

## A Word from Dr. Ferrell

Dr. Ferrell wants you to know that she “is here to help you, whether you are interested in OHSU pediatrics or not.” You are welcome to contact her if you have questions about the process – email is the best method. Her recommendations for what you should be doing now are, “talk to seasoned veterans about their impressions about programs and then start exploring on the web. Most programs aren’t ready yet, to be hearing from applicants for this next year. They need a breather just after match! Students can be working on their CV, personal statement and securing letters of recommendation.”

## Med10

**Heather Carpentier:** OHSU – always available for questions. [hmcarpentier@gmail.com](mailto:hmcarpentier@gmail.com), or [carpenth@ohsu.edu](mailto:carpenth@ohsu.edu)

**Sophie White:** UC Davis – feel free to contact me for questions about my program, other programs, or anything about the process! [doctorsoph@yahoo.com](mailto:doctorsoph@yahoo.com)

**Evan Los:** OHSU -- [los.evan@gmail.com](mailto:los.evan@gmail.com)

**Julie Chinn:** UC Davis -- Feel free to contact me at [jmchinn@gmail.com](mailto:jmchinn@gmail.com)

**Jonah Attebery:** Creighton-Nebraska Hlth Fnd --- also applied to med/peds

**Brian Blair:** University of Arizona

**Kimberly Cummings:** Loma Linda University

**Jonathan (Jodge) Meserve:** Childrens Hosp Boston

**Corey Rood:** University of New Mexico

**Melissa Yamauchi:** Phoenix Children’s Hospital

## An Idea for a Timeline:

June/July/August:

- request letters of recommendation (and follow up on them)
  - know if programs you are interested in require a chair letter (Stanford does)...if yes, then schedule to meet with Dr. Stacey Nicholson so he can write the letter for you
- start filling out ERAS → helps if you already have a CV completed
- start thinking about, outlining and then writing your personal statement
- take a picture to submit to ERAS (should be professional appearing)
- research programs and have a list of programs you would like to apply to
- figure out when you can request an official, ERAS-ready transcript from the registrar to be uploaded by Marcia DeCaro
  - can do this whenever the grades you want programs to see have been submitted and when Marcia is ready to start receiving transcripts

September 1<sup>st</sup> (usually)

- SUBMIT ERAS
- Have some sort of system ready for scheduling interviews

September/October/November

- Schedule interviews (some are first come first serve so be checking email frequently)
- Go to interviews → UW starts early and interviews people in October. Most programs don’t offer interview dates until November and the California programs don’t usually begin interviews until December
- Register with NRMP for rank list submission → you’ll get an email about this from the dean’s office

December/January

- Complete all interviews
- Begin thinking about rank list

Mid February

- Submit finalized rank list

Mid March

- Match Day

Mid June

- Begin internship orientation

Other

- Figure out a time to take Step 2CK → there is no perfect time and deciding when to take the test depends on what you need out of it (ex. If you'd like to improve from your Step 1 score to help you, then you should take it no later than August. However, if you did great on Step 1 and worry that a lower Step 2CK score could hurt you, then you will want to take the test sometime later after you've been offered interviews by the programs you're interested in.). Most programs would like you to have passed Step 2CK before the match, but it isn't mandatory at all programs.
- Figure out a time to take Step 2 CS → it is nice to be able to combine this with an interview trip. However, doing so take some guess work (if you're thinking about taking it in LA, don't schedule until Dec) and luck. And, interview season is busy and adding one more thing in can be stressful (but it is nice to have it done with).

<b>Things I Wish I Had Known (in no particular order):</b>
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- Try to submit ERAS as soon as possible – I was offered interviews that first week
- California schools don't offer interviews until December, so if you're trying to combine them with Step 2CS, don't schedule the test until Dec
- Give letter of rec writers a deadline prior to when you actually want the letter...inevitably at least one well intentioned writer will be late
- Look for friends or friends of friends or residents you can stay with...hotels add up quickly and are mostly an unneeded expense
- Interviews (mostly the traveling and always being "on") are tiring – beware of this when scheduling
- Your ERAS picture will stick with you, possibly through residency, so make sure it is a nice and professional one (dress up and use a professional looking backdrop)
- Check your email frequently, especially right after Dean's letter is released, most interview dates are offered on a 1<sup>st</sup> come, 1<sup>st</sup> served basis
- Schools aren't overly helpful when you try to bundle your interviews by region, but it is worth asking
- Make sure you have frequent flier # for airlines
- Taking the mid Nov-end of Dec block off works well for peds – you can get most, but not all, of your interviews done during that time...so try to schedule rotations in mid Oct – mid Nov and Jan that are flexible for interviews and will allow you time off

- Have several people read your personal statement, but trust your gut because EVERYONE has a different opinion...have no one read your final draft
- Be prepared to answer “why do you like our program?” during interviews – liking a city is not really an acceptable answer
- Have LOTS of questions you can ask at every program...people will consistently ask you “what questions can I answer for you?”
- Wish I had known more about the east coast places - was pleasantly surprised when I got out there - impressive programs that I hadn't heard about from here...
- Apply early (like the first day or two ERAS is open), look at the program websites, look at the cities where the programs are located, realize that in programs that take less than 10 residents/year might not be as flexible in terms of getting the schedule you want since it will likely be harder to trade call schedules, don't get bogged down in the details - the vast majority of people I talked to felt that when it actually came time to fill their rank list, they ignored their Excel sheets and went with their gut feelings (this was true for me as well)
- Be yourself...don't try to be something you're not or bill yourself that way on paper. Give letter writers your personal statement and CV. Get it submitted early to reduce stress. Don't panic when it takes a bit to hear back, and don't be afraid to call programs and ask them what the holdup is.
- Match Day, for most, is hard no matter whether you get you #1 choice or your 5<sup>th</sup> (ok maybe it is even harder if you get your 5<sup>th</sup>) – be prepared (and make sure your family is prepared) for the emotional rollercoaster

<b>Application Process:</b>
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Most people start with a list of all the programs and start crossing off places where you would not want to live. Then narrow down from there based on a list of what you consider important (i.e. Size of program, research, patient population, free standing children's hospital or not, academic vs. community site, can your significant other find work there and so on)

