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Choosing a Career in Pediatrics

An Agenda for Junior/Senior Medical Students

Welcome to the Department of Pediatrics! We are excited you are interested in pursuing a career in pediatrics, or at least in learning about the possibilities that a career in pediatrics presents. This is the companion document to our Pediatric Specialty meeting where we discuss both careers in pediatrics, as well as the nuts and bolts of the application process. We know that some students will not be able to attend that session, or would like a written summary of what is discussed, so the following is a brief synopsis of the guidelines students might follow in planning their career.

If you are reading this material, you have already identified an interest in children and in their health care. However, you may still have reservations about a career in pediatrics, and whether it is right for you. This document is not intended to convince you; that will require a great deal of time, thought, and most importantly, discussion with a faculty advisor who can help you sort out exactly what criteria are most important to you. Bear in mind, however, that a career in pediatrics can be anything you want it to be. No other specialty has a greater degree of flexibility in career path than pediatrics. A career as a generalist or subspecialist in an academic setting may be familiar to you, as it is primarily these individuals who have taught you during the past year. Despite the commonly held opinion that a career in primary care pediatrics is nothing more than runny noses, sore throats, camp and school physicals, a career in primary pediatrics can offer much more. If you plan your primary care career in a thoughtful and prospective manner, it will remain an academically and intellectually rewarding experience. If you doubt this, we can help arrange some time spent with one of our office-based faculty who play an integral role in our teaching and research programs of our department. For example, for over fifteen years the Pediatric Practice Research Group (PPRG), in excess of 150 pediatricians in full time private practice, has worked together to conduct research projects in their office settings. Many also serve as Lurie Children’s teaching attendings, preceptors in the resident continuity clinic, or work with students and residents in their offices. In addition, careers as specialists in the community setting are becoming more common in pediatrics, as are hospitalist and emergency medicine positions in both the academic and community settings.

Pediatrics is characterized by multiple career options, attracting people who like working with children and their families, and who share a common personality trait of wanting their day-to-day existence to be fun and rewarding.

Advising

Regarding whether you are firmly committed to a career in pediatrics, or merely enjoy pediatrics but are uncertain whether you want to make it your career choice, we recommend that you be assigned a pediatric advisor. Utilize this individual to discuss where you are in this decision making process, and what your agenda should be for the future. If you attend the Pediatric Specialty meeting, you will automatically be assigned an advisor. If you missed the meeting and would like to be assigned, please contact Dr. Trainor. We recommend meeting with your advisor at the end of February or the beginning of March to become better acquainted and to discuss the logistics for the remainder of your junior and senior years.

If you are uncertain of your career choice, but feel that pediatrics is a possibility, you should discuss your thoughts with an advisor, ask any questions you might have, and receive guidance on what other resources are available to help you answer them. You should also discuss scheduling pediatric electives and/or a sub-internship for your senior year.

If you are quite comfortable with your choice of pediatrics as a career, you and your advisor should review your plans for your senior class schedule. Additionally, some preliminary discussion of the residency application process might also occur.
Your Senior Schedule
Before meeting with your advisor, you should do two things. One is to ascertain when your remaining junior clerkships, if any, have been scheduled for your senior year. The second is to review the senior course catalog, and make some tentative choices of the electives you would like to take. You should attempt to strike a balance between inpatient and outpatient experiences, between pediatric and non-pediatric courses, with the goal of rounding out your education and concentrating on areas in which you feel particularly weak. Avoid taking only pediatric medicine electives; use this time to expand your knowledge and experience beyond the field in which you will spend the rest of your career. You and your advisor can review the merits of any particular elective, and discuss the advisability of spending a four-week elective at some other institution. In addition to rounding out your education, you should set up your senior schedule so that you have an opportunity to get to know one or two pediatric faculty well, so you can request letters of recommendation from them. The third year rotation in pediatrics usually does not allow for getting to know individual faculty well enough to request letters.

Remember that you must allow enough time in your senior schedule for interviewing. Interviews customarily occur from November through January. Depending on how many programs you will be seeing, and where they are located, you will likely need at least four weeks off in the fall or early winter quarters for this endeavor. Again your particular timetable is best reviewed with your advisor. In recent years, students with stronger academic credentials have been offered interviews early in the process (sometimes before the MSPE goes out--October 1st) and are often able to schedule them in November or early December. Students with weaker academic records may be offered interviews later in the application process and should keep January open in the event that interview slots open up as other students cancel their January interviews. You should not plan to interview during any required clerkship or the pediatric sub-internship.

