are looking for. There is a program (probably many) that will meet your needs.

The recruiting process is your best opportunity to find which programs are going to meet your needs, so put yourself out there and be honest.

**Given proximity to our nation’s capital, what advocacy opportunities are available at your residency program?**

Despite the fact that Northern Virginia has 3 of the 5 highest median income counties in the nation, we have a very diverse population both socioeconomically and ethnically. Our residents have advocacy opportunities at all levels, including the state and national level. Locally, interns participate in free school physicals for uninsured children. During second year, they each have a chance to teach at an alternative high school for pregnant and parenting teen moms. The residents go and meet with the girls and discuss topics such as STDs, basic child care, as well as answer any questions these moms may have. Residents have accompanied local pediatricians to school board meetings to discuss important child health topics such as school start times. At the state level, all the residency programs in Virginia participate in an annual “White Coat Day” in Richmond, meeting with state legislators on a topic, such as banning smoking in cars to protect children from secondhand smoke. At the national level, we are close to AAP headquarters, giving residents the option to spend an elective block working alongside AAP staff.

**What makes Inova Pediatric Residency Program Special?**

From my perspective, we are unique in our location and our history. We are a relatively young program, established in 1996, and, therefore, we are still growing and developing. I want residents to come here who are committed to participating in their own education. We have highlighted the individualized curriculum and rather than having career tracks, we allow each resident to develop their own individual electives under the guidance of a faculty mentor. Starting in the second year, you and your mentor participate in a career development seminar. In the third year, you are able to create “hybrid” electives with your own learning objectives. For example, residents have spent time with a pediatric dentist, with an attorney who does malpractice work, and riding on ground and air transports. One resident this past year, who was interested in special needs children, designed an elective where she spent time with music, art, and horseback riding therapy programs. Her experiences led her to reconsider fellowship training in developmental pediatrics.

“Understanding the priorities of each program you are applying to will maximize your satisfaction in the Match.”
Please feel free to share some tidbits about yourself, such as—Where did you grow up? Where did you attend medical school/residency? Why Pediatrics? Why the Virginia area?

I grew up outside of Philadelphia, and was a chemical engineering undergraduate, and then went to medical school at Duke on an HPSP military scholarship. As a byproduct of my military experience and postgraduate training, I have moved around a lot, from California to Hawaii to North Carolina to New York. Experiencing medicine in different parts of the country has added perspective; I know there is not only one way to do many things.

In terms of why pediatrics, it was mostly because kids are resilient, much more so than adults. On the other hand, medicine is really a great field despite what is being said in the press these days. I think within the field of medicine, there are many things I could have done and would have been happy with.

In 2006, I was an attending in pediatric critical care at Albany Medical Center as well as the Associate Program Director. A former Army colleague called and asked if I wanted to “come interview for a job”. It sounded like a great opportunity, and I agreed to visit. The outstanding teaching faculty at Inova won me over and I accepted the position as Program Director. Being able to combine clinical practice with mentoring the next generation of pediatricians makes this a fantastic job.

Any last thoughts for our medical student members?

Enjoy fourth year. It is a great time. Enjoy the interview process. It can feel very stressful and sometimes can be long and arduous, but it is an opportunity to see healthcare and visit a lot of different hospitals. If you approach it like a chance to explore, it will be entertaining and fun.

Click here to learn more.

Johns Hopkins Medicine Program: An Interview with Dr. Janet Serwint, Program Director

By Nan Du

How can medical students show interest in pediatrics during their preclinical and clinical years? What about students who are not geographically close to the area they wish to apply to?

There are many pediatric related activities in which students can participate in. Examples include working in a community clinic, teaching classes to children in a variety of venues, involvement with community family organizations, or working in the Child Life department of an academic medical center to gain skills necessary for working with children. Often times, these experiences can be career affirming and allow students to make sure that pediatrics is the right choice for them. We also enjoy seeing students who have national and international experience. Students can also become involved in advocacy projects, health policy at the national or city wide level, and participating in pediatric related research.

Away electives can be a good bidirectional opportunity. Selecting a residency program is about whether it is a good fit for an applicant and whether they can see themselves thriving in that environment. An away rotation can remove the unknown, or uncertainties, for both the applicant and for the program. It is a way for them each to get to know each other. Those who are unable to do away rotations for some reason should (Continued)
always feel free to drop in prior to interviews and say “hi” to the program director, letting the director know a little about themselves and about their desire to do residency in the area. As a program director, I keep a list of applicants who have done this and refer to it during applicant season. When one does get an interview, emphasizing either their great desire to be at the program or their need to be in the area and the reasons can also be helpful.

What do program directors value in strong pediatric residency candidates?