- Applied to 19 programs (CHLA, Phoenix, U of A, CHOC, CHO, Kaiser NorCal, LA County-Harbor-UCLA, Stanford, UCLA, UC Davis, UC Irvine, UCSD, UCSF, UCSF Fresno, USC, Colorado, UNM, OHSU, Utah). Invited to 16 interviews (rejected by UCSF, Stanford, and Colorado) Interviewed at 9 programs (opted out of U of A, Phoenix, LA County, UC Irvine, UCSD, USC, and UNM for one of two reasons 1) not a location my husband and I wanted to live, 2) location where it would be difficult for my husband to get/keep his job). Ranked 8 programs (did not rank CHLA). Based my rank list on multiple factors: strength of program, location, where we have family, weather, etc. Mostly I made my list based on how well I felt I “clicked” at the program. At the end I just imagined opening my envelope with each program's name written on it, and created my list accordingly.
- Applied to 18: OHSU, UW, U of Utah, UNC, Duke, U of Virginia, Wake forest, U of AZ, Phoenix children's, Oakland, UCSF, CHLA, UCLA, UC San Diego, CHOP, Colorado, Boston, and John Hopkins. Invited to 14 and Interviewed at 9: OHSU, U of Utah, UW, U of AZ, Phoenix children's, UC San Diego, Oakland, UCSF, CHLA. Ranked all 9. Matched at 1<sup>st</sup> choice.

- Applied to 15 (OHSU, Seattle, UCSF, Oakland, Minnesota, Michigan, Wisconsin, Iowa, Maine, Vermont, Brown, Boston, CHOP, Wake Forest, Virginia Commonwealth. Got interviews at all programs, chose to interview at 12: Did not interview at Iowa, Brown, Boston. Ranked 5 programs: OHSU, Maine, Seattle, Wisconsin, Michigan

- I applied to 17 programs, got offers at 15 programs, interviewed at 10 and ranked 8. *What I was looking for in a program:* **Location** I chose to stay on the West Coast, since most of my family and friends are here, and you cannot underestimate the importance of a support network during residency. **Type of program** – free-standing Children’s Hospital vs. University-affiliated program? Each type of program has its own strengths and weaknesses. I found that the Children’s Hospitals I interviewed at had higher patient volumes, more residents, and a wide mix of pathophysiology from bread & butter to zebras. The University-affiliated programs were more variable. **Size of program** – I was looking for a medium-sized program (between 10-20 residents) for a close-knit feeling, yet large enough to meet people with different experiences. **Quality of education** – I wanted a program where I would be challenged to learn hands-on, with experienced faculty in a supportive environment. **Opportunities for future career** – I don’t know if I want to apply for a fellowship, but I wanted a program that was balanced in turning out good general pediatricians as well as hospitalists or subspecialists. **EMR** – yes, I know it doesn’t sound like a big deal, but if you’re used to using EPIC, you realize how much time it can save you by pulling in labs, notes, etc vs. paper charts which may not be available when you need them.

**Residency Program Impressions:**

**Baylor College of Medicine (Houston, TX):** Med10 did not interview here. Notes from Med09 below.

The biggest program in the country (48 per year so far). Also located on the biggest medical campus in the world. Despite this, the faculty was really engaged and friendly, and the residents seemed to know each other and really got along. No one seemed to feel “lost” or abandoned (you have at least two faculty advisors with whom you meet regularly, which I think really helps in this area). Surprisingly, close to half of grads go into primary care, however this was acknowledged to me as a relative weakness in their (very strong) program. Additionally, there is relatively little emphasis on outpatient experiences.

**Boston Children’s Hospital (BCH):** (? free dinner, no free hotel)

Not for everyone, large, the oldest and most prominent children’s hospital in the world, though in my impression the ultimate place for a categorical education. Boston Medical Center is the second training place of this program, and leads the charge in advocacy and foreign medicine, allowing CHB to focus on the specialties with BMC exposing you to the underserved and general pediatrics. Absolutely wonderful in my opinion!

**Children’s Hospital of Los Angeles (CHLA):** 31 residents/year (no free hotel, ? free dinner)

**Pros:** No post-call notes. An elective block as an intern. Due to set-up of night float system over PGY2 and 3, get 8 weeks of EXTRA vacation or elective time (research or whatever) during last 2 years. Apartment complex across the street that residents can live in for cheap, but not guaranteed. **Cons:** Not in a great part of LA.

**Pros:** Super nice residents. Elective time with anesthesia for procedures. **Pros or Cons depending how you look at it:** Moving to shift work in preparation for possible change in work hours (i.e. no call as an intern. Instead one month of wards includes one week of nights). 2 months in a rural area as R2 (part of WWAMI program)

**Strengths** - Inner City Urban, will have new facility as of 2011, housing is a bit ghetto but across the street and subsidized, great exposure and plenty of teaching. **Weaknesses** - Many Fellows, Large patient load, Large city, busy traffic, busy airport, no rural opportunities, little advocacy or international.

**Positives:** Very rigorous program, lots of very sick kids. I have no doubt that the residents graduate feeling very comfortable taking care of highly acute and complicated kids. All the subspecialties are represented here. New hospitalist program in place to use as a “pop-off valve” when the resident teams get full. **Negatives:** Housing is very expensive around the hospital, traffic is bad if you want to live farther away. Program is very large, residents seem overworked and exhausted. Intern call room was awful – it sleeps about 8 people in cubicle-type things with no doors. Because almost all the subspecialties have fellows, I think the residents are distanced a little from decision-making. Program director seemed *very* opposed to going to a night float system, intern year you do about 9 months on the wards (q 5). Not a good place to be if you are going into primary care. This is the only program I didn’t rank – I just didn’t get a good vibe when I was there and I thought I would be very unhappy there because of the size of the program, the long work hours, the location (both LA and where it is in LA), and the arrogance I sensed from both the residents and faculty.

**Children’s Hospital of Oakland (CHO):** (26 residents/yr) (? free dinner, no free hotel)

Small-medium sized program. Was described to me by chief resident as a place for people who learn best by doing. Culturally diverse residents and patient populations. Freestanding children's hospital. I can't quite remember but I think trauma ends up going to the Oakland adult hospital that you don't rotate through unless you want to. Most residents live nearer to Berkeley because the area where the hospital is a bit sketchy. A plus if you speak Spanish. No med school here so you only get visiting 4th year med students (all of whom want to do peds) **Positives:** Big research center next door dedicated to research for kids. Residents actually seemed like some of the most well-rounded of any place I saw. **Negatives:** I was somewhat unimpressed with the grand rounds and noon conference the day I interviewed -- but that was just one day. Not exactly a charming neighborhood around the hospital, but depends what you're looking for.

