

Hi everyone! Here are answers for a few unanswered questions from the Fall Virtual ACOP Conference Residency Panel. Dr. DeMarsh's answers are in red and Dr. Waggoner's are in purple. As always, please feel free to reach out with any questions or concerns!

1. Are letters of recommendation from similar specialties such as family medicine worthy on an application for a pediatric residency?

No, I would say that you need to have someone be able to write to your specific talents/qualities as they relate to pediatrics. It can be a family med doc, if they can talk about your primary care focus (if that's the route you want) with an emphasis on how you cared for kiddos (and worked with their parents), but by and by if you only get 3-4 letters, make them as pediatrics focused as possible

I would absolutely say yes, I think it's good to show you're well rounded. I wouldn't do all LOR from the same specialty. Also make sure you pick the ones you think will be the most personalized. It is better to have stronger letters from other specialties than subpar ones from pediatrics.

2. I am starting my clinical rotations next year- any recommendations on how to make the most of clinical years and to get the most hands-on skills preparation?

My biggest advice would just be to step up. Make it known that you want to jump in and get your hands dirty! Obviously, this has to be balanced with the other members of the team (no one likes a cutthroat gunner) but as long as you are being fair, there is nothing wrong with being proactive! On top of that, take the time to do 3 very important, but not always easy, things. 1. Actively seek feedback AND incorporate said feedback to make real time changes. 2. Read about your patients - both their clinical history and the pathophysiology of their presenting conditions. This will make you shine! 3. Always always say you will look up answers to questions that you get asked that you don't know the answer to and then do it! Be prepared to give a short 1-3 min answer on rounds the following day-bringing in primary literature sources is always worthy of bonus points as well! Also, repeat after me - nurses are incredibly important and are to be respected - if a nurse tells you she is concerned - validate that, assess the patient, and then work together to come up with a plan!

TAKE INITIATIVE. This was something I really struggled with in med school and now it is kinda biting me in the butt that I have little experience in hands-on skills. On surgery rotations go in early and ask the nurses to teach you how to do IVs and blood draws. Try to assist anesthesia in intubations. Surgery and ED are probably the best places to get hands on skill training. Also, I think most hospitals do blood draws early morning so trying to come early for those or doing them on night shifts could be helpful.

3. Did anyone use interview prep programs like Big Interview Medical?

I unfortunately did not! I used some snippets from the book "why medicine?" that I used when I was interviewing for medical school, but otherwise just googled and googled and googled tons of residency questions and prepped from there. Definitely see what your school has to offer as well!

I partially did. The sample questions are super helpful as are the lists of qualities to help answer questions like "strengths and weaknesses", but I didn't use the interview practice.

- When should someone start looking into what residency they want to go to? (We talked about this during the social hour, but just want to make sure that everyone can see the answers)

Day 1! This is the next step in your career so it should be a very carefully made decision. Continue to assess with every pre-clinical block and every clinical rotation- what did I find interesting about this? Was I excited to learn every day? If so, what in particular? If not, why not? Continue to refine this ask you go through and get mentors, mentors, mentors - at all stages of training! Everyone from your peers all the way up to the most senior level attendings can give you feedback, provide resources, or just simply be someone to bounce ideas off of! Continue to think about where you want your next step in your career to be - you don't necessarily have to think 10-20 years down the road, but it is important to think about lifestyle and risk of burn out, especially when you super-impose other life decisions on top of a career choice (ie. being in a big city vs. rural, having a large family vs. not, area of the country you want to end up in, outpatient clinic vs. frequent hospital call, etc, etc. The biggest thing you can do is just continue to check in with yourself :)

Specialty or program. It's never really too early for either, but I would definitely recommend starting to make a list of programs in the spring of your 3rd year.