Dear Class of 2014:

Congratulations! You are now entering one of the best years that you will experience in your medical training. There may not be another time when you have the flexibility, autonomy and control to create your own schedule, hone your knowledge and skills in the medical areas of your choice, and explore the country or the world. We’d like to help you make the most of this fabulous year.

The collection of information and documents that we have compiled is intended to guide you through some of the unknown territory that you will experience during your 4th year. Despite the freedom that you have earned to get to this stage, most students have some degree of nervousness or anxiety when considering the future and the steps you have yet to achieve in finding placement in your residency of choice. Rest assured, all of the pieces will fall into place. A little preparation and planning combined with good advice go a long way in making this a smooth journey.

In this manual you will find information about timelines, resources and advice on applying to and selecting a residency. We hope that it is useful to you as a reference and serves as a guide when you seek further direction. Of course, we are always happy to meet in person if you have additional questions. We’re looking forward to getting to know you personally and professionally. Remember, this is Pediatrics. Have fun!!

Sincerely,

Jennifer Soep, MD
Clinical Block Director, Infant, Child and Adolescent Care and Pediatric Phase IV Director
Associate Professor of Pediatrics
University of Colorado, School of Medicine/Children’s Hospital Colorado
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Dear 4th Year Students,

I am pleased to see that you have chosen to pursue a career in Pediatrics. While I know that this can be a difficult decision-making process, I can assure you that you have chosen wisely. Pediatrics offers a wide range of opportunities, ranging from primary care to an academic career in a pediatric subspecialty. No matter which path you ultimately choose in the field of Pediatrics, you will have opportunities to improve the health of children through your clinical activity and opportunities to teach the next generation of Pediatricians. Please also remember that Pediatricians are important advocates for child health locally, regionally, nationally and internationally. An exciting career awaits you.

Now, for the important next step of selecting a residency program. While this is important, be assured that there is a wide array of pediatric training programs from which to choose. The challenge is to find the right one for you. There are many elements to consider as you think about what would be best for your career development. Do you want a smaller, medium size or larger program? Do you want a more community-based or a more academic program? Are there family issues to consider when choosing a program? Will you want to do research, or have an international experience during your residency? There are many things to consider.

The reason we have put this manual together is to help you through this process. This manual represents the collective wisdom of many faculty members who have mentored students through this process. However, our support for you does not stop there. We have many faculty who are ready to help you evaluate which kind of program is best for you and to help you prepare your supporting material to give you the highest likelihood of success.

The biggest mistake that 4th year students can make in this process is not to take advantage of the fantastic support provided from the Pediatric Faculty at the University of Colorado School of Medicine and Children’s Hospital Colorado. I can tell you that Department Chairs and residency Program Directors around the country love to have CU students in their pediatric programs.

Good luck as you go through this process. While it can be anxiety provoking, it should be fun. During the next several months, you will see interesting places and meet fascinating people. All of this will serve to reinforce that you have made an outstanding choice to pursue a career in Pediatrics.

Sincerely,

Stephen Daniels, MD PhD
Chairman, Department of Pediatrics
University of Colorado School of Medicine
<table>
<thead>
<tr>
<th>Date Range</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>Mid-late June 2012</td>
<td>Schools may begin to generate and distribute MyERAS tokens to applicants</td>
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<tr>
<td>July 1, 2012</td>
<td>MyERAS website opens to applicants to begin working on their applications</td>
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<tr>
<td>July 4, 2012</td>
<td>HOLIDAY—Independence Day</td>
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<tr>
<td>July-August 2012</td>
<td>Department of Pediatrics “Select a Residency Night” Dinner</td>
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<tr>
<td>August 2012</td>
<td>Register with the NRMP for the Main Residency Match</td>
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<tr>
<td>September 3, 2012</td>
<td>HOLIDAY—Labor Day</td>
</tr>
<tr>
<td>September 15, 2012</td>
<td>Applicants may start applying to ACGME accredited programs and programs may contact individual applicants via ERAS</td>
</tr>
<tr>
<td>October 2012 to January 2013</td>
<td>Residency Interviews</td>
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<tr>
<td>October 1, 2012</td>
<td>MSPE’s are released to ACGME accredited programs</td>
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<tr>
<td>November 22-23, 2012</td>
<td>HOLIDAY—Thanksgiving Break</td>
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<tr>
<td>November 30, 2012</td>
<td>NRMP registration deadline. $50 late fee afterwards</td>
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<tr>
<td>December 15, 2012- January 1, 2013</td>
<td>Winter Break</td>
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<tr>
<td>Mid-January 2013</td>
<td>NRMP opens to enter match lists for applicants and programs</td>
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<tr>
<td>January 21, 2013</td>
<td>HOLIDAY—Martin Luther King Day</td>
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<tr>
<td>Late February 2013</td>
<td>Final NRMP match lists due for applicants and programs</td>
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<tr>
<td>February 18, 2013</td>
<td>HOLIDAY - President’s Day</td>
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<tr>
<td>February 25 - March 8, 2013</td>
<td>IDPT 8004, Integrated Clinicians Course 4</td>
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<tr>
<td>March 15, 2013</td>
<td>Match Day!!</td>
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<tr>
<td>April—May 2013</td>
<td>Sign contracts with your residency program</td>
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<tr>
<td>May 6 - 17, 2013</td>
<td>IDPT 8005, Integrated Clinicians Course 5</td>
</tr>
<tr>
<td>May 24, 2013</td>
<td>Medical School Graduation</td>
</tr>
<tr>
<td>July 1, 2013</td>
<td>Internship begins</td>
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Timeline for medical students applying for Pediatric residencies

**Summer, 4th year**
- Review official file with the Dean’s office
- Meet with Dean regarding MSPE (Dean’s) letter
- Resolve any outstanding 3rd year clinical block grade issues
- Prepare CV—have advisor review
- Prepare personal statement
  - Have someone review it for grammar and content
  - Have a friend review it to make sure it reflects who you are
  - Have advisor review it from the residency perspective
- Investigate residency programs via FREIDA and individual program websites
- Plan for away rotations if desirable or applicable—consider if you need to be in a particular institution or geographic location; consider one month elective rotation (not sub-I)