**Pros:** Nice residents. Anesthesia rotation for procedures. Will be using EPIC in 2011 so familiar system.

**Cons:** No 3<sup>rd</sup> year medical students on teams (may be a pro since then interns get more teaching, but I want to teach students so I saw it as a con). Hospital a little old (no private rooms). Only a few residents came to morning report. --- I ranked this program low, mostly just because I wasn’t a fan of the city.

**Strengths** – this is a large, free-standing Children’s hospital in downtown Oakland. Residents are from all over the country. Due to the high volume, they work hard but are generally happy and have excellent faculty to work with. CHO has a large research facility so there are lots of opportunities for research and fellowship. About 40% go into primary care, 20% become hospitalists and 40% go on to fellowship. CHO has a great reputation. Faculty is passionate about advocacy. Oakland has a truly diverse patient population. Unique aspect is Adolescent Clinic, where you work at a school-based clinic at one of 3 high schools in East Oakland. **Weaknesses** – there is limited EMR and usually you rely on paper charts in the hospital and continuity clinic. The continuity clinic is not attached to the main hospital but is about 5-10 minutes away by walk or car.

**Positives:** Loved the residents, thought they would be great team members. Great diversity of patients, tons of responsibility. Lots of creative rotations – 2 weeks of urgent care, 2 weeks of procedure/anesthesia rotation, two transport electives (ambulance and helicopter). Options to rotate through UCSF and OHSU, especially for rheum, derm, and allergy/immunology which are not available at CHO. I actually thought there would a lot of good places to live relatively nearby, and lots of fun activities. **Negatives:** Only program where I wasn’t super impressed with the program director – he seemed to lack the energy and drive to power a residency program. Hospital is *very* resident driven,

seems to be understaffed and lacks resources. EMR is a very old dos program that no one likes – they are working on remedying this. No organized sign-out in the morning from night team to day team - each night intern finds the day intern(s) and signs out individually, etc.

**Children’s Hospital of Orange County (Orange, CA) (CHOC):** (19 residents/yr)

**Strengths** – like CHO, this is a high-volume, busy free-standing Children’s Hospital. It is the only hospital in Orange County, so although it is a private Children’s Hospital it also functions as a county hospital. You have amazing hands on learning with dedicated faculty and few fellows. The program director is genuinely interested in quality of residency education and is very approachable. CHOC has a high board pass rate. You would come out of this program with excellent training. Like CHO, a lot of residents go onto fellowship although many chose primary care. **Weaknesses** – resident burn-out may be an issue here due to the high volume and amount of weeks spent on inpatient wards. There is no EMR inpatient. CHOC and UC Irvine will be combining residency programs in the next few years, so incoming interns may not know what to expect.

**Positives:** Beautiful hospital, nice location. Residents have a lot of independence and seem very confident in their knowledge and abilities to take care of patients. I liked the residents and thought they have a lot of fun together, mesh well. Program Director is very invested in the residents as individuals, the program is very family oriented. A good balance of bread-and-butter cases, but also enough complicated cases. **Negatives:** Hospital is not completely on EMR yet. Residents seem happy to be there but not thrilled, seemed like most of them ended up there because they wanted to be in LA but that CHOC wasn’t necessarily their top choice. This is very much a program where you get out what you put in – I think you could skate by with minimal effort, or work very hard and get a great education.

**Children’s Hospital of Philadelphia (CHOP):** 40 residents/year (inconvenient free dinner, no free hotel)

The most beautiful hospital in the US/World! Amazing resources and very intelligent staff/residents are what make CHOP USNWR #1 choice. Their program philosophy is that it offers everything to every pediatrician, though I’m not sure I can believe such a program really exists. As such, I suspect that your time on many, if not all, specialties are moderately superficial and fellow run, so beware if you are interested in primary care. The community sites are impressive a nice addition, and the ICU’s / oncology and specialties have some of the world experts.

It’s totally worth going for an interview to see what the “best children’s hospital in the country” looks like. It took me 5 seconds to realize I would never want to be at CHOP. They do everything and they do it really, really well. The kids of royal families of far-away nations get flown in to get treated by CHOP physicians. The program makes it fairly clear that “they own you” for the next 3 years. Don’t expect to have a spouse, a family, or any hobbies other than work while you’re there. Every resident I saw was crazy smart and on the brink of emotional fatigue. I have no doubt that the pediatricians that CHOP produces are fantastic at what they do, but they’re so one dimensional that when they stand sideways, they disappear. The faculty are of course the “best” you’ll see anywhere, but frankly I thought they were mostly jerks. The hotels they recommend are crazy expensive – ask to be hosted by a resident, this worked for me. **Positives:** Best faculty you’ll find. Every opportunity for research/fellowships available to you. **Negatives:** Residents have no life outside the hospital. Very big into “prestige”, big turnoff for me

**Children's Memorial Hospital (DC):** The real surprise for me on the interview trail and alma mater of Dr. Nicholson. A very impressive program and remains the ultimate place for child advocacy. The staff and residents were very nice and there are plans in place for a yet to be built modern children's hospital

**Denver Children's Hospital (Aurora, CO):** Med10 did not interview here. Notes from Med09 below  
28 residents/year

- medium-sized program. Academics and research-oriented; majority of residents do fellowships. I asked every interviewer at every institution, "What is the greatest strength of your program?" and I thought it was interesting that this is the only place where the answer was not, "Our residents/faculty/people" (instead, everyone talked about their cutting-edge research and academic prowess). The residents at the informal dinner did not all know each other, and more than one made a point of saying that they had wanted to go to residency somewhere else (to be fair, they always followed this statement with, "But I'm happy here now"). Denver was not very inviting or pretty, which surprised and disappointed me. **Disclaimer:** I chose not to rank this program. My review, in my opinion, is fair; but, since I didn't rank them, you can guess that it is more negative than positive. It is just my opinion, and I am sure lots of people would disagree.
- Big program; really nice hospital; high patient volume; liked program director a lot
- Pros -Brand new Children's Hospital
  - Good academics and primary care training
  - Ability to work in community hospital provides more exposure to community care
  - Large area to draw patients from so you get a good exposure to different pathologies
  - Residents seemed pleased about living conditions and cost of living in Denver

