Dear Readers,

In honor of the AAP’s upcoming trip to Southern California for the 2014 AAP National Conference & Exhibition (NCE) in San Diego, AAP Medical Student News brings you:

**The SoCal Special Issue**

This special issue is jam-packed with information about the upcoming conference, hot topics in SoCal child health advocacy, SoCal Pediatric Interest Group updates, and the inside scoop on the SoCal pediatric residency programs. Enjoy reading and enjoy the trip to SoCal!

For Kids,
Kristin Schwarz, MD
Editor, AAP Medical Student News

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Please join us this year to “Explore New Horizons” at the American Academy of Pediatrics National Conference & Exhibition (NCE), which will be held October 10th -14th at the San Diego Convention Center in San Diego, California! Students from medical schools across the globe will be traveling to sunny San Diego to learn about child health advocacy, cutting edge pediatric research, and clinical pearls from the experts you don’t want to miss. The AAP NCE is one of the world’s largest pediatrics meetings of the year. As a medical student, you will have the opportunity to join countless pediatricians and pediatric focused colleagues from all different backgrounds and levels of training. This is a fantastic opportunity to network in the field of pediatrics and to learn more about the newest innovations in caring for kids.

The weekend’s schedule will include several events just for medical students:

**Friday, October 10th**
The NCE always kicks-off with a wonderful pre-conference on Friday. We encourage all students to attend. The evening welcome reception is always a hit with students as all guests enjoy complimentary food, drinks, and entertainment.

**Saturday, October 11th**
The Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT) has a full day of educational sessions including specific programming for its medical students in the afternoon. The specific SOMSRFT programming theme this year is “Be Our Guest: An Invitation to Learn How to be an Effective Child Health Advocate and an Academy Leader within Your Professional Home.” Medical students will join residents and fellows in the morning for the SOMSRFT annual assembly, after which they are invited to attend medical student breakout sessions, including:

- An update on medical student activities in the AAP
- A keynote speech by Dr. Lisa Chamberlain on advocacy in pediatrics
- A diverse panel of residency program directors focused on advocacy and how to be a successful pediatric residency candidate
- An annual (and very popular!) pediatric subspecialty speed dating featuring general pediatrics, pediatric surgery, neonatology, emergency medicine, critical care, neurology, hematology/oncology, and cardiology (Continued)
On Saturday evening, the SOMSRFT Reception and Poster Display Session will highlight the academic work of fellow SOMSRFT members, and the group will celebrate the accomplishments of fellow pediatricians in training. Complimentary food, drinks, and entertainment will be provided!

**Sunday, October 12th through Tuesday, October 14th**

Medical students are welcome to attend informative educational sessions according to their interests, explore the Exhibit Hall to learn about the industry’s latest innovative products, and participate in each day’s special events. The conference is tailored to all areas of interest in pediatrics, and there are innumerable programs and activities to explore and enjoy!

A detailed description on the specific events tailored to medical students at the AAP NCE can be found on the [AAP SOMSRFT Medical Student Subcommittee Website](http://www.aapexperience.org).

Please join us this year in San Diego at the AAP NCE to “Explore New Horizons” as you start on your path to becoming pediatricians. Registration is now open, and AAP medical student members have the unique benefit of FREE registration to the AAP NCE.

To register for the 2014 AAP NCE, visit the conference website at: [www.aapexperience.org](http://www.aapexperience.org).

If you have any questions, the [Medical Student Subcommittee](http://www.aapexperience.org) is here to answer them. We look forward to seeing you in San Diego this year, and please don’t hesitate to contact us with any questions.

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**Southern California Child Health Advocacy Brief**

**Shannon Brockman, M4, University of Florida College of Medicine; Nan Du, M3, Warren Alpert Medical School of Brown University**

As part of the 2014 AAP NCE SoCal Special Issue of *AAP Medical Student News*, we are featuring two important health issues affecting the children and pediatricians of Southern California: sun safety and immigrant health.

**Sun Safety**

California is known for its beautiful beaches and outdoor adventures. The state is commonly depicted in advertisements with children frolicking in the beaming sunlight. However, with the incidence of skin cancer increasing to more than 5 million cases per year and the US Surgeon General recently publishing a Call to Action to prevent skin cancer, there has been a growing need for sun safety policy reform, as well as education in schools and pediatric practices across the nation, with California leading the way. About one in four Californians are at risk of developing skin cancer, which is higher than the national average of one in five [1]. Roughly 20 in every 100,000 individuals in California is diagnosed with melanoma, one of the highest incidences in the country [2]. As a result, states including California, Arizona, Colorado, New York and Florida have worked to push through state-based sun safety policies.

Lifelong sun protection and education is recommended starting from an early age as approximately 25% of lifetime sun exposure occurs before 18 years of age [3]. Hence, in July 2006, the California School Boards Association published (Continued)
a detailed brief indicating a sample policy that included recommendations for hats, sunscreen, sunglasses, classroom instruction on sun protection, shade provision, scheduling of outdoor activities outside of peak sun hours, staff sun protection and even sample communication with parents. Furthermore, California also passed legislation giving children the right to protect themselves with a hat, long clothing, and sunscreen while outdoors at school, even despite some schools’ policies on uniformed attire. In addition, children would be allowed to use sunscreen during the school day without a physician’s note or prescription, and would not be deterred from wearing hats during recess [4]. California continues to promote sun safety by passing the most stringent youth access law in the country in October 2011, prohibiting indoor tanning to anybody younger than age of 18 years.