**July**
- ERAS application registration opens
- Begin completing your application online
- Develop your program list

**August**
- NRMP (National Match) Application registration opens

**Late summer-early fall**
- Complete sub-I in Pediatrics
- Attend “Select a residency night”
- Schedule meeting with Pediatric Phase IV director to review file, plan for preparing application, list of programs to apply to
- Finalize CV and personal statement
- Ask for letters of recommendation
  - Make requests early from faculty
  - Usually need at least 3 letters (but check specific requirements for each program)
  - Provide letter writers with pertinent information such as CV, personal statement, specific themes to highlight
- Meet with Chair of Pediatrics and/or Program Director
  - Ask for department letter if specifically required by a residency program to which you are applying

**September**
- Submit ERAS application (aim for completion by mid September)

**October-January**
- Schedule interviews
- Meet with advisor to discuss progress as needed, especially if did not get enough interview invitations
• MSPE (Medical School Performance Evaluation AKA Dean’s Letter) released to programs October 1st
• Military Match for students participating in the Armed Forces Health Profession Scholarship Program in December

**January-February**

• Enter the NRMP rank order list
  - Don’t think it is OK to fall back on scramble process
  - Keep a mix of more and less competitive programs
  - Ask advisor to review and discuss rank list
• Rank order list closes late February
• Attend the Department of Pediatrics Pre-Match Dinner

**March 15, 2013**
MATCH DAY!!
Elective and Sub-internship Contact Information

**PED8000** PEDIATRIC SUB-INTERNSHIP
Jennifer Soep, MD
Office: 720-777-5417
Jennifer.Soep@childrenscolorado.org

**PED8004** CARDIOLOGY
Michael Schaffer, MD
Office: 720-777-6820
Michael.Schaffer@childrenscolorado.org

**PED8006** IMMUNOLOGY & ALLERGY
Dan Atkins, MD
Office: 303-388-4461
Atkinsd@njhealth.org

**PED8007** CHILD ABUSE & NEGLECT
Andrew Sirotnak, MD
Office: 720-777-7253
Andrew.Sirotnak@childrenscolorado.org

**PED8008** BIRTH DEFECTS/GENETICS
Margarita Saenz, MD
Office: 303-724-2573
Margarita.Saenz@childrenscolorado.org

**PED8009** PEDIATRIC INFECTIOUS DISEASE
Mimi Glode, MD
Office: 720-777-2838
Mary.Glode@childrenscolorado.org

**PED8011** PEDIATRIC PULMONARY DISEASE
Monica Federico, MD
Office: 720-777-6181
Monica.Federico@childrenscolorado.org

**PED8012** PEDIATRIC NEUROLOGY
Julie Parsons, MD
Office: 720-777-6895
Julie.Parsons@childrenscolorado.org

**PED8013** PEDIATRIC ENDOCRINOLOGY
Christine Chan, MD
Office: 720-777-0990
Christine.Chan@childrenscolorado.org

**PED8018** GENERAL ACADEMIC PEDIATRICS
David Fox, MD
Office: 720-777-8082
David.Fox@childrenscolorado.org

**PED8020** ADOLESCENT MEDICINE
Paritosh Kaul, MD
Office: 720-777-6131
Paritosh.Kaul@childrenscolorado.org

**PED8022** PEDIATRIC GASTROENTEROLOGY
Edward Hoffenberg, MD
Office: 720-777-6669
Edward.Hoffenberg@childrenscolorado.org

**PED8024** CHILD DEVELOPMENT & BEHAVIOR
Ann Reynolds, MD
Office: 720-777-6630
Ann.Reynolds@childrenscolorado.org

**PED8025** PEDIATRIC EMERGENCY AT CHILDREN’S
Tien Vu, MD
Office: 303-724-2583
Tien.Vu@childrenscolorado.org

**PED8026** PEDIATRIC NEPHROLOGY
Gary Lum, MD
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Gary.Lum@childrenscolorado.org

**PED8027** PEDIATRIC INTENSIVE CARE
Emily Dobyns, MD
Office: 303-724-2387
Emily.Dobyns@childrenscolorado.org

**PED8030** VACCINATION IN PEDIATRICS
Robert Brayden, MD
Office: 720-777-6562
Robert.Brayden@childrenscolorado.org

**PED8031** PEDIATRIC HEMATOLOGY/ONCOLOGY
Timothy Garrington, MD
Office: 720-777-6511
Timothy.Garrington@childrenscolorado.org
Department of Pediatrics and School of Medicine Contact Information

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13123 East 16th Avenue, B158
Aurora, CO  80045
Fax#: 720-777-7258

Infant, Child and Adolescent Care Clinical Block Director and Pediatric Phase IV Director: Dr. Jennifer Soep, Associate Professor
Phone #: 720-777-5417
Pager #: 303-208-0703
E-mail: Jennifer.Soep@childrenscolorado.org

Infant, Child and Adolescent Care Assistant Clinical Block Director
Dr. Julie Noffsinger, Assistant Professor
Phone #: 720-777-8797
Pager #: 303-540-0096
E-mail: Julie.Noffsinger@childrenscolorado.org

Pediatric Phase IV Student Coordinator:
Michael Baca
Phone #: 720-777-4804
E-mail: Michael.Baca@childrenscolorado.org

Infant, Child and Adolescent Care Coordinator:
Brenda Cordova
Phone #: 720-777-6867
E-mail: Brenda.Cordova@childrenscolorado.org

Pediatric Residency Program Director:
Dr. Adam Rosenberg, Professor
Phone #: 720-777-5332
Pager #: 303-366-4289
E-mail: Adam.Rosenberg@ucdenver.edu

Pediatric Residency Coordinators:
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E-mail: Kathy.Morten@childrenscolorado.org
E-mail: Sheilah.Redmond@childrenscolorado.org