Cons -Large number of residents, didn't get that sense of camaraderie among the residents  
-COLD, while probably nice in the summer, it's really cold in the winter  
-Similar to Stanford, large % of Spanish speaking patients. They do have great interpreter services though

**Duke University (Durham, North Carolina):** Med10 did not interview here. Notes from Med09 below.  
16 residents/year

- Pros -Excellent academics and primary care training, with more emphasis on academics/specialties
  - Lots of very interesting research being conducted by faculty members that you can participate in
  - The "Research Triangle" is a great place with nice communities and is reasonably affordable
  - A medium number of residents and they appeared to get along and interact well
  - CICU separated from PICU so if you don't want to do Cards, you don't have to here can attest what a time/resource drain these patients can be

Cons -A few of the resident remarked that they saw a larger of number of specialty patients compared to other residents they talked too, but they also agreed that was one of the reasons they had picked the Duke program

**Harbor UCLA (Torrance, CA):** 10 residents/yr

**Strengths** – a small county hospital in Torrance in West LA. This is a great program for someone who wants to work with underserved populations and see trauma cases. Residents seem happy and were friendly. The hospital is adjacent to a large research institute, LA Biomed, if you are interested in research. **Weaknesses** – the surrounding neighborhood is not extremely safe. No EMR(?)

**Johns Hopkins University (Baltimore, Maryland):** No comments from Med10. Med09 notes below.  
26 residents/year

- Larger program with a heavy emphasis on education to the benefit of the residents (they have the Harriet Lane clinic...they are the ones who write the book!). Great training. Friendly people. Decent facilities. Baltimore is definitely a metropolitan city and the hospital is very much inner city. However, the area has improved greatly over the past 10 years. And, you're in close proximity to Washington DC, New York, the NIH, etc.

**Kaiser Oakland:** 6 residents/year

**Positives:** Very relaxed environment, can tailor your educational experience to best prepare you for your career goals. All the residents seem incredibly happy and implementing work-life balance actually happens, not just gets talked about. Work hour violation is not a problem here (when I asked, I got a very blank look from the residents). The hospital can run without residents so the focus is entirely on education, not scutwork. Lots of exposure to teaching subIs and MS3s. Lots of good places to live and fun activities within driving distance. **Negatives:** Send all transplants (including BMT) to UCSF, so no experience with that. No post-op cardiac cases. I was unimpressed with the residents' knowledge base during morning and noon conferences – I felt like I was on par with their knowledge level. I think you would have to take more initiative to get a stellar educational experience – it would be easy to take a back seat to the attendings and be a passive learner.

**Maine:** 6 residents/year (free dinner, free hotel)

I interviewed here because I wanted to see what a small program looked like (6/year plus a few med-peds and it was the biggest surprise winner on the trail. Portland Maine was ranked “most livable city” in 2009, and has beautiful downtown architecture with its old buildings (population stable at 500,000 x100 years). I went back for a second look and they arranged especially for the chief to meet me on a Saturday, hang out with a 3<sup>rd</sup> year, meet to PICU attending, and have lunch with the entire peds endo department at one of their houses because I was interested in the field. Maine is the “whitest” state in the US, but Portland is a refugee resettlement area so there is lots of diversity in the peds population within the city (25% of the public school students are foreign-born). They do want you to be self-sufficient so you do your own blood draws as an intern when you admit a patient. **Positives:** The residents seem extremely well-prepared to practice when they finish. Being a small place I expected lapses in subspecialties, but they have everything including peds CT surgery – they do 50 cases/year and you care for them +/- They have very few fellowships so every attending is very open to working with residents – that being said, if you want to subspecialize, you'll probably have to leave Maine to do it. **Negatives:** Could definitely be “too small” for some. Most subspecialties only a couple faculty deep. If you want to do critical care or something super subspecialized, this is not the place for you (typical PICU census is 4 pts).

**Strengths** - Rural Health month in First Year, Community Rotation in third year, Advocacy Program – Child Abuse in second year, International ties, Fellowship = 50% of graduates, No fellows yet plenty of patient population, Pediatric Surgery Month in second year, Noon conferences combined to Thursday – protected time, Count Down Clinic – Obesity Clinic ( GI, endo, genetics, nutrition, social work, exercise motivation, PICU Autonomy. **Weaknesses** - Hospital in a Hospital, Diversity in patient population limited

**Massachusetts General Hospital (MGH):** A surprising primary care program in Boston associated with MGH. As such, you are the pediatric wing of the Partner's Health Plan, and I suspect you will become intricately involved with this healthcare system. It does not have its own children's hospital and it is shadowed by CHB, the king in my impression.

**Northwestern Children's (Chicago):** Despite there being so many men in the program (15/32 residents), the personalities of the residents was such that I felt very outnumbered as a male. The faculty was very nice, and the facilities will be improved in the next 10 years, but are outdated now. Think long and hard about the competition in the city as many core programs (CT surgery, neurosurgery) suffer from the competition and you will not be exposed to the strengths of the University of Chicago program.

**OHSU (Portland, OR):** (13 residents/yr, currently applying to increase to 19)

**Strengths** – top-notch program with very strong residents, excellent faculty and great reputation. OHSU attracts competitive residents from all over the country, partly due to Portland's appeal. DCH is a well-run Children's Hospital attached to a major University Hospital, and it's experiences are balanced by working at Legacy Emmanuel, where residents get truly hands-on experience. EPIC. **Weaknesses** – residents have a significant amount of cross cover when they're not on inpatient service.

**Positives:** Small size, residents across classes are friends and all the spouses/significant others are included in group events. Get to work very closely with attendings, first-name basis. Great teaching sessions. Few fellows, so the residents really run the show. Good fellowship programs as well.

**Negatives:** Although I like the residents here, I don't feel like I fit in. Also, although OHSU insists that they have good patient diversity, the state population is very white and less diversity than the patients found at most of the other programs I interviewed at. Lots of cross cover.

**Pros:** As you know, great residents and faculty. Highest board pass rate in country (100%). **Cons:** Based on the current size and cross-coverage schedule they may have difficulties adjusting if the new work hours (shifts only, and no more 30 hour shifts) are instituted, but they already started working on ideas and trying to increase size.

**Phoenix Children's Hospital (Phoenix, AZ):** (26 residents/yr). (Free hotel, Free dinner)

**Pros:** Super nice residents. Rotate at both the county hospital where you see the "bread and butter" and also at the children's hospital where you see more complex patients. Great program director. Two afternoons of continuity clinic, one of which may be used for research during PGY2 or 3. **Cons:** Phoenix kind of took a hit economically so may be hard for significant others to find jobs.