In February 2011, the AAP also released updated detailed guidelines on limiting sun exposure in children and supporting legislation to prohibit salon tanning by minors. Recommendations included wearing proper clothing and hats, timing outdoor activities to minimize peak midday sun (10am-4pm), applying broad spectrum sunscreen with SPF of at least 15, and wearing sunglasses with at least 99% UV protection [5]. In addition the AAP recommended that infants younger than 6 months be kept out of direct sunlight and protected with clothing and hats. These recommendations also encouraged pediatricians to become more involved in sun safety education.

Per the recently released Surgeon General’s Call to Action, there is overwhelming evidence that demonstrates clinicians play a key role in reducing UV exposure through individually directed counseling, particularly among adolescent and young adult patients with fair skin [6,7]. Sun safety is an issue that is important across the entire country as we encourage children to be more active outside. With the increasing incidence of melanoma, it has become apparent that early education from pediatricians and advocating for local school district sun safety policy implementation is necessary to ensure that our patients are able to enjoy the sun for years to come.


Immigrant Health

In July 2013, the AAP released a Policy Statement titled “Providing Care for Immigrant, Migrant, and Border Children.” According to this report, one in every four children in the United States lives in an immigrant family with 64% of these children living in six states (California, Texas, New York, Florida, Illinois, and New Jersey). These immigrant children are faced with unique concerns with access to health care, socioeconomic factors, and environmental stressors. In Southern California, many pediatricians commonly care for immigrant children. However, immigrant children live in all areas of the country and all future pediatricians should be familiar with how to best advocate for their unique needs.

Immigrant children are nearly twice as likely to be uninsured than children in nonimmigrant families [1]. Possibly as a result, they are less likely to have regular physician visits and to obtain specialty services when needed. In addition, they may not have received adequate screening or immunizations in their country of origin and may require catch up vaccination schedules [2].

From a socioeconomic standpoint, immigrant children are more likely than nonimmigrant children to live below the federal poverty level and can face barriers to accessing programs and benefits that support low income children [1]. Often, these children do not have access to early education programs and are less likely to be enrolled in HeadStart and other preschool programs [1].

(Continued)
Further, immigrant families face unique stressors that can significantly affect their health. Children whose parents have been arrested and/or deported may demonstrate a number of health problems including anxiety, depression, poor school performance, as well as sleeping and eating disruptions. Forced separation can also result in the loss of family income, increasing food and housing instability. Additionally, these children may have experienced abuse, exploitation and/or serious trauma as they traveled across the border to enter the United States [3].

The 2013 AAP Policy Statement, “Providing Care for Immigrant, Migrant, and Border Children,” offered several recommendations for addressing these unique concerns and helping to support immigrant child health in practice. These recommendations include advocating for health insurance coverage for every child in the United States; providing comprehensive, coordinated, culturally and linguistically effective care and continuous health services in a quality medical home; evaluating immigrant children for immunization adequacy with careful developmental surveillance and screening at regular intervals; recognizing the barriers to health that are faced by immigrant children and taking them into account while providing care; making knowledge, attitude, and skill development in culturally and linguistically effective practices and cross-cultural communication part of one’s professional agenda; providing information regarding federal, state, and community programs that can serve as resources to at-risk children and families; advocating for an array of culturally effective early intervention services, including the establishment of evidence-based early literacy promotion programs in immigrant communities; and using one’s position of respect in the community to promote the value of diversity and inclusion and to advocate for children and families of all backgrounds [3]. The full policy statement can be accessed on the web on the Pediatrics website.

Caring for the health and wellness of immigrant children is an important part of pediatric medicine throughout the country and especially in areas with a large immigrant populations such as Southern California. As we look forward to a future in pediatrics, we must recognize these unique social circumstances that face the children we will work with. We are called to be advocates and resources for these children and families and to ensure that all children receive the best healthcare possible.

As you prepare for your visit to San Diego for the AAP NCE, we hope you also take the time to reflect on these important child health issues impacting children in the Southern California region. Although these issues have been highlighted in this Southern California Child Health Advocacy Brief because they are pertinent to our pediatric colleagues in California, these topics are also relevant for pediatricians and children across the country. We look forward to seeing you in the Golden State!

References:
Meet the Keynote Speaker: An Interview with Dr. Lisa Chamberlain

Alison Mols, M3, West Virginia University School of Medicine

Lisa Chamberlain, M.D., M.P.H. is an Associate Professor of Pediatrics at Lucile Packard Children’s Hospital at Stanford University. She founded and is the medical director of the Stanford Pediatric Advocacy Program, which oversees community pediatrics and advocacy training for all pediatric residents at Stanford. In 2005, she founded the Stanford Advocacy Track (StAT) which supports a subset of residents interested in pursuing careers to address child health inequity in the United States and abroad.