Children’s Hospital Trainee Coordinator
Andrea Reed
Phone #: 720-777-8396
E-mail: Andrea.Reed@childrenscolorado.org

PED8015 NEONATOLOGY SUB-INTERNSHIP
Elizabeth Thilo, MD
Office: 303-724-2869
Elizabeth.Thilo@childrenscolorado.org

SCHOOL OF MEDICINE
Education 2 North, Room 5318 -Campus Box C292
Fax #: 303-724-6409

Associate Dean for Student Affairs
Maureen Garrity, PhD
Phone #: 303-724-6407
E-mail: Maureen.Garrity@ucdenver.edu

Office of Student Affairs ERAS & MSPE Support
Janina Stewart
Phone #: 303-724-6407
E-mail: Janina.Stewart@ucdenver.edu

School of Medicine Associate Registrar
Wayne Sell - All SOM courses
Phone #: 303-724-8053
Fax #: 303-724-8060
E-mail: Wayne.Sell@ucdenver.edu

School of Medicine Associate Registrar
Vicki Melton - All 4th year rotations & externships
Phone #: 303-724-6404
E-mail: Vicki.Melton@ucdenver.edu

OTHER RESOURCES
ERAS/AAMC
3624 Market Street
Philadelphia, PA  19104-2685
Phone #: 1-215-386-5900
Fax #: 1-215-381-9963
E-mail: Myeras@aamc.org

National Residency Matching Program
2450 North Street NW
Washington D.C.  20037-1127
Phone #:1-202-828-4797
Fax #:1-202-828-4797
E-mail: NRMP@aamc.org

Helpful Websites
FREIDA
https://freida.ama-assn.org/Freida/user/viewProgramSearch.do

COMSEP
http://www.comsep.org/

Becoming A Pediatrician
http://www.comsep.org/pdfs/BecomingAPediatrician.pdf
Tips for Applying to a Pediatric Residency Program

Liz Thilo, MD

Letters of Recommendation

- Academic versus community preceptor: which to choose?
- Give the person information to help him/her remember your work, and to supply background for the letter
  - Dates you were there, and where you interacted; patients that might stand out in his/her memory
  - CV of your accomplishments
- Consider meeting with the person to talk about your experiences and aspirations
- OK to have letters from outside your chosen field, but not all of them
  - Also OK to have a letter from a volunteer activity if that was a big commitment and an important part of your medical school experience (if mentor was a physician)
- Letter from a sub-I experience generally good to get
- If research has been a large part of your education (especially if it resulted in an advanced degree), a letter from the research mentor is needed

The Personal Statement

- Important to speak with your voice (but with perfect spelling and grammar)
- Your chance to show your inner self, what makes you tick, your goals and dreams
- If there are gaps in your education, or if remediation has been needed, this should be addressed, either in your personal statement or in the Dean’s Letter
  - Either explain the circumstances, or what you’ve learned from the experience
  - Own any failures, but don't whine about it, and don't dwell unnecessarily on it
  - Don't assume nobody will notice – we do
- Remember that anything you write about here is fair game for the interview
  - If it makes you cry to think about it, do you want to cry at the interview?
  - If you claim to know about a disease, you’d better know about it!
- Check and recheck your spelling and grammar, and have others read your statement
  - Be careful with spell check

ExtraCurricular

- Quality rather than quantity
- Don’t list every 1-hour volunteer activity since high school: avoid “padding”
- If you worked your way through school, or you have a family with young children, make it known – that is a huge time commitment, and we should know about it

The Interview Day

- Dress nicely (professionally), but there is no uniform (wear good walking shoes)
- Have some questions that you plan to ask at all places (to compare answers)
- Be on your best behavior: remember that everybody you meet might be important!
- If you are going to cancel, have the decency to call and say so
How to decide?

- Location, size of program, academic versus community program, degree of autonomy, degree of support, academic interests, fellowships?
- Did you feel comfortable there? Can you see living in this community, spending time with these people?
- Support systems in the area? A place your spouse or S.O. could live?
- Make notes about your impressions for each place after the visit, for later comparison and to jog your memory
  - What did you like best? What worried you?
  - Overall, did the residents seem happy and engaged, with their work and with each other?
- See also Dr. Marsha Anderson's notes which are next!
Tips for Medical Students Evaluating Prospective Residency Programs

Marsha Anderson, MD, Associate Pediatric Program Director

“DOs”—Things that are Important

- The overall goal should be to get an excellent education in your chosen profession. In many specialties, there will be many programs across the United States that give you excellent training.

- The secondary goal should be to find a program (with excellent education) that is in a community or geographic area that you will enjoy living in. This is very important. You want to be happy!

- Ask yourself what you see yourself doing in 10 years. Do you see yourself as a primary care provider or as a subspecialist? If you are sure or pretty sure you want to do a fellowship you should apply to academic programs (usually this means a hospital with fellowship programs). Your application to a fellowship will be somewhat stronger coming from an academic program than a community-based training program. If you are undecided, consider programs that offer at least 2 different experiences throughout the training program (tertiary care based practice settings vs. community hospital experience or clinical experience in a rural or underserved area).

- If having friends and/or family nearby are important to you, consider programs in locations based on this.

- Consider what else is really important to you. If not being able to afford to buy a home would be a “deal breaker” for you, you need to consider locations where the cost of living will allow you to do this (i.e. NYC, Honolulu, or San Francisco will not likely be feasible for you).

- Recognize that a sense that you would “fit in” to the program, with the people you will be working with, and/or the community is important.

- If you have a significant other moving with you it is important to include them early in the decision process. Allow them some input into geographic areas or communities they would like or not be happy to live in. Use this information to help decide where to interview. If at all possible, bring your significant other with you on the interview trip unless they are familiar with the area/community.

Things that should make you consider running from a residency program:

- You really dislike the community or area—you will be spending at least 3 years here. You should like where you will be living so that you will be a happy, productive resident.

- You dislike the majority of the people that you have interacted with. This is a red flag. You should not abandon a program because of negative interactions with one or two people, but if you get the same bad vibe from most of them that is not a good sign that you will enjoy it there.

