Career Counseling in Pediatrics

Frequently-Asked Questions

This booklet has been prepared by the Department of Pediatrics in response to questions frequently asked by medical students who wish to explore the training and career opportunities in this field. We hope that it will be helpful to students and serve as a basis of discussion in individual meetings with faculty members and residents.

• **Can you give me a brief description of the field?  What are the key elements of this field that define it?**
  The field of Pediatrics involves caring for children from birth through adolescence. With a focus on the whole patient, within the context of family and society, Pediatricians must acquire a knowledge base of significant breadth and depth. There is an emphasis on preventive and continuity of care, child growth and development, safety and nutrition. Children may present for well-child care, or with acute or chronic illness. There are myriad opportunities to forge relationships with families and communities. Pediatricians are not limited to the medical office or hospital ward, but rather can be teachers, researchers, and child advocates. Working with children, so innately vibrant, imaginative, and joyful, even in the face of chronic illness, it is a field of immense fulfillment.

• **What is the patient population that I will encounter?  Will it include both children and adults?  Will there be emergency work?  What types of technology will I encounter?**
  The age range is from birth through adolescence (~21yo) and the population varies depending on the setting. Pediatricians may work in an academic center, a community hospital or clinic, a private practice. Emergency work is part of Pediatric residency training, after which one may choose to go on to a Peds ER Fellowship. Technology runs the gamut of the latest innovations in imaging, medical advances in neonatal care (ventilators), the use of Electronic Medical Records, and Smartphones for scheduling and organizing.

• **Is it possible to describe the personality characteristics of many physicians in this field?**
  Pediatrics is a highly satisfied profession, and Pediatricians are a pretty happy bunch, in general. Simply put, it’s fun to work with kids! Qualities you will likely come across in a good Pediatrician are compassion, patience, attention-to-detail and thoroughness (we need to consider all organ systems impacted by disease), excellent communication skills (listening!), a sense of humor, and an ability to teach (parents, patients, students).

• **How long is the training program/residency?**
  At least three years of General Pediatrics, with additional years of fellowship training if one chooses to sub-specialize.
• **Are there fellowships available after residency?**
  Yes, plenty! Today, about two-thirds of the field are General Pediatricians and one third are Sub-specialists.

**LIST OF PEDS SUBSPECIALTIES:**

- Academic Pediatrics
- Adolescent
- Allergy and Immunology
- Cardiology
- Child Abuse
- Child/Adolescent Psychiatry
- Critical Care
- Dermatology
- Developmental and Behavioral
- Emergency Medicine
- Endocrinology
- Gastroenterology
- Hematology-Oncology
- Infectious Disease
- Neonatology
- Nephrology
- Neurology
- Pulmonar
- Rheumatology

• **How do I know if my academic record/grades will make me a suitable applicant?**
  2011 stats: Match rate in Pediatrics was 96%. New York tends to be a more highly sought-after locale, but Downstate students tend to match well in Peds in NYC and across the country! The dean’s office can give you more specific information on choice of programs based on the particulars of your application. In general, you should plan to apply to enough programs (a mix of more and less competitive) to end up with about 10 in your final rankings. It’s best to send out applications early (as soon as ERAS allows). In the event that you do not get as many interviews as you would have liked, you’ll have time to apply to additional programs.

• **What is the role of my USMLE Step 1 score? What is a competitive score to qualify for an interview? If I failed Step 1 what are my options? Should I take Step 2 early?**
  2011 stats for those entering Pediatrics: USMLE Step 1 Mean Score 221, Step 2 Mean Score 234. Schools have cutoffs, usually around the national mean, the specifics of which can be found on FREIDA Online (see Resources below).
• **Do I need a Step 2 Clinical Knowledge score to be screened for an interview? To be ranked?**

Not all schools specifically require it, but it is highly recommended by the top programs. Be sure to time it properly, so that your score is back in time to apply. In NYC, the programs at Columbia and Mount Sinai require it. It’s best to check with the specific programs you are considering.

• **Is there anything that I can do in my rotation or elective experience in this field to enhance my qualifications?**

Do well in the Pediatrics Clerkship and your Peds Sub-I (great prep in functioning “like and intern” in that you will carry your own panel of patients and have a good deal of autonomy). Ideally, your sub-I should be scheduled in the Summer or Early Fall of 4th Year, in time for applications.

• **Should I take outside electives in other institutions? If so, how many are advised and allowed?**

Take electives that you will enjoy and which will enhance your knowledge base or fill any gaps in it. Consider: Peds ID (high-yield), Cardiology (the only way to learn murmurs is to listen to lots of them!), Ambulatory Peds (you’ll get to hone your H+P skills). It’s not absolutely necessary to take extramural electives, but if you do, excel! They can also serve as a way for you to get to know your programs of interest a bit better.

• **Is a research experience important in my application to this field? Do I need to do a one year research experience? Will research offset a low Step 1 score? Should I have publications to qualify for your field?**

Research is not a requirement, but if you’ve done some, clearly it looks best if you’ve published. At the very least, show that you were actively involved in the project and expect to be asked about it at interviews. To offset a low Step 1 score: re-take a failed exam and do appreciably better the second time around, have strong grades to offset the lackluster shelf score, have extracurricular activities and involvements that are meaningful.

• **Is community service important in my application to this field?**

As Pediatricians work a great deal with children in the context of the larger community, it’s certainly a plus if the work was substantial and meaningful (but not a requirement).
• **What do you advise on obtaining letters of recommendation? Should they all be from the field? How many should I have? Do I need a chair’s letter? If so, how do I obtain that letter?**

In general, you’ll need at least three letters of recommendation. They need not all be from Pediatrics, but at least one of the three should be. Ask them of people who know your work well, and provide them with your CV and Personal Statement. You may want to remind them of the more impressive details of your work with them (i.e., Stellar presentations given, particular patients requiring your most diligent work, diagnostic feats!) Some programs want a chairman’s letter, which can be obtained by visiting the departmental office and setting up a meeting with the Chair. With all letters of recommendation, put in your requests early so they’ll reach the programs in time for interviewing.

• **How do I meet with residents in the field and ask them to share their experiences and advice? Can I find residents with educational backgrounds similar to mine?**

Remember that residents (don’t forget the chief residents) were not long ago in your shoes and so, while they may be short on time, they know the benefits of getting information from the source. They are usually quite amenable to speaking with students. In addition, look for Downstate residents at the programs you are applying to.

• **If I want to learn more about the field, can you recommend how I do that? Resources:**

  Individual Program Websites
  FREIDA Online (GME database)
  AAP (American Academy of Pediatrics)
  COMSEP (Council on Medical Student Education in Pediatrics)
  Clerkship Director: Laura Bruno, MD
  Pediatric Sub-Internships: Paul Harris, MD
  Residency Program Director: Henry Schaeffer, MD
  Pediatric Chief Residents
  MS4’s