Dr. Chamberlain is known for her work in pediatric health inequities; specifically examining access to care for low-income pediatric populations in California, focusing on children with chronic illness. She co-leads a statewide collaboration, unifying 13 pediatric training programs across the state to develop, strengthen and disseminate community pediatrics and advocacy curriculum. She is co-founder and co-chair of the Speak Up For Kids Advocacy Committee of the AAP, Chapter 1. Dr. Chamberlain is interviewed by Alison Mols, M3 at West Virginia University School of Medicine, regarding her role as the keynote speaker at the upcoming 2014 AAP NCE Medical Student Plenary Session and advice for medical students attending the conference.

What is your favorite part about attending AAP programming? (Continued)

When I go to meetings, I look forward to the amazing people that I get to meet across the field with a lot of different backgrounds and interests. It’s really inspirational to meet new people, learn new things, and come back home re-energized and with a fresh perspective.

What topics do you hope to cover in your keynote address? (Continued)

I hope to help medical students gain a better understanding and see the direction in which the field of pediatrics is heading. Students are joining the field at such an exciting time, as we are moving toward population health approaches, which are going to provide incredible opportunities for community prevention and to create policy change for kids and their families. I plan to provide cases during the keynote address to illustrate why this work is so important to the future of pediatrics.

Is there programming relevant to medical students while at the NCE? (Continued)

Yes, there are medical student specific sessions where you will have the opportunity to meet a lot of your peers who are interested and passionate about the field. You will also have the chance to see the bigger picture of what is on the horizon.

The national meeting is a great time to reach out to someone who may not be at your institution and learn more about his or her experiences. You have the opportunity to meet leaders and national experts in the field of pediatrics, introduce yourself, and ask for advice that may alter your experiences while in school and beyond.
Do you have any tips for medical students to gain the most out of their NCE experience?
I would recommend reading through the program ahead of time so you are familiar with the titles of the presentations and can take note of things that you are interested in. However, I recommend casting a broad net, even if that involves things that you haven’t thought of or are completely new to you. It is important to stretch yourself and explore some areas because the NCE is a great time to sample from a broad range of topics. We tend to be creatures of habit and go to places where we are most comfortable, however, if you are able to expand your comfort zone, you will soon be able to think about something slightly different and add something new to your work.

Some medical students express apprehension with approaching physicians when attending national meetings. Do you have any advice for approaching someone who may have a similar interest or passion in the field of pediatrics?
If there is someone in particular you have a similar interest to, get to know what they do and read about their program. Try to pull their last three papers and read what they are doing. Once you have done the background research, ask for 10-15 minutes of their time to ask a couple of questions about their work. Be a self-starter as a medical student through sending emails and reaching out to meet with professionals in the field.

What do you see as the role of medical students in the AAP?
Medical students are absolutely critical to the future of the AAP. As current leaders, we look forward to the next generation of leaders to come. It gives us a lot of hope and inspiration to see new faces coming into the field. There have been countless times where medical students have attended sessions and asked broad, thoughtful questions that re-energizes practicing physicians in the field. Students possess energy, enthusiasm and hope for the future that is undaunted.

As a California resident yourself, what is one tourist attraction that medical students should visit while in the area?
That’s a tough one. It totally depends on what you like. For me, I love Coronado Island; it’s a really cool place to visit with scenes from a lot of old movies. Also, I enjoy riding bikes through Balboa Park when I am in the area.
**Spotlight on a SoCal Med-Peds Interest Group!**

Transitional Care Week: A Series of Discussions on Transitional Care for the Pediatric Patient

Trinh Khong, M3 and Elizabeth Rubin, M3; UCLA David Geffen School of Medicine

Samantha and Jose have been best friends since they met in the pediatric surgery ward 15 years ago. They were young, 4 or 5, and both recovering from recent heart transplants. Their pediatric cardiologist’s office staff has been a home away from home. They have their favorite nurses, they know the routine, and even notice when their doctor gets a haircut. At 21 years old, however, they have outgrown the little plastic chairs and toys in the waiting room. The thought of a new doctor, a new routine, and taking charge of their own health care is terrifying for them and their families. How will they transition to the world of adult medicine?

With ongoing advancements in medical technology and treatments, patients with childhood diseases such as cancer, or congenital cardiac defects, are surviving well into adulthood. Transitional care is an emerging area of medicine that focuses on the care of adolescents and young adults as they transition from the pediatric to adult clinical setting. Recognizing this important aspect of medical care, the Medicine-Pediatric Interest Group at the David Geffen School of Medicine at UCLA teamed up with medical school's the Oncology and Cardiology Interest groups to host a week of lunch talks centered around the theme of Transitional Care. (Continued)
Dr. Debra Lotstein, the Director for the Transitional Care Program at UCLA, opened the week by teaching students about the Transitional Care Clinic at UCLA and the role it plays in serving the needs of children with complex medical histories and new emerging conditions as they move toward adulthood. She highlighted the complexities and recent changes surrounding insurance coverage for children as they transition into adulthood. She also noted the importance of empowering patients to understand and take ownership of their conditions. In addition, she initiated an eye-opening discussion surrounding the critical issue of palliative care in the pediatric setting.