- The residents tell you not to come and that they are unhappy. This doesn’t happen often but does occasionally and you should pay attention to it. However, you must be careful not to base your decision on one resident who may be the only unhappy one there. What this means is that you need to do some more research. You need to ask pointed questions during the rest of the visit and collect phone numbers of residents you can call later to ask more pointed questions. If a resident indicates they are unhappy, you need to try to interact with
as many other residents as possible to try to assess their happiness and understand if this is a “one resident” issue or a more generalized issue.

- The residency is not accredited or is on probation.
- There are multiple indicators of a poor educational curriculum—this could include resident comments, poor board pass rates etc.

Things that really don’t matter in the big scheme of things—don’t rule out a residency program for one of these things:

- Bad weather on your interview date—every community has unusual occurrences of some climactic event (i.e. temps>100, temps<0, huge snowfalls etc). Consider whether this was an unusual event or whether this will really occur on a regular basis. Don’t let the stress and difficulties of getting to an interview after the “worst snowstorm in 30 years” poison your feelings about the program.

- A droll, seemingly uninterested, or unusual interviewer. It is amazing how many students will have their judgment about a program clouded by one faculty member with whom they have interacted during an interview. There are a few droll, uninterested, or eccentric, etc. people at all institutions. If you get that person, just realize it—it should not affect your decision either way.

- Faculty who are unable to answer your questions about the residency program or the resident’s schedule. Students are often troubled by faculty interviewers who can’t answer these types of questions. However, it would be unusual for faculty to be able to answer them. Residents know little about faculty schedules and faculty know little about the details of resident’s schedules or changes in the program. Faculty interact with residents clinically and give didactic lectures but aren’t regularly briefed on resident schedules, required rotations, programmatic issues etc. The people who should know the answers to these questions are the program director (regarding upcoming changes in the program, required rotations), the chief residents (regarding scheduling issues or team make up) and the residents (regarding schedules, the logistics of how things work, etc). If someone is unable to answer the question, ask them who best could answer it.

- Failure to provide a “gift” or “free meal”. Your decision about which residency program you choose is too important to be influenced by the provision of a gift bag, a free hotel room, or a snack for your room, etc. Provision of these types of gifts is a recruiting tool and nothing more. You should recognize that. Programs have differing budgets for recruiting and they choose to use their funds differently. Just because a program is able to provide you with a free hotel room or a goodie-bag, may not mean that they have any more funds available for educational support than another program. Accept gifts for what they are (recruiting tools) and try to evaluate the programs objectively.

- Small differences in benefits or salary. If you are really excited about a program because it gives you an extra week of vacation or some benefit—you better check into this further. All programs are under the same training requirements—residents must complete 33 months of training (that’s one month “off” per year over 3 years). The standard practice is to give 3 weeks of vacation and 1 week of time to go to a meeting. If you have been told you have 4 weeks of vacation that may be true (they are counting the 1 week that most programs give to go to an educational meeting).

- One unusual feature of a program. If one program has what you think is a really unusual feature that you find attractive, don’t automatically rule out other programs. Frequently we hear students comment on “novel” features of program X and we then point out our program offers that as well. No matter how much time you have to evaluate a program you won’t find out everything about a program. If that feature is really important to you, call
other programs you are seriously interested in to double-check if they also offer that feature, before you cross those programs off your list. Most programs provide you with a phone number or email address that you can use to get these questions addressed. If not, it is easy to call the program number they gave you to schedule your interview and ask for the email address of the program director or chief resident.

- Didn't get a call or email from someone thanking you for visiting or telling you how great you are. Some programs routinely call their interviewees after they have interviewed. Some programs call or contact only their top candidates. Some programs have a policy not to call or email at all. The bottom line is that you should not rely on any statements that you will be highly ranked. Nothing is final until the match lists are in and things can change. If you get a call or email it is OK to feel flattered but don’t make any decisions based on that. It could be that the program that has a policy not to call you values you even more!

**Things that you should look for or want to hear from a program:**

- **Commitment to education**—look for examples of this (i.e. designated curriculum, morning report and noon conference that by your assessment are good (or residents tell you are good), recent additions to curriculum (i.e. advocacy training, quality improvement etc—this indicates they are evaluating the curriculum and modifying as needed).

- **Responsiveness of the program to real problems**—You will need to ask this question to the residents or chief residents. But this is a little tricky. Most residency programs operate in big complicated institutions. So rapid changes to a complicated system do not usually occur—as there are unintended consequences. What you want to know is that if there is a real problem (family emergency, resident out for several months) does the program help address that (help arrange coverage, problem solve).

- **The residents are happy.** Residents for the most part should be happy. All pediatric residents are going to be tired during respiratory season, as the influx of patients increases. But you want to be in a program where the residents are predominately happy. Be careful not to let one unhappy resident, that you are unfortunate enough to meet, cloud your judgment (see #3 above under “things that should make you run..”)

- **The residents think they are getting good training.**

- **The program has a good track record in graduates getting jobs and fellowships in their chosen field.**

- **The residents like the community.**
Humor: Algorithm for Choosing a Specialty

1. Crazy
   - Attention span?
     - Significant
       - Psychiatry
     - Non-existent
       - Emergency medicine
   - Medical student
2. Sane
   - Hardworking?
     - Very
       - Attitude?
         - Nice
           - Hates adults
             - Paediatrics
           - Hates children
             - Medicine
         - Doesn’t matter
           - Patient asleep
             - Anaesthesia
           - Patient dead
             - Pathology
         - Mean
           - Surgery
     - Not so much
       - Surgery
6. Afraid of the light
   - Think big
     - Radiology
   - Think small
     - Dermatology
     - Ophthalmology
**So you want to go into Pediatrics?**

Tips & Advice from the University of Colorado SOM Class of 2009

**Pediatrics courses and research:**

- **Taking your Sub-I’s—**
  - **When should I take them?**
    - I would recommend taking your sub-I towards the late summer/early fall. Have it done before your residency application goes out, but after you’ve had some time to take other courses. You can get a couple electives under your belt and get the feeling of being a fourth year before jumping into your Sub-I, especially if it has been awhile since you had your 3rd year Peds rotation.
  