**Strengths:** Medium Program with great preparation and board scores, Food, Parking, New 11 story tower, located in Maricopa – plenty of Hispanic patients, community advocacy, 2 continuity clinics.

**Weaknesses:** 7 months of Q4, more formal with most residents wearing white coats, orientation starts a week earlier and morning report at 7:30-8:30, salary 2 grand lower than other programs, morning report 1-2/wk done via Power Point ( not effective because can't see all of Hx/PE on white board), no brain storming with differential.

**Strengths** – large program with residents from all over the country. PCH is a beautiful free-standing facility, with a huge NICU ward. It is balanced by Maricopa County Hospital about 5 minutes away, a more run-down facility where continuity clinic takes place. Good for residents who want to work in a large urban setting. Pediatric HIV clinic and mobile asthma clinic. **Weaknesses** – very hot in the summertime (temps reach 120), not university-affiliated, you may work with lots of fellows. No EMR except at Maricopa (EPIC).

**Rush University Medical Center (Chicago, IL):** Med10 did not interview here. Notes from Med09 below.

- small program; also the only one on this list that is not (or will soon be) a free-standing children's hospital, although I was told that the adult hospital is planning to get a new building and the old hospital will be converted to almost entirely pediatrics (but this is probably some years off). Relatively lower volume than most of the other programs I saw, which gives the residents more time for reading and studying. One of six programs in Chicago, but arguably the one that is most geared toward general pediatrics (notable that there are NO fellows at Rush except for 1 per year in cardiology). Chicago weather in December is not inviting, but I was told summer is much better.

**Stanford University (Palo Alto, CA):** 26 residents/year

A fantastic program with a visionary program director. The residents work and play hard and are some of the happiest I met. Though Palo Alto leaves something to be desired to those who despise suburban lifestyle, the sun is lovely, the hospital gorgeous, and the academic environment as strong as is found on the west coast.

**University of Arizona (Tucson, AZ) (U of A):** 15 residents/ year

**Pros:** Super nice residents. Felt a lot like OHSU (a student from OHSU usually goes here every year). Only a couple fellowships so residents run the show. Brand new beautiful children's hospital that will be opening this year. **Cons:** Tucson is mostly a college town so might not be great for significant others to find a job if needed.

**UC Davis (Sacramento, CA):** (12 residents/yr)

**Strengths** – I also really liked this program, it feels like OHSU. The residents were friendly and happy. Unlike Phoenix or New Mexico, there is a truly diverse patient population (Russian, Hispanic, Vietnamese, etc). There are few fellows, and the faculty is dedicated to teaching. This is a good program for someone interested in advocacy (required project). UCDMC has the Children's Hospital attached to a main university hospital. Continuity clinic and Shriner's are on-site. As a senior resident, you can rotate through Kaiser to see what work in a large HMO is like. EPIC available. **Weaknesses** – interpreters are not readily available in clinic, but are accessed through a Telemedicine screen in each clinic room. This can be a problem if the interpreters are busy in the hospital.

**Positives:** My favorite program. Feels a lot like OHSU – small class size, fabulous attendings, lots of one-on-one educational time, engaging morning report. All the hospital employees are very friendly and welcoming. Building a new hospital next door that sounds incredible. Old ER will be developed into extensive simulation suite to practice codes, procedures, etc. Almost 100% night float (only exception is occasionally in the PICU). Great location – close to San Francisco, Reno, Napa, the mountains, etc. **Negatives:** Sacramento is not metropolitan enough for some people and gets very hot in the summer. Depending on career choice, may be difficult for significant others to find employment. Hospital is located near a bad neighborhood, although you can find pretty nice (and safe) housing on the other side of the hospital.

**UC Irvine (Orange, CA):** (16 residents/yr)

**Strengths** – this is a university program with a relatively low-volume Miller Children's Hospital located in Long Beach, about ½ hour drive from CHOC. Residents are happy and seem to have plenty of free time for outside learning. This is a good program for someone who is self-directed in their learning, and according to the program director, doesn't learn primarily by repetition. The program philosophy emphasizes teaching residents how to think through patients and how to teach. The low volume is balanced by 2 rotations yearly at CHOC. High board pass rate. EPIC available. **Weaknesses** – merge

with CHOC has a lot of unknowns. At UCI, residents will go between Miller, CHOC and the UC Irvine Medical Center for various rotations, so there may be some driving involved. Continuity clinics are not at Miller Children's but in the neighboring vicinity.

### **UCLA (Los Angeles, CA):**

**Strengths** - CHAT Program a health advocacy training program that provide increased exposure and training to community health issues, separate continuity clinics in more community based clinics, residency spread over 4 hospitals (which can be a plus or a minus), Mattel Childrens is a floor within UCLA hospital (again, can be positive or negative), large number of Global health opportunities, beautiful weather and gorgeous campus.

**Weaknesses** - No exact rural health opportunities, large city, a lot of traffic, and very busy airport, high cost of living.

**Positives:** Great residents, very diverse group of people. They have med-peds, peds-genetics, CHAT (community health advocacy team), and straight peds. Variety of experiences at the many hospitals you rotate through – community-based, quaternary care, tertiary care, etc. Electives are all set up for 2 weeks, so you can get experience in more fields than if you had to do 4 week electives. Loved the neighborhood the hospital is in – it definitely feels like a college campus with lots of restaurants, venues, theaters, etc. Relatively close to the beach. **Negatives:** Many sites to rotate at (both a plus and a minus) – UCLA, Cedars-Sinai, Santa Monica (community hospital), Olive View, and various clinic sites. Mixed state of EMR – UCLA uses 4 different programs, and each hospital uses a different system. No general pediatric wards (instead they are heavily specialized with a GI, Cards, and Renal team). Lots of fellows around, and usually if you have a question you go to them first rather than the attending (although they take extra patients if the team is full, which is nice). Not very much responsibility at UCLA campus because of the fellows. No experience in a pediatric ER.

**University of California San Francisco (San Francisco, CA):** 29 residents/year. (inconvenient free dinner, no free hotel) Make sure you apply the UCSF program you intend to apply to---a lot of people applied to the Fresno program when they did not intend to do so.