Dr. Jacqueline Casillas, the director of the UCLA Pediatric Survivorship Program, discussed both the broader implications of pediatric cancers and the specific role that the Survivorship Program plays in patient’s lives. This unique program is geared towards helping survivors of adult and pediatric cancers navigate the transition from patient to survivor, focusing on the individual’s physical, psychosocial, and emotional needs and addressing the long-term and late effects of cancer treatment. Specifically, Dr. Casillas highlighted the importance of the Survivorship Guidelines organized by the Children’s Oncology Group. A resource for both patients and clinicians, these guidelines offer a comprehensive listing of the unique late term sequelae of various cancers and oncologic treatment modalities. For example, it provides the indications for serial ECGs, cancer screenings, and specific blood work that may be indicated for survivors of specific cancers as they grow older.

Dr. Leigh Reardon, the Director for Adolescent Transitional Cardiology Care Program at UCLA, provided students with unique insights into long term healthcare planning for children with congenital cardiac anomalies. Recent years have brought tremendous successes in the world of pediatric cardiology and cardiothoracic surgery, with many patients living well into adulthood. These individuals must be constantly aware of the impact that certain physiological stressors can have on their health. For example, pregnancy in an otherwise asymptomatic woman with mitral stenosis can be difficult to manage and both the patient and their obstetrical team must be aware of the implications of their unique physiology in the context of pregnancy and childbirth. The rapidity of the advancements in the field bring about a challenge to providers as each congenital heart case is essentially unique to the patient and time period the procedure was done. Thus, careful attention to high quality transitional care is essential for each individual patient case.

Transitional Care is a way to educate and empower young adults to become responsible for their own care. While there is a focus on patients with childhood medical problems, many issues in transitional care can be applied to all young adults navigating through the health system on their own for the first time. There is certainly an important opportunity for Medicine-Pediatric physicians to act as stewards in their care. For many children with complex medical backgrounds, specialized transitional care programs help bridge the gap between childhood and adulthood and insure a quality healthcare throughout the lifespan.

**Transitioning to Adult Health Care: Practice Tools & New Website**

The [Center for Health Care Transition Improvement - Got Transition](http://www.gottransition.org) recently released The Six Core Elements of Health Care Transition (2.0), which define components of transition support and are based on the clinical report, "Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home", developed by the AAP (led by the [Council on Children with Disabilities](http://www.aap.org/cocd/)), the American Academy of Family Physicians, and the American College of Physicians. Three transition tool packages are available for: 1) practices serving youth who will transition out of pediatric care into adult care; 2) practices serving youth who will remain with the same provider but need to transition to adult-focused care; and 3) practices accepting new young adults into adult care. Each package includes sample tools that are customizable and available for download. A new website--[www.GotTransition.org](http://www.gottransition.org)--includes an interactive health provider section, FAQs developed by and for youth/young adults and families, information for researchers and policymakers, and lists of transition resources.
Pediatric Residency Training in Southern California: A Closer Look

Interviews by Christine Thang, M4, David Geffen School of Medicine at UCLA

The AAP Section on Medical Students, Residents, and Fellowship Trainees District IX Representative, Christine Thang, interviewed the Program Directors of eight Pediatric Residency Programs in Southern California to bring you the inside scoop on all that SoCal has to offer to pediatric trainees. With such a diverse group of programs with innumerable unique strengths and special offerings, there is no doubt that SoCal is a great place for any pediatrician in training!
Harbor-University of California, Los Angeles (UCLA) Medical Center Pediatric Residency Program
Interview with Sylvia Yeh, MD Program Director, Residency Program Associate Professor, Pediatric Infectious Diseases

How can medical students show interest in pediatrics during their pre-clinical and clinical years? When they are not geographically close?
Medical students can demonstrate interest in pediatrics from the types of extracurricular activities that they participate in during their pre-clinical and clinical years. Participation in groups whose goals or mission relate to children reflect an experience with children and commitment to this population.

What do program directors value in a strong pediatric residency candidate?
While it is desirable for a residency candidate to be academically strong, it is also important that a person demonstrates maturity, leadership, and a sense of being “approachable.” Flexibility is a great quality to have given the wide range of ages and the associated developmental, emotional, and physical needs of pediatric patients.

How can medical students be successful in the match?
For your application, make sure someone else reads it to ensure it is clearly written, with no typos. For the interview, it is important to be professional and to demonstrate interest in a program by paying attention to program representatives and asking questions. But also, be yourself. Be approachable, friendly, and good humored, especially if something goes awry.

What makes the Harbor-UCLA Medical Center Pediatric Residency Program special?
Our program has a small faculty to resident balance – meaning our residents have frequent and close interactions with our faculty. Ours is a resident-run program which allows residents to develop decision making skills quickly and our residents are integral in the management decisions and overall care of our patients, an attribute our residents proudly refer to as autonomy. Because of our patient population, which is mostly comprised of the underserved in the South Bay area of Los Angeles, there is a vast diversity of medical conditions that we encounter on a regular basis. It is because of our population that residents feel satisfaction in their daily work.