We value diversity at our program. We do not have a cookie cutter to pick a resident. We seek applicants who have a broad range of past experiences including community service, clinical experiences, teaching, research and/or international experiences such as working in the Peace Corps or global health clinical experiences. We review ways in which applicants may have had leadership opportunities. Leadership is defined broadly, from serving as a class officer or officer in a national organization such as SNMA, to supervising the formation of a clinic, to serving as a member of a variety of committees in medical school such as admissions, ethics, special interest groups, or even past participation on a sports team. We also value a combination of good intellect and people who are kind and compassionate.

How can medical students be successful in the match?

It is important for students to really make sure they are demonstrating their strengths on the ERAS application. I find that longitudinal activities are very important to document, in addition to the depth of commitment. On the ERAS application, students should take advantage of this by indicating both the duration and depth of their involvement.

Here are a few tips that I think every applicant should follow on the day of their interview:

1. Take every opportunity to gauge the overall landscape of the program. Interact with everyone, especially the residents. Every program will have weaknesses, but you should ask them and yourself, “Are people happy and thriving here?”

2. Be nice to everyone. There is a lot of input from various sources after an interview. Say hello to people who say hi to you.

3. Always have questions to ask. Even if others have answered these questions, you should still ask as you will most likely gain different perspectives.

4. Appear sincerely interested. Avoid being on your cell phone or checking emails during the welcome presentations, didactics you may attend, and certainly during the interviews.

5. You do not have to wear a black suit and a white dress shirt.

6. As students speak with program directors about their interests, I urge them to be sincere. A few people have told multiple programs that they were their top choice when they weren’t, which can leave a bad impression.

As you go on in your career your network gets smaller, and you may interact or work with some of these individuals later in your career. You always want to demonstrate your integrity, honesty and professionalism.

Given proximity to our nation’s capital, what advocacy opportunities are available at your residency program?

We are very fortunate to be located so close geographically to Washington D.C. and this allows our residents several advocacy opportunities. They can take a month-long elective with the national AAP office and work on legislative issues. We also have advocacy days in D.C. and Annapolis (our state capital) where residents have the opportunity to speak with legislators about issues ranging from medical research funding to health care reform. We have a similar month-long elective with the Baltimore City Health Department.

Our Hopkins program has additional advocacy opportunities. One project that I’m particularly excited about is a city-wide advocacy initiative for low-income mothers who have children who are overweight. Pediatric residents within Baltimore City, led by a Med-Peds resident at Hopkins, have developed a program to teach children

“You do not have to wear a black suit and a white dress shirt.”
2-9 years of age about healthy nutrition and physical activity. Imagine the fun of teaching young children about these topics and then playing games and exercising with them!

During noon conference, we provide teachings on legislative advocacy and on how to write op-eds. I also consider global health experiences as a component of advocacy. Residents have 4 opportunities each year to go to Haiti, Nigeria, Kenya and Ghana (2-6 residents go on every trip, typically during 2nd and 3rd year). We also have an experience in the Indian Health Services in Tuba City for one resident per month, which is very popular.

What makes John Hopkins’ Pediatric Residency Program Special?

The faculty really care about the growth of our residents and partner with them to become the best they can be. We foster a collaborative, nurturing environment with a focus on clinical reasoning, evidence based medicine, ownership of patients, and leadership. Senior residents serve as leaders in many ways. They are the authors of the Harriet Lane handbook, which is revised every 3 years, and they serve as the leaders on the general pediatric inpatient teams with close supervision from their attendings. Our faculty and program value medical education. We also value both the science and art of medicine and focus on the development of humanistic skills. We have seminars on topics like sharing bad news, how to be an effective provider, narrative reflective writing, home visits, and creating an individual well-being plan.

In 2015, our program was awarded the Teaching Program Award from the Academic Pediatric Association that acknowledged our commitment to the education of our medical students and residents.

“The application process is an exciting next phase of a journey. I encourage medical students to embrace it.”

Please feel free to share some tidbits about yourself, such as—
Where did you grow up? Where did you attend medical school/residency? Why Pediatrics? Why the MD area?

I grew up in suburb of Chicago, and attended Northwestern Medical School. My resident training was done at Children’s Hospital in L.A. for the first 2 years and then Riley Children’s Hospital for my third year of residency. I then came to Hopkins to complete a general academic pediatric fellowship with a focus on clinical research. I have found Hopkins to be a really stimulating environment for the past 25 years and have been fortunate to be in an environment that fostered my growth and creativity. I love the city of Baltimore, because it has everything one would need. There are excellent restaurants, cultural opportunities, museums, sports, and outdoor activities. The cultural communities are amazing and the people are very friendly.