A medium-large program. PICU exposure as intern. Housing stipend to help cover high cost of living. Experience at SF General, a huge county hospital -- freaky if you're used to Doernbecher, awesome if you loved the show ER. It seemed like every resident I talked with had custom-built their own program -- no one was doing the same thing. Did an away rotation here. If you need a hotel, try Hotel Kabuki in Japantown (AAA discount). Oakland airport is about the same distance as SF airport and may have cheaper flights from Portland. **Positives:** Lots of ethereal discussions about cutting-edge topics but lots of stuff is done at UCSF "for the first time" for a reason. I thought this was cool. Free lunch provided daily (paid for out of UCSF's deep pockets, not pharmaceuticals) Faculty are at the top of the pile -- all doing big-time research. **Negatives:** The residents all said they were busy to the point of feeling overworked most of their three years. Depends how you roll. Most seemed to not have family obligations. Get shuffled all over the city for rotations. Hospital getting sort of old, 2 floors out of a mostly-adult hospital. The NICU was nice. They are building a new women's/children's hospital (2014?). The ED is NOT staffed by peds emergency docs; I was surprised.

Actually the worst interview I had of 10. Though UCSF is a very large and well established program, the impression I received was of a financially endangered program in the short term, with some of the most unhappy residents I have seen in any specialty. Additionally, the staff was very put off by questions, though the ability to work out outlying sites like San Francisco general remains a real strength.

**Pros:** Multiple track system (i.e. critical care track where you rotate in PICU and cards early and then get first choice to rotate with transport). **Cons:** Didn't like the fact that you rotate at 5 different hospitals and that there wasn't a free standing children's hospital. I also ranked this program low, because I wasn't a fan of the city.

**UCSF Fresno:** 10 residents/year

**Positives:** Hospital is incredible, designed perfectly for children. All single-patient rooms. 6<sup>th</sup> largest children's hospital in the country – the only children's hospital in Central California, gets ~60,000 ER visits annually. Everyone (residents, faculty, staff, nurses, etc.) was incredibly welcoming and it would be a very pleasant environment to work in. As a senior resident, you rotate at a county hospital where you run the ward, the consults, and the NICU (like a dry run for being a community hospital attending). Amazing pathology because of the population size and immigrants – great place to learn ID. Very impressed with the morning report – it was thought-provoking and I felt was actually going to improve the patient's care. Residency program staff help coordinate to make every aspect of your life run smoothly. **Negatives:** It's in Fresno (lots of outdoor activities with several national parks and forests nearby, but nothing to do in the city), and a very long drive from any other cities. Lots of nontraditional residents – IMGs and DOs, although they all seemed competent. Tons of nice features of this program, but I just couldn't get excited it because it is so far away from my family, friends, and any major airport.

**UC San Diego (San Diego, CA) (UCSD):** 14 residents/year

**Pros:** Didn't get to meet the residents too much, but overall seemed very nice and happy. San Diego is beautiful. Program director also very nice. Got the impression they saw some good pathology since they are so close to the border. Interesting conferences. Light call schedule (Q5). Good perks (pay for boards, dependents covered for free on insurance, personal subscription to Uptodate). **Cons:** Cost of living pretty high but get a living stipend.

**University of Chicago:** 20 residents/year. Med10 did not interview here. Notes from Med09 below.

- Felt like a program in transition since program director is leaving and they have a new chief of peds starting this spring; liked the people but felt that this will be a better program in the future than it is now

**University of Hawaii:** (10 residents/yr)

**Strengths**– seems like a tightly-knit program with friendly residents (mostly from Hawaii or IMG). The main facility is free-standing Kapiolani Women & Children's Hospital. Shriners' Hospital is nearby. This is a great program for someone who wants to see 3<sup>rd</sup> world diseases (Kawasaki's, Rheumatic Heart Disease, tropical medicine) – Hawaii has a 2,500 radius of patients from all over the Pacific. It is strong in ID, Heme-Onc, Psychiatry, Dev-Behavioral Peds. **Weaknesses** – it's far far away (I chose to interview here because I have extended family here). It would probably be difficult for someone with no ties to Hawaii to train as a resident, simply based on distance from friends and family. It does not have a great (or bad) reputation; many residents are IMGs. 70-80% board pass rate. You rotate through other hospitals for specialty training, so may spend a fair amount of driving.

**University of Illinois (Chicago, IL):** 12 residents/year. Med10 did not interview here. Notes from Med09 below.

- medium-sized program. Possibly due to my failure to do all the necessary research, I did not realize before I interviewed that the program is >2/3 foreign medical grads; I did discover on my interview day that essentially all of the American medical grads had reasons they could not leave Chicago, and must have matched at UIC because they did not match at any of the other five

programs in the area. Nearly all the administrative personnel in the pediatric department, including the chair and residency director, have been replaced in the past 1-2 years. I was asked by everyone I met that day why I was interviewing at UIC (I did not take this as a good sign). Perhaps the fact that there has been so much faculty upheaval in the recent past means that the program is revamping and trying to take positive steps; the new residency director came from a UC school (I can't remember which) and the chief residents seemed very dedicated to making changes. **Disclaimer:** I chose not to rank this program. My review, in my opinion, is fair; but, since I didn't rank them, you can guess that it is more negative than positive. It is just my opinion, and I am sure lots of people would disagree.

**University of Iowa (Iowa City):** 13 residents/year

Some of the most friendly people I met, even for pediatrics! A very strong mid sized program, in a relatively beautiful part of the Midwest. It does not have the largest volume program however, and still remains part of the adult hospital.

**University of Michigan (Ann Arbor, MI):** (free dinner, no free hotel)

Medium/large program (21? plus med-peds). Current hospital is a dump but new one will be gorgeous (to complete 2011?). The airport is far away so if you interview, RENT A CAR – it's cheaper than a cab (\$60 one way). Everyone at the program kept talking about how beautiful Ann Arbor was, but we never saw the town on the interview day and the drive from the airport to the hospital was not pretty so the whole state of Michigan looked like the ugly side of Beaverton to me (sorry to Michigan and Beaverton natives). **Positives:** The program seemed really solid – good faculty, smart residents, diverse patient population. The whole university hospital system is into quality improvement measures and sim-lab stuff so they have a beautiful sim lab if you're into that. **Negatives:** There was a bit of a snootiness that I picked up on, just a bit of a big ego or something that

**University of Minnesota (Minneapolis, MN):** 23 residents/year (free dinner, free hotel)

A medium-sized program (I think 18 plus med-peds). Emphasized opportunities for international work; maybe half go abroad during residency. Train at a bunch of locations around the city. Diverse patient population, not diverse residents. Building a new women's/children's hosp (2011?). **Positives:** Generally nice Midwestern people. Associated with huge undergrad campus if you like that. Faculty seemed to have good balance of teaching/clinical/research. **Negatives:** Really cold, long winters. If you go, keep in mind that only the ones who survive the winters stay (selection bias). Seemed like some residents didn't know each other – because they train at 5 different places and sometimes never cross paths. Rubbed me the wrong way.