  - **What should I expect?**
    - As for what to expect, it is really not a lot different than third year, except you have more responsibility and autonomy with your patients. Instead of presenting to the interns, you discuss your patients with the more senior residents. You see your patients on your own in the morning, and typically, no one else will see them until rounds, which is different than third year when the interns saw your patients every morning. In essence, you are an intern and the patient’s primary provider at the hospital. Your patient load will be larger than when you were a 3rd year, but they ease you into a greater number of patients, so you don’t start out your rotation seeing 6 or 7 patients. Your patient load at Denver Health likely won’t be as high as at Children’s because it is slower at DH during the summer months. How much you do and how involved you are in your sub-I is somewhat dictated by you. You have an opportunity to be the first one nurses call about your patients, you can participate in more procedures, and even conduct teaching sessions with 3rd year medical students. Overall, many find it a great learning experience.

- **Taking Electives—which do you recommend I take to prepare for Pediatrics?**
  - In general, take what interests you, what you need to take to better your skills, and if there is anything you didn’t learn a lot about during 3rd year but want to know more about. You will get the most out of taking the electives that interest you, and it will likely help guide your career in a direction you want to go.

  **Comments on specific Pediatric electives:**
  - Pediatric Infectious Disease is good to take because ID is a very prominent aspect of pediatrics. I had a great time on the elective and learned a lot. It was also a good elective to start out with because the ID team is very good at physical exam skills (since infections can happen anywhere) so having that background before my Sub-I was very helpful.
  - Pediatric Cardiology with Dr. Schaffer. This was an excellent rotation to become better at hearing murmurs and understanding the difference between innocent
murmurs and pathologic murmurs. It is all outpatient (although a week of inpatient can be set up) and really all you do is listen to murmurs and read EKGs.

- General Academic Peds, which is a month of outpatient peds in the child health clinic at Children’s. The clinic is fast paced and can get overwhelming sometimes, but if you are willing to work hard, you will see a lot of patients and learn a lot. The hours are 7:30-5:30, which isn’t that bad, but I was more tired at the end of those days than I was at the end of my 6a-6p Sub-I shifts because of how much running around you have to do in the clinic.

- Pediatric Endocrinology is mostly an outpatient experience, and you see a variety of endocrine disorders at Children’s Hospital Colorado and then spend a week at the Barbara Davis Center learning about diagnosing and managing Diabetes. You also have a chance to go on rounds with the Endocrine docs and fellows when there are patients in the hospital, but you as the student do not follow these patients daily. There are also great teaching sessions in the afternoons where the docs go over a topic (typically of your choosing).

**Non-Pediatric electives:**

- Clinical Toxicology—great month-long course that is only a couple hours a day, but teaches you a lot about bites, ingestions, and overdoses (which are all common in kids)
- Dermatology—don’t get much exposure to this during the first 3 years, but good way to learn which rashes you should worry about
- Anesthesiology—great exposure to understanding the airway and intubating, which is vital
  - Radiology—don’t get much focused teaching during first 3 years
  - Orthopedics/Sports Medicine
  - Cardiac Skills Course—fun 2 week course that gives you basics on reading an EKG

**Doing Externships**—When should I think about taking one? How do I decide where to go? What should I expect during my externship?

- Externships can be done at anytime during the year, but they are typically done before the interview season in order to see if you like the program and to increase the likelihood that they will interview and rank you. Think about taking one if there is a high likelihood you’ll be ranking the place in the top 3. It’s important you get a feel of the place. The point is for you to get an idea of what working there will be like and for them to get to know you. However, also know that it is a risk to taking externships because you have to be at the top of your game and if there are residents that did not get along with you then they can give input to the admissions committee.

- The best rule of thumb for what to expect during the externship is to always be prepared for any possibility, to work really hard, and to put your best foot forward. Things will work differently wherever you go, so be prepared for change. Also, make sure you get to know the people there and explore the area. Talk to the residents. After all you might be working there next year. If you are thinking about applying to a
certain geographic area (such as where you have family or friends) and you want to do an away rotation at a program in that area, you might want to think about doing an away elective there right before you start interviewing. That way if you take a vehicle with you, you can try to coordinate travel for interviews in that area near the time you finish your rotation and save some on flights.

**Personal experiences:**
- I did an externship at UCSF that included both inpatient and outpatient. It was good to get a feel of the hospital, but it still was not the same as being a sub-I on the wards with residents. I was more on the outside looking at the residents.
- I did not end up doing an externship, although I did apply for one in Seattle. The application for an externship in Seattle is very long and requires about $175 dollars in fees and background checks, plus a HIPPA certification for the VA in Washington (which you actually have to complete unlike the one for Colorado where you can simply click through the slides and print off your certificate). The application took me so long to complete, that when I finally submitted the last document, the rotations were full. If you are interested in an externship in Seattle, make sure you start early on the application and request more than one rotation/block to increase your chances. I think they prioritize their students ahead of externs, so it is only after all of their students have selected their rotations, that externs have a chance. After interviewing in Seattle, I would have loved to have had the opportunity to do an externship there. So, if you have any interest in doing residency there, I would look into it.

- **Do I need to do research to get into Pediatrics?**
  - No! You do not need to do research to get into Pediatrics. Research is a plus on your application if that is something you are interested in, and it can look good for later when you want to do a fellowship. But don’t stress if you haven’t completed (or started) a project by the time interviews come around. Also, if you have research interests outside of pediatrics, or if you were not sure of what specialty you wanted to go into when you started medical school and did research in another department, that is alright. If you do have research, definitely be prepared to talk about it during your interview—even if it is research you did before medical school or was not related to Pediatrics.
  
  - Another thing to consider is setting up a research project with a faculty member in pediatrics that will be completed after interviews are done. That way, you can have something to talk about, and you don’t have to spend valuable time during the beginning of your fourth year doing research when you could be doing electives. Also, research after interview season is a great way to fill up a couple blocks of credit.