Why pediatrics? The reason for me was that I was drawn to the resiliency of children. I felt that I could make my biggest contribution and impact with preventative care. People who are drawn to become pediatricians are also drawn to being advocates. I was impressed with the diversity of illness in pediatrics and the rewards of working with both children and families. Finally, I strive to be a humanistic person and I feel like I can be one as a pediatrician.

Any last thoughts for our medical student members?

This application process is an exciting next phase of a journey. I encourage medical students to embrace it and be excited about it. Interviewing for residency is a bidirectional process for you to determine if a program will provide you with what you need to thrive and grow. This is a time that allows you opportunities for self-reflection and to learn more about yourself. Be thoughtful about the process and see what works for you. Furthermore, learn how you make decisions. You should consider the decisions that you have made in the past and determine which decision making process made you the most happy.

Click here to learn more.
National Capital Consortium Program: An Interview with Dr. Gregory Gorman, Program Director

By Nan Du

How can medical students show interest in pediatrics during their preclinical and clinical years? What about students who are not geographically close to the area they wish to apply to?

Students should do some things that will complement their pediatric training. They have their whole lives to do pediatrics. I encourage students to take a chance and take that ancient history course on Egyptians they’ve always wanted to take. Fourth year medical students should do some electives like ophthalmology, dermatology, radiology, and ENT. These are all value added and make a more well rounded applicant. There are things that I learned on my dermatology elective and other medical school electives that I still use today.

What do program directors value in strong pediatric residency candidates?

When comparing our residency to a civilian residency, there isn’t anything different, really. As a military program, we expect the residents to be physically, mentally, and spiritually fit. It is something that we have to maintain. As a pediatrician, it is important for us to walk the walk and be active. Our patient population are kids of infantry officers and Marines and their number one job is physical fitness.

How can medical students be successful in the match?

I highly encourage students to do away rotations. For the military, our residents mostly come from military medical school in Bethesda or the health profession scholarship program (80% come from this program). Luckily, the program pays for students each year to travel for one month to do an away rotation, and some students can often do two rotations before decisions are made. Rotations are available from July until November. The Board meets in November to December and students will find out their match results in mid-December. I have also interviewed at civilian programs where students go for one day, and dress up in a fancy suit with a CV holder in hand. Students complete a few quick interviews and then they are on their way. In the military, most of the medical students who apply will have rotated for one month here, doing night shifts with the residents, and morning report day in and day out. This allows our program to see how the medical students perform over a longer period of time, and lets us know how they respond to stress.

Given proximity to our nation’s capital, what advocacy opportunities are available at your residency program?

There are a ton of advocacy opportunities because we are in the military and part of federal government. Often, we are thrust into leadership positions earlier, for example, department chief or in charge of a committee for child abuse. Residents will do month-long rotations with the AAP Department of Federal Affairs. We have advocacy days where we provide a crash course about “The
Hill” and residents have appointments with the congressmen and congresswomen. Military people are not allowed to lobby, but the military pediatrics is very active in the AAP. There are a lot of folks on the nominating committee who are military people. In general, we have a lot of leaders in our community who are advocating for child health.

Military is on the forefront of providing universal open access health care. It is really a freeing experience to not have an insurance person question every decision that you make. The government is worldwide so it is a big deal to advocate for changes in our system. The navy just approved an eighteen-week maternity leave, giving us one of the longest maternity leaves in this country. We have been on the forefront of nondiscrimination as well.

In the hospital the residents are often on various committees for GME and child related issues. They also have various research projects and advocacy initiatives on the micro level.

**Please feel free to share some tidbits about yourself, such as—** Where did you grow up? Where did you attend medical school/residency? Why Pediatrics? Why the DC area?

I joined the Navy when I was 17 with ROTC. I attended Georgetown and studied classical languages while balancing my premedical requirements. I then went to Washington University in St. Louis for medical school and worked under the amazing Dr. Keane, the past pediatric program director at St. Louis.

Why pediatrics? I liked kids and was excited by the topic of pediatrics. Dr. Keane was also an excellent mentor. During my second year, I loved learning about renal physiology. The first attending I met on my Internal Medicine wards was a nephrologist. It is a great specialty with a tight knit group of people. To me, it is like a balance between the best parts of heme/onc and clinic. There are transplants and varied clinical experiences as well.