**University of New Mexico (Albuquerque, NM) (UNM):** (15 residents/yr)

**Strengths** - Fellowship applicants receive top choices, well rounded post residency positions, resident-run program without Fellows, new stand alone Pediatric Hospital 2008 with Peds ED, no other Peds competition in state, impressive Rural Health, Advocacy, and International Programs, informal and Personal – very happy and unified residents (13) and 1 chief, good access to the Outdoors, Hispanic and Native American Culture and opportunities, Resident Educators Academy – teach residents to be teachers, three weeks vacation and five days around a holiday, full EMR, PARC program – patient advocacy, CHIP – child health international program. 5 months of q4 call. **Weaknesses:** no Cardiac Thoracic Surgery program – all patients sent to Stanford (can do a rotation there)

**Strengths** – I really liked this program, it feels like OHSU. It's a medium sized program with a great program director that is passionate about advocacy. All the residents I met were very friendly and seemed happy. This is a good program for someone interested in working with children in poverty (NM is one of the poorest states in the country) and is interested in a required rural experience. One unique thing is "Thursday school," where residents have the afternoon to study didactics, board prep and have journal club. There are few fellows so you work one on one with attendings. Since UNM is one of the only hospitals for miles, you will see a wide range of pathophysiology. EPIC available. **Weaknesses** – board pass rate is 79%. Many residents are from the area or have local ties. It's in Albuquerque.

**University of North Carolina (Chapel Hill, North Carolina) (UNC):** 18 residents/year. Med10 did not interview here. Notes from Med09 below.

- Top notch program, located in a highly academic area called the Research Triangle. Great facilities and nice, happy people. You do spend a portion of each year (about 1/3) at satellite hospitals which are 45 mins and 1 hour, respectively, away from Chapel Hill. I had some concern that Duke and UNC might segment the population a bit (for ex, 1 takes care of most of the patients with sickle cell anemia while the other takes care of most of the patients with CF). However, both the program director and residents assured me that they see an adequate diversity of patients and feel very well trained as pediatricians.

**USC (Los Angeles, CA):** (11 residents/yr, 6 med-peds)

**Strengths** – large county hospital in downtown LA. This is a great program from someone who wants to work with underserved populations, see trauma cases, and be in a high-volume facility. The new hospital just opened and is beautiful; the Peds floors are attached to the main hospital. **Weaknesses** – one of my interviewers said that USC serves a fairly homogenous patient population (underserved, mostly Hispanic and African-American). If you want to see a variety of patients from different backgrounds, this is probably not the place for you. The hospital also felt very large and somewhat impersonal.

**UT Southwestern (Dallas, TX):** 34 residents/ year. Med10 did not interview here. Notes from Med09 below.

- a medium-to-large program. One of the only places I visited where you work almost exclusively at one hospital (Children's Medical Center/Parkland Memorial Hospital), rather than splitting time between a tertiary-care center and a community hospital, which is something I really liked about it. Dr. Lister, the chairman of the peds dept, attends resident morning conference every day, and that feeling of faculty involvement really permeated the whole department. Plus, it's Texas, so everyone was really welcoming and friendly, and the cost of living is quite a bit lower than on the West Coast!

**University of Utah (Salt Lake City, UT):** 20 residents/year + med/peds. (free dinner, free hotel)

**Pros:** Loved this program. The program director was very friendly and the residents spoke very highly of him. Residents super cool. They really take care of you for your interview and clearly take care of the residents too. If you like outdoors, Utah is perfect for that. Residents busy, but didn't seem overworked. Two afternoons of continuity clinic, one of which may be used for research during PGY2 or 3. **Cons:** Don't get any weekend days off as an intern. Your one day off a week is always a weekday (from the nice side of that you don't ever do 12 days straight).

**Strengths** – rural medicine (vernal Utah during 2<sup>nd</sup> or 3<sup>rd</sup> year after Step 3 on Ute Reservation), global health (Guatemala, Honduras, Peru, Bolivia, and others), scholarship for global health elective x 2 each \$500 (but competitive), stand alone peds hospital with own ED since 1990, new PICU, very happy residents (25) with three chiefs, beautiful city, nice people, and great outdoors (especially skiing), food

provided by IHC for resident lounge and lunches. **Weaknesses** – fellows, difficult to use EMR, and some still on paper records

**Positives:** Feels very similar to OHSU – friendly, laidback residents and faculty that are enthusiastic about teaching and very capable. Great balance between resident autonomy and support from attendings. Two major sites – the children’s hospital and the university next door (where you do NICU and newborn nursery). Excellent funding and they have been minimally affected by the recent financial crisis. Very responsive to resident feedback, rapidly integrate changes. This hospital does not refer patients out – if they can’t fix them, they don’t get fixed. So they do BMTs, organ transplants, everything. Program is focused on resident well-being, and wants them to have a life outside medicine (and follows through on this). Gorgeous location, lots of outdoor activities nearby (skiing, hiking, camping, etc.). **Negatives:** 2 continuity clinic afternoons each week (although some people may love this, I’m more of an inpatient person). Call rooms have no computers. It’s in Salt Lake City, which is not very metropolitan, and it’s far from any other major cities (although they have a large airport). Somewhat lacking in patient diversity, although residents see many cases of rare genetic diseases, birth defects, etc. May be difficult for significant others to find employment here.

**University of Vermont (Burlington, VT):** 6 residents/ year. (no free dinner, no free hotel)

They have some big-name faculty on staff (head of AAP), but they do lack some services – CT surgery, solid organ transplant, etc. Burlington feels a bit like a smaller version of Portland. I think there are some OHSU peds faculty who trained at Vermont if you want more info.