*I’m just starting the application process—what should I do?*
- **Where can I get information/resources about applying to Pediatrics?**
  - Residents, interns, chief residents, attendings, graduating 4th year medical students—They can tell you about their experiences with other programs and give
you guidance of where to look based on what you want from a program. Peds attendings who also participate in interviewing residency applicants are a great resource because they can tell you what they want in an application and what questions they ask.

- Recently graduated medical students—You can look at the list of recent CU graduates and find people who matched into Pediatrics and email them. I was able to meet up with a couple graduates from the class ahead of me on my interview trail, and it was nice to be able to pick their mind after they had been at their program for 5 or 6 months.
- Dr. Jenny Soep also has a lot of great tips and is a good resource to help you make a list of programs to apply to.
- Freida website—a good place to start because you can list your preferences (number of residents you want in the program, geographic location, community vs. university-based programs, etc.), which can help you narrow down your list of potential programs. You can then go to the programs’ individual websites, which usually provide you with the structure of their rotations (how many ward months, electives, etc.), their call schedule, the number of residents (and the specific residents) in the program, and some information about the city you would be living in.

- **How many programs should I apply to? How many should I interview at?**

  - It is really up to you. As difficult as it is, you need to try to consider what you want in a program and where you stand as an applicant. The latter is especially hard to do, but as you start to look at programs you'll start to get a rough idea of how you compare. The cost of the application is nothing like medical school, so adding on more programs is only a minimal fee. Turning in your application early helps too, so that if you aren't getting a lot of interview requests up front you can apply to additional programs. As a reference, people applied to anywhere between 10-20 programs and typically interviewed at 10-12 programs.

- **Any advice on filling out ERAS?**

  - Start working on it as soon as it becomes available, and send it out within the first couple of weeks of it being open. You can send it in before the letters of recommendations go in and before your Dean's letter goes in. In pediatrics, you will get a few offers right away, so the earlier you submit the application, the easier it will be to schedule you interviews.
  - As for filling out the ERAS itself, only put things that were important to you and that you can talk about during an interview. Remember, everything is fair game during the interview—even the interests/hobbies you list. Spend a lot of time on the extracurricular activities section and writing down anything you did in the past 4 years that you feel you could talk about for 4-5 minutes.

- **What do programs want to read about in the personal statement?**

  - They want to know who you are and why you are going into Pediatrics. Don't feel like you have to include a personal tragedy or a story about a patient that changed the
way you thought about medicine. You can tell them almost anything, as long as you can tie it into who you are and why you want to be a Pediatrician.

- Tie in things about you from your application that you really want your interviewer to know about you. Sometimes, interviewers don’t read your application, and all they have to talk about with you is your personal statement.
- Try to make it interesting and original. Add a bit of humor.

**I'm preparing for my interviews. Make me look smart!**

- **Any advice to make travelling easier? Cheaper?**
  - Try to group your interviews in a geographical area. This is hard to do, since you don't know where you are going to get interviews. Suggestions on how to deal with this include: when you get an interview in a geographic area, leave a "safe space" of a week or two (depending on how many interviews you have there) so that when you get other interviews in the area, you can add them to the designated dates for that area. This can work if you are applying to a medium number of programs, but likely won't work if you are applying to over 20 programs.
  - Get to know the city you are going to so that you can find the cheapest way to get there and get around. There may be smaller airports closer to the interview that may be cheaper to fly into. Driving there may be cheaper than flying. Don't forget about trains, especially on the East Coast. Try to figure out if you can take reliable public transit before you book a rental car. Get the GPS on the rental car and take really good maps.
  - Stay with friends, family, and classmates if possible. Sleep on couches. Some programs (for example: Baylor, Rochester) will give you money or hotel discounts to help you with your flight and/or hotel.
  - Join airline mileage programs. Try to buy tickets with the same airline and/or open a credit card with an airline and accrue miles towards a free flight. Some airlines also offer a free flight when you open an account with their credit card. But, before you sign up for the credit card, make sure the airline flies to the cities you are interested in interviewing at.
  - Don't do more than 2-3 interviews a week. 3-4 interviews in a week can definitely be tiring, especially if you go to the social events too. Spend the extra night in the city if you can, to relax and unwind instead of dashing off to your next destination without really resting.
  - Buy something to keep yourself entertained while you are traveling all over (you can catch up on all those books you've haven't been able to read during 3rd year!)

- **What are the interviews like? Were there any questions that you were asked in multiple interviews?**
  - The interview day in Pediatrics is typically very friendly and laid back. Remember that it's not just them interviewing you, it's also you interviewing them and making sure you fit in there. The day itself typically consists of morning conference, meeting with the program director, sometimes going on rounds, interviews (the number varies, but usually 2-3 interviews), lunch, and tour (not necessarily in that order). There is typically time during the day (usually at least at lunch) to talk with the residents. Be
prepared to sit, listen, walk, and smile for a really long time. Wear shoes that are comfortable.

- Interviews are generally very low key and conversational. The one question you will get over and over is, “Do you have any questions for me?” So, read about the program before your interview and come up with at least five questions that are specific to that program. Also, it is a good idea to have a few of the same questions that you ask each program, this will help you fill time if necessary, and it will also help you compare one program to another. Other questions commonly asked include questions about extracurricular activities (both related and not related to school), research, interests outside of school, what you are looking for in a program, why you would fit in at their program, why you want to go into Pediatrics, your strengths and weaknesses, and where you see yourself in 5-10 years. Some "harder" questions include recounting an experience you had with a patient that changed you and explaining why the program should pick you over other applicants (i.e. what makes you unique).

- **What questions are important for me to ask during my interview day?**
  - Most important are to ask the questions that you really need to ask to learn if this program can give you what you need as a resident and a person. Make sure your questions reflect that you both researched the program before you showed up that day and that you were actually listening to the introductory speeches that morning.
  - Questions can also be a great way for you to remind the interviewer of things you want them to know about you. For example: “Are residents able to do international rotations? What advocacy opportunities are available to residents through this program?” Translation: “I’m interested in international pediatrics and child advocacy.”
  - When you have time with the residents, it is important to ask them what they like most and least about the program, as well as what they like to do when they are not at work. These will be the people you will be working with next year, and if you have opposite interests as they do, it could make for a long year.