Any last thoughts for our AAP medical student members pursuing pediatrics?
It’s a great profession. As one of our resident puts it: “You have tremendous potential to help shape a child’s future.”

I attended medical school at New York Medical College. While I was “open” to other areas of medicine, I knew deep in my heart that pediatrics was the best fit for me. The ability to connect with children of vast ages, to be able to guide parents to do the best for the health and well-being of children, and to witness the resiliency and enormous capacity to heal that are embodied in children are what draws me each day and why I love it.

I chose to do my residency training at Harbor-UCLA Medical Center because of the population it serves, for the strong general pediatric skills and accomplishments its graduates are known for, and for the close interaction with faculty that the program offers. Knowing that residency provides the foundation for one’s future career, I chose Harbor because I knew that it was a great fit and would provide me the best foundation possible in the area.
University of California, Irvine and Children’s Hospital of Orange County (UCI-CHOC)
Pediatric Residency Program
Interview with Tommy Wang, MD
Program Director, Residency Program
Associate Professor of Pediatrics

How can medical students show interest in pediatrics during their pre-clinical and clinical years? When they are not geographically close?
First, medical students can join their respective pediatric interest groups at their medical schools. They can get involved through leadership or at least attending meetings. Secondly, there is volunteer work with the medical school or the community at large. For instance, we have a “Super Kids Sunday 5K and Fun Run” in which the residents participate annually to raise awareness about childhood obesity, and having the medical students get involved is always a good thing. During the clinical years, medical students can take sub-internships and externships to get to know programs and show interest. This can be on the wards, ICUs, or specialty clinics. Most programs have websites for students. For UCI-CHOC, we participate in the Visiting Student Application Service (VSAS) for medical students to apply for rotations here with our institution.

What do program directors value in a strong pediatric residency candidate?
This certainly varies across programs. With that said, board scores do matter significantly. How much that matters varies by programs. Many do have a minimum cutoff score. You can find more information on specific programs through FREIDA Online. Although scores matter, they certainly are not everything. We look at students as a whole package. For us personally, we focus on personal attributes, specifically, attitude and work ethic. How we ascertain that is through the Dean’s Letter, rotation evaluations, and letters of recommendation.

How can medical students be successful in the match?
Stay in communication. Talk to program directors, coordinators, and residents. Get yourself out there and ask questions. Also, be proactive—meaning, if you do not hear from a program, go ahead and reach out.

What makes the UCI-CHOC Pediatric Residency Program special?
Lots of good things. Number one is the people. We have amazing, devoted faculty. We recruit passionate and energetic residents. Two, a vast amount of resources. We have a university and two free standing children’s hospitals—CHOC Children’s Hospital and Miller Children’s Hospital. We have a supportive environment for work and life balance. There is an annual retreat for our residents.

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 Southern California?
I grew up in the Bay Area. I did undergrad at UC Berkeley. After that, I worked at NASA for seven years studying gravitation effects on physiology. I received my master’s degree in physiology from San Jose State University. I went to medical school in Albany, NY. I completed my pediatrics training at UCI for residency, and stayed as chief resident. Eventually, I became the residency program director.

Why peds? I love kids. As pediatricians, we have the ability to make the most impact with children. Why So Cal? The weather, diversity, and food.

Any last thoughts for our AAP medical student members?
This is a long path. It is important to stay focused on what makes you passionate. Protect that passion with balance in life. It is challenging for both medical students and residents.
Loma Linda Pediatric Residency Program

Interview with Sharon Riesen, MD
Program Director, Residency Program
Associate Professor of Pediatrics

How can medical students show interest in pediatrics during their pre-clinical and clinical years? When they are not geographically close?
First and second year medical students are encouraged to spend time on the pediatric wards especially if they have a pediatric program at their institution. This provides the opportunity for students to see pediatrics and make sure this is the career they desire and can even drive their desire. Students can spend time on the weekends or whatever time they have outside of classes. Third and fourth year medical students are encouraged to do electives in locations in which they are interested. For international students, it may be harder, but they are also encouraged to get their foot in the door clinically such as through externships.

What do program directors value in a strong pediatric residency candidate?
This varies program to program. What I look for are students capable of passing boards. Usually, this is a score of 200 on the USMLE Step 1, but that does not mean we do not look at applicants with scores below 200. USMLE Step 1 seems to be predictive of performance on the board exams. USMLE Step 2, although not as predictive, is still helpful. I also look for a research inquisitive mind. At Loma Linda, research is not required as this is not a “publish or perish” environment. We look for inquisitive applicants, especially those with interests in patient quality and safety, as that is a hot topic recently. We also value faith-based individuals. Faith in any religion is special to Loma Linda. Every major world religion is represented at Loma Linda including among its residents and faculty.