Electives in pediatrics are generally popular, and we often have trouble accommodating all the students who desire a specific elective, especially in the summer months. We request that once your elective schedule has been confirmed, you consider that a firm commitment to take the elective. The sub-internship in pediatrics is also quite popular in the summer and early fall. Everyone planning on going into pediatrics should sign up for the pediatric sub-internship. If you are deciding between pediatrics and another field, you should discuss with your advisor the merits of the pediatric versus the medicine or obstetrics/gynecology sub-internship. We have students every year who end up going into other fields, who nevertheless find the pediatric sub-internship a rewarding and worthwhile experience which prepares them for internship. In past years, students planning a career in emergency medicine, ophthalmology, surgery and ENT have done pediatric sub-internships. Our sub-interns carry their own patients, have identical responsibilities as our interns and are supervised by the senior resident on their service. They are an integral part of our resident team.

We will work closely with you if your career plans change and therefore wish to cancel a previously confirmed elective or sub-internship. Please understand that in doing so you have likely inconvenienced one or more other students who didn’t get the elective or sub-internship they wanted.

Applying for Residency
Although the catalog of residency programs and the FRIEDA computerized listing prepared by the Accreditation Council for Graduate Medical Education is a reference you should be familiar with, it does little to discriminate which programs will be potentially appropriate for you, your interests, and your talents. In general, the most appropriate way of beginning to construct a list of possible residency programs is to select a geographical area or areas in which you would like to live. Once you have done this, and have reviewed the list of residencies in the ACGME catalog or via the FRIEDA computerized listings, or on each program’s web site, you then should sit down with your advisor and discuss your interests. Your advisor and other faculty members can help sort out the strengths and weaknesses of a given program, or a given type of program (general hospital vs. children’s hospital, university based vs. community based, etc.)

As you discuss your residency options with your advisor, he/she will need to understand a bit more about your interests, your abilities, and your academic record.
You should be prepared to discuss or show:

- your grades
- the narrative comments of your performance in your M3 year
- your Step I board scores
- other factors which might influence how your candidacy would be viewed by a residency selection committee (eg time off, couples match, unique circumstances)

The more your advisor knows about you, the better he/she can advise you on your competitiveness for a particular program, as well as help you find an appropriate program for your educational and personal needs. The goal of this discussion, which should occur in late Spring or early Summer of this year, is to identify a list of 10-20 programs on which you should do more background research.

Sometime over the summer or early fall, you should begin to narrow your list of programs down to a workable number of 10-15. You should include programs at which you have a reasonable chance of success, “safety” programs, and a few reaches if you desire (where you may not obtain interviews). The number of programs on your “final” interview list will depend a bit on how much time you have for interviewing, how broad your geographical interests are, and on the perceptions you and your advisor have about your competitiveness as an applicant.

**Letters of Recommendation**

The application form for most interviews asks for three or four letters of recommendation. The Medical Student Performance Evaluation letter (MSPE) usually counts as one of these. Therefore, you will need two or three other faculty who will write letters for you. If you have planned your senior year appropriately, you should have at least one member of the Department of Pediatrics with whom you have worked closely on elective who will write a letter for you. It is customary in pediatrics for applicants to have a letter from the Chairman of the Department (Tom Green); your advisor writes this letter and Dr. Green co-signs it. **All students must meet with Dr. Green in August or early September before the advisor/chairman’s letter is signed.** In advance of this meeting, you need to provide Dr. Green’s assistant Wendy Weesen (12-248, 227-4340, wweesen@luriechildrens.org) with an official copy of your transcript, your personal statement, and your CV.

There is nothing wrong with having more letters than are stipulated necessary by the program to which you are applying, but avoid having so many more that your application appears "padded". There is also nothing wrong with letters from non-pediatricians!

**Personal Statement/CV**

Another part of the application form which causes some consternation is the personal statement and the curriculum vitae (CV). The personal statement should describe something about yourself that will help a program "know" you a bit before the interview. Try to avoid the "I have always wanted to be a pediatrician because...”; it gets old very fast if you read hundreds of personal statements each year. Rather, try to provide insights about your interests, background, goals, or avocations. Use your CV to provide demographic information, honors, publications and/or research, outside interests, etc. Proofread everything for typos or misspellings; such errors reflect poorly on the applicant.

**Timeline for submitting to ERAS**

Plan to have all your application materials in **ERAs by mid to late August** or early September at the latest. **All other things being equal, the earlier your application is in, the better chance you have to obtain an interview slot. Many programs fill their interview slots,** and even though you may otherwise be qualified, you will be less likely to ultimately interview at your desired program. The MSPE letters were sent out October 1, 2012 and we found that interview offers were sometimes not extended until November, even for strong students. Typically, interviews are scheduled for November through January. If you are offered an interview, call back ASAP to schedule, because interview spots go quickly at popular programs. If you are initially wait-listed for an interview, politely calling to follow up every couple of weeks will sometimes result in an interview ultimately being offered. There is no surer way to ruin your chances than being demanding and/or condescending to the coordinator responsible for scheduling interviews.