I did my internship at Walter Reed. Seventy percent of military members are below 25 year olds and so the military gives you an interesting population of mostly healthy individuals. After the first year, I was assigned to a Marine unit taking care of 22-year-olds at Garrison Ford. I had multiple assignments from the Mediterranean, where I did military exercises in Spain and Italy, to Serbia/Macedonia, and Ukraine. It was a great experience to see how different military doctors from other nations operate. After returning from deployment, I finished my residency at Walter Reed where I stayed on as chief resident. Then, I went to Johns Hopkins for a pediatric nephrology fellowship for 3 years and I also completed a Masters of epidemiology, specializing in database mining research. I have been a staff nephrologist at Walter Reed and have enjoyed it every day. There have only been 3 ½ days in my 18 years in which I may have disliked my job. I work with great people and in an environment that is based on camaraderie, which really makes it wonderful.

Pre-clinically, students should try and participate in interest groups or activities that allow them to interact with children. Coaching a sports team or teaching children are good examples. These first few years are about students interacting with children for a long (Continued)
period of time to see how they engage with children and to discover whether they find the experience enjoyable. Skills like how to talk with, distract, soothe or play with children at different developmental levels are essential skills for a pediatrician.

Clinically, we are looking for students to start getting involved with a research project through their pediatric department. We also want to see students who are looking for different ways to interact with their local community. Of course, we also would like students to do pediatric electives and continue to demonstrate to us that they have thought carefully about about their experiences and motivations to pursue residency training in Pediatrics.

Due to the volume of applications that we receive every year, it is tough to interview everybody we’d like to meet. To be honest with you, if we had identical applicants with similar statistics but one was from Maryland and the other was from the west coast, we are likely to lean towards the individual from Maryland. It is important for students to indicate on their application or through email communication why they may want to go to that specific program or be in that specific location if they are applying from outside the region or have no obvious connection to the area. We know location is important as students are at a point in their lives where there are various considerations to take into account when making residency decisions.

What do program directors value in strong pediatric residency candidates?

The obvious attributes like smart, curious, self-directed, focused, and motivated. But in addition to that, our program wants residents who are compassionate and understanding. We have an extremely diverse residency program and our residents come from all different backgrounds. We are looking for residents who are able to interact with individuals who are different from themselves and be patient and supportive with each other, who are able to understand that the program will work to advance everyone. We also value those who not only care about their patients, but also care about engaging the family and local community. Individuals who prioritize advocacy and teamwork will have more of an impact and connection with the communities they serve.

How can medical students be successful in the match?

Besides the usual requirements of doing well in medical school and working hard throughout clerkships, I want to emphasize that interviews are important. Keep in mind that the interview begins from the time a student sets foot on our campus to the last email interaction they have with us. We are all observing students to see how interested they are in the program and to see how they react in different situations. We have had strong applicants who have been inconsistent in their stories or haven’t seemed engaged when talking with other students. If a student is rude to the security guard on their one day here, we worry about how respectful they will be able to be after working a long shift.

Given proximity to our nation’s capital, what advocacy opportunities are available at your residency program?

(Continued)
Our program really prioritizes advocacy and we actually have a mandated one-month advocacy rotation which has been in place for almost 13 years. We integrate advocacy into our curriculum through the local, state and national levels. Residents are able to have rotations at the national AAP office, at the Baltimore State Health Department, and at local community health organizations. Every year, we send almost 1/3 of our residents to the state legislature day in Maryland, and we are well connected with the Maryland AAP in their advocacy projects and designing our own initiatives. Residents can also rotate at the AAP national office, in Baltimore, and in local organizations. For instance, one resident wrote a position statement on tobacco legislation that was promoted to the national AAP. Another resident worked on asthma screenings at the Baltimore Health Department. Locally, one of our residents worked to develop a free clinic for Hispanic immigrants, which taught her about the many hurdles and challenges to accessing health care that exist.

What makes Children’s Hospital at Sinai Pediatric Program Special?

Most of our residents will say in their exit surveys that one of their favorite things is the flexibility of this program. The faculty’s personal connection with the residents is also a huge asset to the training experience here, we know our residents very well as individuals and partner with them through both formal and informal advising and mentoring to push their knowledge, skills and development. Another special aspect of our program is that we have a wonderful new 30 million dollar hospital that was recently completed 3 years ago. The building has been designed for family centered care, with room for the toddlers to get their wiggles out, and space for the parents to sit down and have meals with their family. Every day walking into the hospital, you can tell that the hospital has been designed with the patient experience in mind and it always brings a smile to my face as I walk down the halls.

“I would encourage all the students to really take the time to immerse themselves in all rotations.”

Please feel free to share some tidbits about yourself, such as— Where did you grow up? Where did you attend medical school/residency? Why Pediatrics? Why the Baltimore area?