How can medical students be successful in the match?
As I am sure medical students have already been advised, they should apply to stretch, comfort, and backup programs. With a decent USMLE score, students do not need to interview at every pediatric program. Interview at 12 programs or so. Students should interview wisely and make sure that they know something about the program. Students should not interview at programs in which they are not interested.

What makes the Loma Linda Pediatric Residency Program special?
Loma Linda is unique with its very nurturing environment, strong camaraderie, and faith-based approach that permeate the residency. We have 32 interns per year; less than six belong to the actual (Seventh-day Adventist Church) faith of the campus. Loma Linda has great research, but it is not a “publish or perish” environment. We value what people value. The faculty is valued for a wide variety of reasons with patient care, education, and research, all valued equally.

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 Southern California?
My interest in pediatrics began when I was four years old based on my experience with my own pediatrician, who was also my mentor. I grew up on the east coast: Chicago and Florida. I came to California for medical school with no intention of staying. I was enthralled with the Loma Linda environment and atmosphere and have not seen it duplicated. I stayed in California and am here because of the rich experiences in patient care, education, and research. At Loma Linda, the mission is to make man whole, and for pediatrics, its mission is to make children whole. This is a unique atmosphere and has been for over 100 years.

Any last thoughts for our AAP medical student members?
The AAP is THE organization for pediatrics. It is the number 1 advocacy position and the most powerful for pediatricians and children. It is heavily linked with the Pediatric Academic Societies (PAS) and the Association of Pediatric Program Directors (APPD). Representatives from the AAP talk to us at our APPD meetings. The AAP is strong in networking for child advocacy and for linking to other professional pediatric organizations.
University of California, Los Angeles (UCLA) Pediatric Residency Program
Interview with Kate Perkins, MD, PhD Program Director, Residency Program Associate Vice Chair for Education

How can medical students show interest in pediatrics during their pre-clinical and clinical years? When they are not geographically close? During the pre-clinical years, I would say one of the best ways is to join pediatric interest groups. In addition, get to know some of the pediatric faculty by contacting them directly or during courses like your introduction to clinical medicine. If there is time, do research with a pediatric faculty member.

During the clinical years, get to know faculty and residents during your pediatric clerkship. Try the specialty on for size. Demonstrate interest in the field and share your interest in pediatrics.

For students not geographically close, consider doing an away elective at an institution where you think you may have an interest or even in the geographical region to learn more about the program and region. If you are unable to do a formal away rotation, you can reach out and visit the program, or participate in an educational experience there. We certainly welcome that. Feel free to make an appointment and drop in for a visit.

What do program directors value in a strong pediatric residency candidate? We consider the whole package. Most program directors want to ensure applicants have the ability to master the material so academic record of accomplishment is important. We do look at board scores and grades. Having said that, the truth is that our applicant pool is so uniformly excellent that we also look for evidence of passion in pediatrics in whatever means that is expressed—extracurricular activities, volunteerism, research, whatever pursuits there may be.

How can medical students be successful in the match? With respect to applications, applying to around ten programs seems to be plenty from my point of view. However, it also depends on factors like geographical restraints, couples matching, etc, that may make the number go up.

Regarding the content of the application itself, we look for evidence that the applicants know what they are getting into and are making a clear commitment based on familiarity with pediatrics. We look for strong letters of recommendation from preceptors or supervisors from the pediatric core clerkship or a senior level elective. The pediatric sub-internship is one of the single strongest predictor of how we think students will do in residency. A letter of recommendation from the pediatric or neonatal ICU or from a pediatric emergency medicine rotation can be similarly strong. We also look at letters from other specialties, such as internal medicine or surgery. These evaluations often prove equally helpful in supporting the applicant.

A personal statement that is articulate and well written is always great. Evidence of extracurricular experiences that reflect commitment in a certain area is important. Sometimes we see applications with lots of different experiences, but without any focus. These applications are not as impressive as those that demonstrate devotion to one, two or a small handful of experiences. We also look for evidence of leadership or strong passion about those experiences.

For the interview, come in and demonstrate a genuine interest in the program. Review the program’s website and explore its material. Have questions for the program that reflect your interest in the program. Both the applicant and program are looking for goodness of fit.

What makes the UCLA Pediatric Residency Program special? The residents are the single strongest and most special attribute of our program. They are remarkable and committed to patient care no matter where they are. Our residents rotate at four different hospitals and in a variety of settings in the community. They possess a firm commitment to taking care of kids and educating themselves and their colleagues.

(Continued)
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 Southern California?

I grew up in Independence, Missouri, and I grew up moving around the United States. My family moved to California after I graduated from high school, where I attended college. I pursued graduate and medical school at the University of Minnesota and lived there for nine years. I returned to California to be closer to my family. Here, I met and married my husband, who is originally from the San Fernando Valley.

I did my pediatrics training at the Cedars Sinai Medical Center. I served as chief resident and then joined the faculty as the associate program director. About 10 year ago, when the Pediatrics Residency Programs at UCLA and Cedar-Sinai Medical Center merged, I had the opportunity to assume the role of Associate Vice Chair for Education. In a sense, I’ve been involved in the training program since it’s inception! Four and a half years ago, I moved from Cedars Sinai to UCLA to become the program director. It has been great working with these wonderful residents.