  **Sample Questions:**
  - What is the patient population like?
  - Are fellows a substantial part of the program? Do they do all the procedures? (i.e. do they do everything, leaving the residents little autonomy)
  - What year are residents exposed to the NICU/PICU (some programs don't do NICU until PL-2)
  - What is the call schedule (i.e. night float vs. traditional)
  - Are attendings present at rounds or are they run by residents?
  - Do programs offer sufficient exposure to electives important for general pediatrics (i.e. Dermatology, Infectious Disease)? How many electives do interns complete vs. R2 and R3s?
  - Are there opportunities for international travel, advocacy, research (if you are interested in any of these things)?
  - Do you foresee any changes during my residency here?
• What are the strengths of your program
• If you could make any changes, what would they be?

I’m done interviewing, now how do I decide where to go?
• How do I know/figure out what the best place is for me?
  o After each interview, sit down and review the program (at the airport or during your flight is usually a great time to do this). One idea is to write about 3 main topics: The program, The faculty and The residents. At the end write a general feeling of what you thought about the program. Put the paper in a folder and not think about it for awhile. Then, at the end of the interview season, take out all the papers to help you remember what you thought about the program the day of the interview and compare all the programs at once, but with the thoughts/attitudes you had immediately after your interviews.
  o It's also great to have a sounding board, someone who knows you and what you want and need very well, someone that you can call after every interview and vent all of the good and bad that you discovered that day. Then when you are making your list and you are stuck you can talk to that person and they can remind you what your initial thoughts and feelings were when you were there.
  o Typically, in the end you will likely end up ranking based on location and your gut feeling, but having the sounding board and notes will help both jog your memory and sort of specific details of a program you may have forgotten or confused with another program.

Parting thoughts…
• Is there anything you wish you had known before applying and interviewing?
  o How laid back the interviews really are—once you have the interviews lined up, the interview day is mostly figuring out whether you fit in with their program. The interviews are more for the programs to sell themselves than for you to sell yourself.
  o To ask more questions during the interview day that were related to what I wanted from a program, rather than questions I thought would make me look good to the interviewer.
  o How tired you really do become while interviewing—don’t do too many interviews in one week if you can avoid it.
  o How useful the social dinners with the residents are. They are the best opportunity for you to see what the residents are like and if you will fit in there.

• Any other advice?
  o Have a couple of advisors review and edit your personal statement before sending in a final draft.
  o Walk into each interview knowing who you are and what you can offer this program.
  o If you are driving, get a Garmin or other GPS device with the rental car (or take your own if you have one), program the hospital’s address in before you go, so you’ll always know you have a map if you need it.
  o Try to have at least 3-4 interviews before you start interviewing at programs you are truly interested in. You learn a lot about how to interview with each program you visit, and this only makes you a better interviewer. So, if you feel like you don’t have
the time or money to have 3-4 practice interviews, do at least one, and then interview at your home program as one of your other early interviews, because even if you want to match here in Denver, the interview is still much easier simply because you can sleep in your own bed and you know exactly where to go at 7:30am.

Good Luck!!
Example of a “very good” personal statement

When I was 8 years old, each summer seemed to last a lifetime, each hole in the ground was a tunnel to China, each piece of construction paper was anxious to be made into a paper doll with its own name and birthday, and each new friend instantaneously became a best friend. When I was 8 years old, no one told me I couldn’t be a world-famous ballerina, no one confined my imagination, no one belittled my creative efforts. My childhood was wonderful: full of possibility and free from inherited prejudice. I am the first child of two immigrants. Whatever stereotypes and biases they might have held in just didn’t apply in the small town of where I grew up. Whether by exceptional parenting, or by mistake, my parents never put a limit on achievement.

My parents like to say that my sister and I are indistinguishable in photographs taken at the same young age. My sister and I both know that this isn’t true. My sister is easily identified by a hearing aid the size of a box of crayons strapped to her chest with two wires, each leading to an ear. She was diagnosed with Usher syndrome at 4 months of age—she is profoundly deaf and has a visual field so narrow that she is also considered legally blind. Other than the hearing aids, we do look quite similar.

When my sister was 8 years old, each summer seemed nonexistent for it was crammed with as many appointments with doctors, audiologists, speech pathologists and the like as my mother could manage. Each hole in the ground, or toy on the floor, was an opportunity to trip, fall, and get one more scrape to add to the collection that accumulates when one can’t see below the level of her nose. Each friend was harder to make and even harder to keep.

Although we had the same parents and same environment, my sister felt that there were barriers to having a childhood full of possibility. Every achievement was harder for her to reach than it was for me, but she managed to overcome each hurdle. I graduated magna cum laude from an Ivy league school; so did she. I started medical school and she started law school. Her road was fraught with many more hardships and tears than mine. I know because I heard her cry in bed almost every night.

I view myself as the quintessential 8 year old who had dreams that came true. My sister is like my mirror image, except with the additional burden of disease. Her story reminds me that individuals can triumph over their limitations and claim their dreams with determination and support. As a pediatrician, I’d like the opportunity to be part of the support system that allows children to be creative, to be imaginative, to be dreamers by minimizing the barriers to success that they face due to illness. Every 8-year-old child deserves the chance to be a world-famous ballerina, a Nobel laureate, or simply a happy son or daughter.
Example of a “poorly written” personal statement

It does not take a long time to find out what kind of person I am. The first moment you meet me, you will notice that I have an infectious smile on my face. That smile rarely fades. “Why?” you may ask. I would reply by saying, “because I am alive”. With the rigors of daily life, many people are left feeling depressed, angry or lost. I always try to find a little sunshine in every day life so that I can keep that smile. I have had some rough times in my life, like when I lost two of my best friends within three weeks of each other that have taught me that life is precious. I will not let it pass me by without getting the most out of it I can. So I tend to be ever optimistic and I try to transmit that optimism to everyone I meet. If you were to talk with the important people in my life, you would learn that I am the one they call when they have a problem. It is extremely important to me to make sure that my friends and family are doing well, and any little bit of sunshine that I can inject into their life makes me feel good.