I grew up in New Jersey and actually studied engineering in college and worked in corporate research and development for 5 years at Johnson & Johnson Consumer Products. I went into medicine rather late, starting medical school at age 30. I attended University of Maryland, and then went to Johns Hopkins for my pediatric residency. I continue to live in the Baltimore area because of how it has a little bit of everything. We are close to D.C. and NYC, but we also have ready access to beaches, mountains, and delicious food nearby. Baltimore has its issues like every American city, but it has a lot of great about it as well, including sports, arts, unique neighborhoods and plenty of fun festivals and events. I am never bored here.

In terms of “Why pediatrics”, I actually didn’t decide to pursue pediatrics until the end of my third year of medical school as pediatrics was one of my last rotations. Initially, I was going to go into medicine and had to rearrange my entire fourth year. I loved the curiosity as well as the joy of the pediatric patients. I also spent some time before medical school working as a teacher in a private school, coaching volleyball, and tutoring in physics as well as time in medical market research consulting. The time as a teacher was a test for me to see if I could keep my enthusiasm working with adolescents and their parents day after day, since initially I had wanted to go into adolescent medicine. Pediatrics is a perfect fit for me.

I love being a doctor and educator in service to a vulnerable population that needs care and nurturing. Seeing the playfulness, joy and beauty of children everyday is just an added blessing and keeps us young at heart.

Any last thoughts for our medical student members?

I would encourage all the students to really take the time to immerse themselves in all rotations. For instance, in surgery, be a surgeon for (Continued)
those weeks. This will really allow students to understand and appreciate all aspects of medicine. Also, try to figure out what each specialty does on a day-to-day basis. Pediatric neurosurgery is pretty awesome with the rare congenital surgeries, however, most of the days are spent placing shunts and revising shunts. Students should want to do the regular things, not just the cool things. For pediatrics, students should enjoy interacting with kids and not hate looking in ears and throats or talking to parents! Pediatrics is a wonderful field and I continue to enjoy every moment of it.

Click [here](#) to learn more.

### University of Maryland Program: An Interview with Dr. Erin Giudice, Program Director

By Nan Du

How can medical students show interest in pediatrics during their preclinical and clinical years? What about students who are not geographically close to the area they wish to apply to?

At our medical school, there are many ways that students can demonstrate an interest in pediatrics. First, we encourage our students to join the local pediatric interest group, which allows students to interact with pediatricians in a small group setting. Second, students can volunteer with child life staff on the pediatric floor. At our school, students can help the kids pass the time by playing games and reading books. Often times, children are hospitalized for long periods of time and their parents are unable to accompany them throughout the hospital stay so the companionship of the students is extremely meaningful; moreover, this opportunity allows medical students to gain understanding about the children’s medical conditions. We also encourage students to conduct research with pediatric faculty in an area of research that interests them, whether it be a bench, clinical, or quality improvement research project. We also have a shadowing program where students can shadow a resident or faculty member for half a day in the hospital and clinic, allowing them to learn what it’s like to be a pediatrician. Finally, students can get involved with the AAP on the national and state level. At the last Maryland AAP chapter meeting there were at least two residents and one medical student in attendance. This is a great way to get involved with advocacy projects and is a great way for students to show interest in pediatrics through all four years in medical school.

During the clinical years, I believe students should try to do their absolute best on each of the clinical rotations, giving these rotations their 100% effort. The fourth year of medical school is also another great time to get involved with the AAP or to complete another pediatric sub-I or additional pediatric electives. We also like to see students take advocacy electives such as the one elective offered with the AAP. On applications, students are encouraged to indicate any additional longitudinal experiences they may have working with children, for (Continued)
instance, working with children as a counselor. By doing an away elective, students are placed in a different category. Each year, our intern class has at least one person who has done an away at University of Maryland. This doesn’t mean that students have to do an away elective to come here, but it does indicate to us that they are interested in the area. In most cases, a strong candidate from a strong school will get an interview. Students should be sure to highlight their interest in the geographic area and not just pediatrics.

What do program directors value in strong pediatric residency candidates?

The most important thing we value is strong clinical training during clinical years. We want students who are going to be well prepared interns on the inpatient wards and in the clinic. We want residents to be able to progressively take responsibility caring for their patients and to have experiences on pediatric rotations which allow them to better understand the pediatric disease processes. There are a lot of intrinsic factors about a person that we look for from the letters of recommendation. For example, we look for students who are motivated, resilient, work well with others, are great team players, and are able to adapt to different situations. Additionally, strong personal and communication skills are helpful in all aspects of pediatrics. Most importantly, we like people who are passionate about pediatrics and who will not only survive but will thrive in residency!

How can medical students be successful in the match?

Students should make sure they have a good range of programs which they are applying to. They should not limit themselves, for example, to only the top 10 programs in the country. Being successful in the match is not only about matching but also about finding a place that makes one happy. Students should try to interview at a wide range of programs in order to get a sense of where they will be most happy. In the end, it is important to note that there are many programs that each person would be happy at.