**Interview Information**

If you have not received **at least 6-8 interviews**, or are turned down at institutions where your advisor thought you should have a reasonable chance of success, be sure to notify Dr. Trainor or your faculty advisor. We are sometimes able to assist you with getting your foot in the door to the interview process. You should try to
spread out interviews as much as possible; doing five interviews in five days or ten in ten days can be extraordinarily fatiguing, and you will quickly lose your objectivity as you visit with the individual hospitals. Remember, interview slots are ultimately limited in number, and the earlier you schedule your interview the more flexible your arrangements will be. The interview process can become quite expensive because of travel and lodging costs. The earlier you confirm these details the simpler and more economical it will be for you.

Most programs establish the interview process so that you will meet with one or two faculty, the Residency Program Director and/or the Department Chairman, and the residents. Most programs interview during the week, although some will interview only on Saturdays. You should discuss the interview process with your advisor and obtain any suggestions he/she has concerning it. In general, you should be honest, judiciously candid, and prepared to discuss anything that appears in your folder. (If you mentioned in your personal statement or CV that you did research on ingrown toenails in the South African horny toad five years ago, you better be prepared to discuss exactly what the research entailed and what you found). During an interview you will be expected to ask questions about the program; be prepared with a list of reasonable questions and always have a "reserve" question to use if necessary. Do not be afraid to ask the same question of several interviewers, if it is a good question that might be answered differently by different people. Avoid directing questions about salary, call schedules, or benefits to faculty, Program Directors, or Department Chairs. These questions usually are answered in the information sent to you, or can be obtained in discussion with the residents. Questions about programmatic development, strengths vs. weaknesses, etc., are appropriate. Be prepared, however, to field the strength/weakness questions yourself, particularly if you ask it about the program.

**Do not take notes, repeatedly check your phone, yawn, fall asleep, or slurp your coffee.** If you feel compelled to write things down, do so between interviews, in the rest room, or at the end of the day. Your interviewer might assume that you are not thinking on your feet, or function independently without a crutch, if you furiously record notes during the day (or constantly refer to a written list of questions to ask).

Often the most useful information you obtain during an interview will be from the residents. Ideally you should meet with second year residents as well as interns; the PL-2’s will be your supervisors next year and have a broader perspective on the program. If you are not given the opportunity to meet with many of them, feel free to seek them out yourself after the scheduled interview period is over. You can do this by going up to the ward, introducing yourself to one of the residents, and "tagging along". Many programs offer social events or dinners with residents; you should try to attend these events in order to gain even more insight into the residents. If it is not possible for you to linger on that day, and you really like the program, you may wish to schedule a second visit purely for that purpose. It is not necessary to schedule a second visit solely for the purpose of impressing a program with your level of interest.

**Regrouping with your Advisor**

Once you have finished your interviewing, you should again review your experience with your advisor, who may be able to help sort out your likes and dislikes with you. It is perfectly appropriate to send a thank you letter (or email) to each program or interviewer. Although many letters and e-mails get traded back and forth between applicants and programs during this time, they should not be misinterpreted to indicate assured acceptance to a program. That is to say that promises of “ranking highly” remain ambiguous; programs as well as applicants generally do not draw up their rank list until February. They have little ability upfront to indicate where you might be ranked.

**How the Match Works**

Both the applicant and the program, in numerical order, rank their choices. If you interview at 10 programs, and wish to rank 8, you will enter on the NRMP computer a list of 8 programs ranked 1 through 8. If a program interviews 150 applicants, and wishes to rank 135 of them, they too will enter on the NRMP a list of applicants ranked 1 through 135. The computer then selects the highest rank for both the applicant and the program that is mutually acceptable. Let us say, for example, that each program you rank has room for 10 residents. Program X, which you ranked highest, ranked you 30th. They match with their 10th resident at their 25th rank spot, so you did not obtain a residency in program X. However, although Program Y also ranked you 30th, they still had two residents slots open by the time they got to their 30th ranked applicant. You therefore match at Program Y. The couples match works much the same way, except that the couple, by contractual agreement, agrees to the highest possible ranked program that will put both members of the couple in the same city.
How should you set up your rank list of programs? You and your advisor should discuss this process, but in general you should rank any program that you feel you will be happy in as a resident. The nuances of your rank list should be discussed with your advisor. You should never plan on using the “scramble” to secure a match spot.

This document may make this process sound more complicated than it really is. We are here to support you through it. Although it may seem overwhelming at the moment, it is worth the investment of time, as your residency program choice may influence the entire balance of your career in medicine. It is important that you continue to discuss your plans with your advisor as the process unfolds. That person is probably the most important link, as he/she is someone who has done this before personally, and has helped many other students do it as well. Be careful with rumors and unsolicited opinions you hear from classmates and on the interview circuit. Bounce such issues off your advisor to be certain they are well founded. Use your advisor, as well as other faculty and residents, in order to make this process run as smoothly as possible.

We in the Department of Pediatrics look forward to getting to know you over the coming year! Please feel free to contact me with questions or to request a pediatric advisor.

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