**Positives:** Some new facilities, privileges at the U Vermont campus. Residents seemed well-rounded and generally happy. **Negatives:** I got cornered by the chair of the department and he told me all the reasons why I should come to their program and asked for reasons I wouldn’t and then tried to prove me wrong. It just came across as pushy in a decision that I didn’t want other people telling me what to think.

A very small and strong program in the small, beautiful city of Burlington. Fantastic involved faculty and hands-on education unmatched elsewhere. Without a doubt the program that offers the best primary pediatrics education I toured, with emphasis on evidence based medicine and resident autonomy. Mountain biking and skiing out your front door and one of the best educations in the country, but it only takes 7!

**Strengths** – few fellows – close faculty relationship, transport service during NICU, rural rotation, simulation mock codes BIM, emphasis on primary care, new child abuse clinic, great preparation for fellowship, **Weaknesses** – hospital within a hospital, PICU shared with adult SICU, retreats are small – an afternoon or so, Burlington, Vermont – not really close to anything, 6 residents – a bit large for size across three years.

**University of Virginia (Charlottesville, VA):** 12 residents/year. Med10 did not interview here. Notes from Med09 below.

- small (but very well-respected) program in a small town. Everyone was extremely friendly, from the heads of department to the interns and nurses, and everyone seemed to love Charlottesville; many of them were from small towns originally, and loved the chance to come back to that sort of place. However, I was warned by multiple people about “trailing spouse syndrome” (spouses/SO’s that can’t find jobs in a place as small as C’ville, and have to go to Richmond [90 mins away] or Washington, DC [2 ½ hrs away] to find work); also was told by residents that it’s tough being single because there are not a lot of options available for you. Charlottesville itself, surprisingly, is definitely charming.

**University of Washington (Seattle, Washington) (UW):** 33 residents/year. (free appetizers, no free hotel)

A big program (33) that didn't feel too big for someone like me who likes small/mid sized programs. This program is different than almost all others in that you essentially are serving 5 states (WWAMI) -- if you're a kid and you get really sick in any of these states, you end up at Seattle Childrens. It's a freestanding hospital but you're technically employed by UW. Environmentally-minded program (compostable plates/cups at lunch, etc.).

**Positives:** The attendings I met with were super down to earth AND super smart, sometimes a tough combo to find in some programs. The residents seemed happy. They have a big say in which applicants get in so they truly build their own team. **Negatives:** The interns and residents seemed like some of the busiest I met. It seemed like there were times when interns worked without time for outside learning, but for someone who learns by doing, this might be a plus. Fairly developed fellowships so in some disciplines you may not get the exposure that you might in a smaller program - e.g. cards fellows manage all the post-op heart kids in the PICU.

The Seattle program remains a strong middle sized program with ample academic opportunities and a nice children's hospital. The staff were very nice and polite and the residents very kind. My impression is that the program is less academically rigorous than CHB, CHOP, and Stanford.

**Pros:** Super nice residents. Elective time with anesthesia for procedures. **Pros or Cons depending how you look at it:** Moving to shift work in preparation for possible change in work hours (i.e. no call as an intern. Instead one month of wards includes one week of nights). 2 months in a rural area as R2 (part of WWAMI program)

**Virginia Commonwealth University (Richmond, VA):** 13 residents/year. (free dinner, free hotel) 13/year. The best part about the interview day was the tour van that drove all over Richmond to show off the city – lots of history here. The program itself was unimpressive and the faculty and residents seemed below the average caliber of most of the programs I visited. It was actually a great first interview (they offer early interviews) to get some practice, but otherwise I would not recommend it unless you have another reasons to be in Richmond. **Positives:** The prettiest looking NICU you'll find anywhere. **Negatives:** Hard transition from OHSU. Almost no recycling, McDonalds in the hospital lobby, bad coffee, Big Tobacco still has a huge influence over the city. Lots of IMGs, this is usually a bad sign

**Wake Forest, Brenner Children's Hospital (Winston-Salem, NC):** 13 residents /year (free dinner, free hotel)

I think it's about equivalent to the OHSU of the South. Lower pay than most programs but generally low cost of living so many residents buy houses. May be cheaper to rent a car here than taxi (\$45 one way). Their downtown area is just starting to get cool – they opened their first couple microbreweries, a few coffee shops and some net restaurants, but the downtown is much smaller than Portland. **Positives:** Strong faculty, fairly diverse patients, new hospital, residents seem well-rounded. **Negatives:** The southern feel is something you could probably grow to love, but it could certainly rub an Oregonian the wrong way. I was surprised how socially unconscious most people seemed to be here. It may have been the “down-home” values, but it was different than liberal-old Portland, OR.

**Washington University (St. Louis, MO) (WUSTL):** 29 residents/year. Med10 did not interview here. Notes from Med09 below.

- medium-sized program. Much more academic and research-oriented than I expected; their NICU is in the national top 10 and they do every kind of transplant you can imagine. More than half of residents go into fellowship. For what it's worth (and it was worth something to me) their call schedule is the worst I saw: q4 overnight call for 11 months of intern year, and 9-10 months for second and third years. The residents took us on a driving tour of west St. Louis and it actually

reminded me a little of Portland; I was told that as long as you don't cross the river into east St. Louis, you won't get mugged.

**University of Wisconsin (Madison, WI):** 13 residents/year. (free dinner, free hotel)

The only program to put beer in your goodie bag. The hospital is the best you'll see. Madison has a very similar feel to Portland – good food, beer, bikes, appreciation for outdoors, fairly liberal; certainly chillier though. If it's possible, it's probably less diverse than Portland. **Positives:** People all over were nice (the chair of the dept drove us back to the hotel, the city bus driver picked me up even though he was on break, random people stopped when I was pulling my luggage to ask if I needed a ride to the airport). Again, the hospital is amazing. **Negatives:** It might have just been my interview day, but I was a little embarrassed at some of the resident's clinical reasoning skills during noon-conference, perhaps just a fluke. The subspecialties are all represented but may not be quite as deep at some other programs. If you have a certain subspecialty you're eyeing, see if their group is large or small.

**Yale (New Haven, CT):** 18 residents/ year

**Strengths** – global health track – pay for travel, 27 days vacation + 1 major holiday, strong advocacy and abuse mentorship, higher salary than other programs. **Weaknesses** – no night float, New Haven – a bit scary and ghetto downtown though undergrad campus is notorious and beautiful, elevated cost of living, no rural rotation. NICU, PICU during year 1, no ED nights, hospital in a hospital, 10-12 fellows.