Given proximity to our nation’s capital, what advocacy opportunities are available at your residency program?

Our program is located in the heart of Baltimore where there are a lot of local advocacy opportunities. There is a program called Be’More Fit for kids, located at a YMCA in an underserved area of Baltimore, which is run jointly with residents from Hopkins, Sinai, and Franklin Square hospital. Mothers learn about diet and exercise, while pediatric residents teach their kids about kid friendly nutrition and fun and healthy exercise. In addition, residents can participate in advocacy rotations at the national AAP or with the local Maryland AAP. Many of our residents go to the state house and DC one day each year to speak with the legislature on children’s health.

What makes your residency program special?

I think the size of our program is one of our greatest strengths. It is the perfect size to allow our faculty to individualize the education of our residents. We also have enough people to build a strong camaraderie. We have designed a number of new electives for our residents, such as a primary care elective that allows residents to rotate through specialties like child psychiatry, pediatric rehabilitation, and pediatric dermatology. There are also opportunities for residents to take create their own individualized independent electives such as electives working with children with special healthcare needs and palliative care.

Please feel free to share some tidbits about yourself, such as—Where did you grow up? Where did you attend medical school/residency? Why Pediatrics? Why the MD area?

I was born in Newark, Delaware and moved to Maryland when I was in grade school. I attended the University of Florida for college and returned to Maryland for medical school where I
attended the University of Maryland, and where I met my husband, who is now an OB-GYN. I stayed in Maryland for residency and so did my husband as his family is also from a suburb of Baltimore. One of the reasons I stayed at the University of Maryland for residency was because of the size of the program. I didn’t want to be a small fish in a big pond and felt I had more opportunities at a smaller program, which would allow people to get to know me better. In fact, I became the clerkship director and residency director rather quickly because of the time I had spent at Maryland over the years. This year marks my 10th year as residency director and I still feel quite lucky to have this job.

I love Baltimore. It’s a fun city with a lot to do. It has a great food scene, great sports teams like the Orioles to cheer for, and also has an abundance of concerts, shows, and events that are always going on. The inner harbor is also beautiful. I have two kids, Will and Kate, who were born before the royal Will and Kate were a couple. Baltimore is a great place to live as a single person and is also a great place to raise a family.

In terms of “Why Peds”, in the beginning of my fourth year, I was actually deciding between pediatrics, med-peds, and family medicine. After spending a few months back to back completing my peds sub-internship and family medicine sub-internship, it was crystal clear that I was happiest when taking care of the kids. Why would I spend half or more time with a population that didn’t give me as much joy?

Any last thoughts for our medical student members?

Be yourself. Listen to yourself. You should really do what is going to bring you joy and not do what you think you should do because of what people say. I am a firm believer that individuals are better residents and take care of patients better when they are a happy person inside and outside the hospital.

Click here to learn more.

Nan Du is a 4th year medical student at Warren Alpert Medical School of Brown University.
This year, the Medical Student Subcommittee (MSSC) presented the first-ever Pediatric Interest Group of the Year Award! The MSSC received numerous applications from truly exceptional Pediatric Interest Groups across the country, and winners were chosen on the merits of their programming and involvement in the SOMSRFTS’s annual advocacy campaign, FACE Poverty. The MSSC is excited to announce its inaugural winner as well as its deserving finalists.

THE 2015 WINNER! Boston University School of Medicine – With a revamped leadership structure encompassing leaders from all years of the medical school along with residents and faculty members, this group fully integrated members of the Boston University community into the world of pediatrics. This group is also no stranger to state involvement as they secured funding to support MA medical student membership for the 2014-2015 academic year and continued to actively participate in the Massachusetts Chapter of the AAP. At the national level, this group’s members attend pediatric conferences and meetings, write for the AAP Medical Student News, and promote local, state and national AAP campaigns and events. This group even created “code cards” that addressed each component of the FACE Poverty campaign and distributed these to medical students and residents so that they would be prepared to FACE Poverty with every patient encounter. Nearly every month this group stayed active and ensured that pediatric-oriented folks at all levels of training were involved. Be sure to check out this award-winning group during the Medical Student Program at this year’s 2015 AAP NCE where members will share their successes over the past year in hopes to inspire the many medical student attendees!

FINALISTS!
Listed alphabetically and all still winners when it comes to successful and highly impactful Pediatric Interest Groups!