Any last thoughts for our AAP medical student members?

Pediatrics is a fantastic field with many opportunities to pursue interests in a broad array of locations, patient populations, and subspecialties. There are numerous opportunities to teach. It is a satisfying and terrific career choice if it fits. If you are interested in pediatrics, you will certainly find the right fit for yourself.

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**University of California, San Diego (UCSD) Pediatric Residency Program**

**Interview with Sherry Huang, MD Program Director, Residency Program Associate Professor of Pediatrics**

How can medical students show interest in pediatrics during their pre-clinical and clinical years? When they are not geographically close?

Join pediatric interest groups, talk to your lecturers who give you lectures about their lecture, and in this way familiarize yourself with their work. This is often a springboard to getting involved with their research. Ask for a continuity clinic preceptor that works with kids/adolescents.

What do program directors value in a strong pediatric residency candidate?

Ability to think on their feet, hardworking folks, innovative, creative leaders. Interested in scholarly works in all fields.

How can medical students be successful in the match?

Really study the program, read about their work, understand the neighborhood they practice in. Have a tight file, strong files stand on their own (good scores, solid letters, strong grades in a variety of disciplines not just pediatrics), a community spirit that matches the programs strengths, and polite, professional communication.

What makes the UCSD Pediatric Residency Program special?

We practice border medicine every day with our general pediatrics patients. Our subspecialty breadth is also deep and our research is world-renowned.

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 Southern California?

I grew up in Nevada, went to undergraduate school in Cambridge, MA and medical school in New York City. I wanted to come to UCSD for its general “bread and butter” pediatrics as well as exposure to all of the subspecialties. I got to see and DO everything, which ultimately prepared me for training in Pediatric Gastroenterology. Southern California just happened to be where UCSD, the school was located. I have since fallen in love with San Diego, its unique exposure to patient care in border health, and the resources and strengths of the School of Medicine and its high level of research.

Any last thoughts for our AAP medical student members pursuing pediatrics?

All programs will give you a solid training. Go where you will be happy and feel comfortable practicing medicine. It is a hard but fun three years.
How can medical students show interest in pediatrics during their pre-clinical and clinical years? When they are not geographically close? Medical students can start within their own respective institutions if they know or even have a little interest in pediatrics by joining pediatric interest groups. They should know that by joining, they do not have to be entirely committed to pediatrics during the early stages of their medical careers. Many chapters offer guest speakers from different residency programs and can help them make decisions about different sub-specialties versus a career in primary care.

For students not geographically close, if there is a break between first and second year, this could be a good time to visit different programs. You can find the respective program directors through the Association of Pediatric Program Directors (APPD) or the AMA Fellowship and Residency Electronic Interactive Database Access System Online (FREIDA). Email that director and show your interest in the program. I think it is nice to start making contacts early. You can also begin to organize away rotations at programs of interest to you.

What do program directors value in a strong pediatric residency candidate? All of the above! We definitely look at the whole picture of our applicants. Obviously, a strong academic record is important given that residents need to pass their boards so we might look at the rate of rise between Step 1 and Step 2. We also look heavily at comments from different clinical clerkships because we want to see what is said about our applicants across their rotations. We look for professionalism, hard work, positive patient interactions, and of course, no red flags. We value a well-rounded student. We are a county hospital so we look for meaningful volunteering across time with leadership involvement as a reflection of an interest and commitment to working with the underserved.

How can medical students be successful in the match? They need to know it starts from the very beginning with the first submission of their application to their very first phone call with the program. From the phone call to the social hour to the interviews themselves, students need to have their best foot forward and be professional every step of the way. Everything else (ie your application) will speak for itself.

What makes the LAC+USC Pediatric Residency Program special? I think it is the mix of people we have here, working and striving toward a common mission. As a county hospital, we want service-minded individuals. We are careful with who we pick because we want it to be a gratifying experience for both our patients and physicians. Our patients are grateful because we do serve the community and its needs.

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 Southern California? I grew up 15 minutes from where I work now in El Monte, CA. I went to college locally and went away for medical school in Philadelphia. I returned to do my pediatrics residency at CHLA. During my time in college, I volunteered at LAC for a couple of years and fell in love with its patients and mission, knowing that I wanted to come back one day. After residency, I worked in a clinic in El Monte, CA, and then transferred over to the hospital. I signed up for a master’s program in medical education at USC. I have now been the LAC+USC pediatrics residency program director for four years.

Any last thoughts for our AAP medical student members? Many students worry about going into primary care. They wonder if they will be able to take care of their school loans especially with going into pediatrics. I want them to know that they do not need to worry—things will be okay. There are multiple options to go into in pediatrics such as hospitalist work, urgent care, etc. My advice is to follow your heart because what is important is ultimately to be happy with what you are doing every day.
Kaiser Permanente Pediatric Residency Program

Nilesh J. Patel, MD, FAAP
Program Director, Pediatric Residency Training Program
Site Director, UCLA Pediatric Clerkships

How can medical students show interest in pediatrics during their pre-clinical and clinical years? When they are not geographically close? It’s definitely tough for medical students given their heavy course loads in the pre-clinical years. However, at most medical schools, students are paired with clinical faculty for either preceptorship or shadowing. This provides students with a snapshot into what pediatricians do. Students can also volunteer in child-life programs, as is often done by pre-medical undergraduate students. This enables them to see a different dimension of the hospital and pediatric care. They can also join pediatric interest groups and attend meetings and conferences like those hosted by the AAP, which welcomes student and resident participation.