Besides learning about my personality, I think it is important to see what I have accomplished in my life. I am a non-traditional student, in that I took a few years off after graduating . When the time came around to start thinking about applying to medical school, I found myself really questioning my desire. I felt at the time, that I needed to find some direction and decided volunteer work would be a good avenue to pursue. So I spent around ten months of my life working with AmeriCorps. The work I did with AmeriCorps was invigorating and I really felt that it prepped me for medicine though I felt I needed to take some more time off to see if I wanted a career in medicine. I spent the next two years doing biochemical research, and a funny thing happened. I found the desire again. I enjoyed the challenges that the lab brought, but I knew I belonged back in school. Something was missing, and now I knew that I had to give medical school a shot, but I had to prove myself doing my master’s in physiology. Graduate school was exciting and everything seemed to come easy because I really dove into all the work. I was happy with where I was at and when I am like that, I am extremely motivated. So I was accepted into medical school and now here I stand ready to start my residency, ready for another challenge.

So now knowing who I am and where I have come from, I think it is important to address where I am going. There is no doubt in my mind that pediatrics is where I should be. Why? Well, I cannot give a great detailed explanation talking about how I always admired my pediatrician and it drove me to a career in pediatrics. Heck, I did not even have a pediatrician. Plain and simple, I just love being around kids. With kids, they rarely are the cause of their ailment and aiding them makes me feel like I am really making a difference. Plus, I find comfort in being able to calm a nervous, worried parent. It is funny that you can see a total change in my demeanor when I am on the pediatrics ward versus the adult wards. I always had an idea that I might want to do pediatrics, but I was dabbling with thoughts of emergency medicine or internal medicine before I worked on my first pediatric ward. After the first week, I was just hooked and I have not considered anything else since. I tend to follow my emotions and do things that feel right to me. What feels right is pediatrics.

Thank you for your time, and I hope I was able to paint a good picture of myself. I am looking forward to meeting the many wonderful people that had the misfortune to read my ramblings. Have a great day!
Sample letter of recommendation from inpatient rotation

September 27, 20__

Dear Program Director,

I am writing to you on behalf of ____________, a fourth year medical student at the University of Colorado Health Sciences Center in Denver. ____ has waived her right to see this letter. I am a neonatologist at the University Hospital, and was ____’s attending physician for several weeks as she did her sub-internship in the NICU. As such, I had close contact with ______ each day for several hours, and feel that I can speak accurately about her performance during a busy, critical care rotation.

__________ is a fine young physician. She was able to perform as well as the new interns with whom she worked during her rotation in July of her senior year. Her histories and physical exams were complete, and her oral presentations were exceptional, both for their concise organization and their inclusion of all important information. Her communication skills with families were also exceptional. In particular, she cared for one infant of a narcotic-addicted mother who was suffering from neonatal abstinence syndrome. The mother of this infant was particularly difficult for the nursing staff to speak with, and was very manipulative. _______ did a fantastic job of keeping her informed about her infant's progress, and of defusing her anger towards the health care team and her predicament in general. ____ has a basic decency and quality of being comfortable with herself and those around her that makes people feel at ease.

__________ is able to handle stress well. We had a very busy month with many tiny, and some malformed infants, as well as one particularly sad and unexpected maternal death from a suspected amniotic fluid embolus. _______ held up well, better than one or two of the house officers, and was able to provide a kind and soothing presence to the father of the infant.

__________’s fund of knowledge is well above average for a fourth year student, and her performance on her basic Pediatrics rotation was exemplary, earning her an Honors grade. She also received Honors in Family Medicine, and Obstetrics and Gynecology, as well as, of course, her NICU sub-internship. All of her evaluations, from house officers to attending physicians, rate her in the top 10% of students. I would personally be delighted to have ______ stay on for her Pediatric residency at our program, and would rate her in the top 5% of students with whom I have worked over the past ___ years. She will be a fantastic pediatrician.

Sincerely,

__________________, M.D.
A________ Professor of Pediatrics
April 4, 2013

Re: ***
AAMC ID: ***

Dear Program Director:

*** is an outstanding candidate for your residency program in Pediatrics, and I am honored to write this letter of recommendation on her behalf. I have had the pleasure of working with *** over the past four years as her Foundations in Doctoring preceptor. This program allows students to have a weekly clinical experience beginning in their first year of medical school. Based on my extensive interactions with her, I have come to know her as a bright, dedicated and hard working individual and have no doubt that she will be an exceptional house officer and pediatrician.

*** has done a fabulous job in our busy pediatric clinic. She takes very detailed histories, performs complete exams and has an excellent knowledge base and clinical reasoning skills. She is able to appropriately evaluate and formulate a plan on our complex patients. For many of the common diagnoses, such as ***, *** functions at a resident or fellow level.

From my first interactions with***, I was quite struck by her commitment to learning. She asks very insightful questions and retains information so she can apply it to future patients. Outside of clinic, she researches topics independently to expand her knowledge base. Over the past year, I have been able to observe her teaching others, including medical students and residents, about topics that she has already mastered. She has attended all of the required Foundations sessions with us and has even come while she is on vacation or studying for the boards because she is so committed to learning and practicing medicine.

In addition to her excellent management of medical issues, *** is tuned into the psychosocial aspects of caring for patients. She listens carefully to patients’ and parents’ concerns and makes sure that they are all addressed. She answers their questions and offers them support as they are dealing with their illnesses.

I have really enjoyed working with *** and have received positive feedback from her patients, their families and the other staff who have worked with her. I am certain that she would be an outstanding addition to your program and will one day be a superb pediatrician. It is without hesitation that I give her the highest recommendation.

*** has waived her rights to view her file.

Sincerely,

***, M.D.
Title