Georgia Campus Philadelphia College of Osteopathic Medicine – Osteopathic chapters are new to the MSSC, so it is exciting to see such enthusiasm from this group, which is actively involved in all levels of the AAP. From attending state and national conferences to writing for the AAP Medical Student News, this group embraced national AAP membership and recognition. This group actively participated in the FACE Poverty campaign by hosting food drives for Food Security, volunteering with the local Boys and Girls’ Club for Community, and mentoring students for Education. The MSSC applauds the impact this group has made thus far, and challenges this group to continue to FACE Poverty even more next year!
Mayo Medical School – This group earns recognition for its enhancement of medical education among pediatric-oriented medical students. With simulation sessions, specialty lunch talks, and in-hospital events, this group provided several noteworthy programs to strengthen pediatric interest among its many medical student members. As the new leadership begins to take form, the MSSC challenges the next group of student leaders to address the FACE Poverty campaign as they continue to contribute to their medical education curriculum!

Oakland University William Beaumont School of Medicine – Just four years old and already demonstrating substantial local involvement within the community, this group addressed the FACE Poverty campaign by partnering with the Brightmoor Health Outreach Collaborative in Detroit to provide biweekly basic health care for members of the community. Through a fundraiser known as “The Roast,” this group also raised funds for the CARE House of Oakland County to support the needs of abused and neglected youth. As this group continues to develop, the MSSC anticipates its involvement within the AAP will continue to grow exponentially!

University of Mississippi School of Medicine – With an average of 60 student attendees per meeting, this group stayed active throughout the year and demonstrated significant involvement at the local, state and national levels. Hailing from a state with one of the highest poverty rates and lowest household incomes, this group addressed the Food Security aspect of the FACE Poverty campaign by advocating for summer food programs for local school children. During the holidays, they conducted a toy drive to benefit the children of Batson Children’s Hospital. The MSSC has no doubt that this group will continue to incorporate all the aspects of the FACE Poverty campaign into their programming all year round!

The MSSC thanks the many Pediatric Interest Groups who applied this year. Congratulations to the finalists, and a special congratulation to BUSM as the first-ever Pediatric Interest Group of the Year recipient.

Applications will re-open in the spring for the 2016 Pediatric Interest Group of the Year Award. We encourage all Pediatric Interest Groups to apply!

Christine Thang is a PGY-1 at UCLA’s Pediatric Residency Program.
Integrative Research Pathway: An Exciting Option for Those Interested in Academic Pediatrics

By Lyndsay Harshman, MD

Like many medical students, when I entered medical school, I was looking for opportunities to tailor my education in a way that was “right for me”. But, nearly every step of the way there were few occasions to customize my medical training. One of the early ways that I was able to do so was by completing a year-out research fellowship (the Doris Duke Clinical Research Fellowship). From my undergraduate experiences, I knew that I loved clinical research and wanted an opportunity to experience more of it. After completing this year-out experience, coupled with amazing pediatric opportunities during my clerkships, I knew that a career in academic pediatrics was for me.

When I began my search for residency programs, one of my mentors suggested that I consider pursuing the “Integrated Research Pathway” option for my residency training. That was a rather life-changing moment for me. The Integrated Research Pathway (IRP), as it turns out, became a way for me to choose that path which was “right for me.” The IRP is designed for residents who have an M.D. with substantial research experience or an M.D./PhD and are committed to an academic research career.

Participants in the IRP receive 24 months of clinical training and up to 11 months of formal, mentored research training during their three years of residency (1 month during the PL-1 year and at least 5 months in the PL-3 year). Mentorship is a central component to resident success in the IRP, and the American Board of Pediatrics (and frequently the individual residency program itself) requires residents completing the IRP to establish a supervisory oversight committee in addition to a primary research mentor. At Iowa, where I train, the residency program director and program staff have worked hard to encourage success in the IRP by being flexible with the research experience. For example, I was able to focus research time over blocks of 3 months duration which were interspersed between my core clinical rotations. While working on the IRP, I met frequently with both my mentorship team and my general pediatrics residency director to ensure I was on track for achieving specified clinical and research goals.

As with any non-traditional training pathway, there are conceivable negatives that a resident should weigh when deciding whether the IRP is right for them. For example, residents completing this research pathway are not eligible to take their general pediatrics board exam until completing an additional 12 months of clinical training in a fellowship program – so, no general pediatrics boards in your first year of fellowship like a traditional general pediatrics graduate. Similarly, when considering the IRP, an applicant needs to be aware of the pathway at the outset of residency as residents must apply for the pathway within the first 9 months of the PL-1 year.