For third and fourth year medical students, they gain experiences in pediatrics on their required rotations. If you’re interested in pursuing a residency in Pediatrics, definitely put in your best effort and make sure you do well on your 3rd-year pediatric clerkship. For fourth years, they can do sub-internships at locations in which they are interested. Here, we have at least 30-40 students each year that do sub-internships, ranging from students who are local, from the Midwest, and the East Coast. Remember, when you do away rotations, you have an opportunity to learn about the program, the hospital, and the location as you make your decisions about where to apply and interview.

What do program directors value in a strong pediatric residency candidate? We look at everything, but USMLE Scores are definitely involved in the initial screening, as are pediatric clerkship evaluations and Dean’s Letters. The second phase of the process is the interviews. It is helpful if you can you demonstrate some connection to the area and program.

How can medical students be successful in the match? In addition to the Dean’s Letter, Recommendation Letters and Interviews can be very important. We mostly focus on those from your pediatric rotations and experiences. For research letters, it depends on how involved you were with the project. It can be a good additional letter to include if you’ve participated in meaningful scholarly activity. For our program, it is a good idea to have at least two pediatrics-related letters, with one being from the clerkship director. The interview is for us to see who you are and if you click with our system and the house staff. We look for a genuine interest in pediatrics, and someone that will fit into our Kaiser Permanente integrated care delivery system.

What makes the Kaiser Permanente Pediatric Residency Program special? We are a smaller program, and that allows for a unique experience where faculty and residents get to know each other well. We have a total of 21 residents, as we take seven new interns each year. Our system fosters a great educational environment, almost like an apprenticeship. The integrated health model is the way things are moving in the country. Here, you learn how to practice the KP way, with a focus on cost-effective, high quality care that is based on evidence-based medicine.

Please feel free to share some tidbits about yourself such as: Where did you grow up? Where did you attend medical school and residency? Why pediatrics? Why Southern California? I grew up in the South Bay in Southern California. I attended UCLA as an undergraduate, and then went to medical school in the Midwest at St. Louis Children’s Hospital. After experiencing the harsh mid-western winters, I moved back to California to complete my Pediatric Residency at UCLA, where I also served as chief resident. I joined the Department of Pediatrics at KP in 2003, and became the program director here for the residency program 2 years ago.

Any last thoughts for our AAP medical student members? For both students and residents interested in advocacy and policy, the AAP offers another dimension to pediatrics, and is an invaluable resource. I encourage the residents to attend the National Conference. It is a good start for medical students to become involved in the AAP.
Children’s Hospital of Los Angeles (CHLA)
Pediatric Residency Program

Interview with Eyal Ben-Isaac, MD
Program Director, Residency Program
Associate Professor of Pediatrics

How can medical students show interest in pediatrics during their pre-clinical and clinical years? When they are not geographically close? Medical students can begin by shadowing pediatric faculty or spending time on the general pediatric wards with residents. Outside of the hospital, they can follow a general pediatrician in his or her office. They can also get involved on a research project with a faculty member at an academic institution. Students can also participate in activities involving children such as community fairs or the Special Olympics. For medical students on the East Coast, they can do clinical rotations at specific institutions in Southern California, realizing that everyone will be observing them during their rotation (similar to an audition).

What do program directors value in a strong pediatric residency candidate? This varies across programs. Everyone is looking for a qualified student who demonstrates dedication to pediatrics. We also look for a pleasant personality and someone that works well with others. Pediatrics is about working with a large team, not just other residents, but also other staff members such as nurses and social workers in the hospital, and of course the parents.

How can medical students be successful in the match? Be honest. Include all pertinent activities that you have performed in your CV. Be considerate on the phone when scheduling interviews. Keep in mind that everyone is watching you on your interview day so be cordial and interact positively.

What makes the CHLA Pediatric Residency Program special? We take care of a relatively poor population who are very appreciative of the care they receive. We also see everything from bread and butter pediatrics to complicated tertiary care pediatric cases. Our residents receive the full exposure with an education second to none.

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 Southern California?
I attended medical school at UCLA. I did my internship and residency at CHLA. I was chief resident and then became program director at CHLA -- this has been a 20-year job thus far. I chose pediatrics because I love working with kids; I was a camp counselor in high school and have always enjoyed working with and helping kids. I chose southern California for my family and the weather.

Any last thoughts for our AAP medical student members? Definitely be involved with the AAP. It continues to be important through residency and beyond as well. The AAP offers so much to all of us, and membership fosters credibility in the field. The AAP makes a huge impact in the lives and wellbeing of children.
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