If the IRP sounds like a possible “right path” for you, it is essential to communicate this with your desired programs during residency interviews to ensure that a) you are a good candidate for the IRP, b) there would be an excellent mentor match and research opportunity for you at the program, and c) that the program supports applicant participation in the IRP. With my IRP experience, I learned that the team at the American Board of Pediatrics is always ready to help! I was initially nervous about reaching out to confirm my eligibility and discuss what materials were needed to apply, but those nerves were quickly diminished when I realized that the Board team wanted to assist with my success. (Continued)
The opportunity to have dedicated research time in residency has laid a solid foundation for my continued research interests and success in fellowship. For me, the IRP was definitely a great option. In a field where trainees have just a few chances to customize education, I would encourage residents with a passion for research to consider the IRP at an early stage in medical and residency training.

To learn more about the IRP, please click here.

Lyndsay Harshman is a pediatric nephrology fellow at the University of Iowa Children’s Hospital.

Subspecialty Spotlight: Combined Medicine – Pediatrics

By David Nguyen

As a first year medical student, I knew that I valued relationships with patients and continuity of care from newborns through end of life. Naturally, I felt that Family Medicine was the way to go. It wasn’t until the second half of first year at a primary care physician panel hosted at my school that I was introduced to the concept of Combined Internal Medicine and Pediatrics (Med-Peds). Combined Med-Peds is exactly what it sounds like: take three years of categorical Medicine training and three years of categorical Pediatrics training and combine them into a rigorous (yet humane) four year residency program. At the end of their training, Med-Peds physicians are well prepared to care for patients of all ages. What is extremely unique is that residents are qualified to be dual board-certified in both Internal Medicine and Pediatrics. We recently had the privilege of interviewing the Med-Peds Residency Program Directors, Dr. Stacey Shubeck and Dr. Nancy Crossley, at Beaumont Health System in Southeast Michigan to gain a little more insight into the world of Med-Peds.

How does Med-Peds differ from Family Medicine?

Family Medicine and Med-Peds share many similar values, particularly the desire to care for patients across the entire age spectrum. However, Med-Peds residents receive more in-depth pediatrics training (2 years) compared to Family Medicine residents (a few months), including training in intensive care units with high acuity cases. In contrast to this, Family Medicine residents receive formal training in Obstetrics and Surgery, which is typically not seen in the Med-Peds residency curriculum. Because Med-Peds training includes extensive exposure to critical care and subspecialty rotations, it allows Med-Peds physicians to become more comfortable with managing complex patients in the outpatient setting. For students interested in pursuing subspecialty care, Med-Peds graduates are able to pursue virtually any fellowship in Pediatrics or Internal Medicine, whereas Family Medicine fellowship options may be more limited.

(Continued)
What is the Med-Peds residency like at Beaumont Health System?

The residency program at Beaumont Hospital is highly unique in that first year interns are exposed to a 1-1-2-2-3-3 (month) service schedule, meaning that they will be on Pediatrics the first month, then Medicine the second month, then Pediatrics for two months, then Medicine for two months and so forth. The frequent switches allow interns to have early exposure to both medicine and pediatrics, making the transition into a dual residency a much smoother process. In addition to teaching didactics and inpatient rounds, Med-Peds residents regularly participate in ongoing continuity clinics throughout their four years of training where they care for a mix of both adult and pediatric patients, which helps develop the skills needed to treat whole families.

Do you have any advice for students interested in Med-Peds?

Exposure to both fields is always a good starting point. It’s important to see how Medicine and Pediatrics differ and how you might integrate both into your future training as a resident. You might come to realize in your third year that you prefer to work only with kids and not adults or vice versa, which is completely fine. For students who plan on applying to a Med-Peds residency, consider pursuing a sub-internship in Medicine or Pediatrics in your fourth year, as well as a rotation in the MICU, PICU, or NICU. It is also recommended that you complete an outpatient rotation in a Med-Peds office. Students should contact that residency programs they are interested in to arrange this. The more exposure you have to both fields, the more comfortable you will be as a resident in high intensity situations.

Although board scores are important to the application process, it is certainly not the only defining characteristic that program directors look for. Strive to become a well-rounded applicant who works well in teams, communicates well with patients and peers, and is a self-motivated learner that is willing to expand your knowledge in all areas of medicine.

What resources are there for students interested in pursuing Med-Peds?

The National Med-Peds Residency Association (NMPRA) website is an excellent resource for students who wish to learn more about Med-Peds. Here, you will find FAQs, information about Med-Peds residency programs throughout the country, fellowship guides for residents, and much more. The NMPRA hosts a national meeting each year, which is a great opportunity for students to attend and network with other students, residents, and program directors.

For more information on the Med-Peds Specialty, check out here and here.

For more information about the combined Med-Peds residency at Beaumont Hospital, check out here.

References:

Special thanks to fellow medical student, Rachel Nash, for help with the interviewing process!

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