Planning for and Applying to Pediatric Residency
We are thrilled you are considering a career in Pediatrics! The Pediatrics Clerkship Committee’s goal is to provide you with guidance and support as you consider your career path and apply to residency. We hope this packet will help address some of your questions about the Post-PCE years and the residency application process, and can be a jumping off point for ongoing conversations with your Pediatric Advisor.

Our specialty is one of the most rewarding in medicine, with a broad range of career pathways ranging from primary care to quaternary subspecialty, from community advocacy to basic science and clinical research, from care of newborns to young adults. Approximately 25% of our colleagues work part-time at some point in their career[1], and nationally, approximately 50-60% of residency graduates pursue careers in Primary Care (though this percentage differs significantly by residency program). In 2018, 94% of graduating Pediatrics residents said they would choose this specialty again, and 98% had secured a job prior to graduation.[ii]

Pediatrics is typically a 3 year residency program. Graduates can begin independent practice as a general pediatrician in Primary Care, or in other settings such as urgent care or hospital medicine. Others choose to subspecialize, matriculating into one of our Fellowship programs. Most accredited fellowship programs are 3 years, with 1 year primarily focused on clinical care, and the final 2 years dedicated to research. The list of subspecialties certified by the American Board of Pediatrics can be found here: [https://www.abp.org/content/subspecialty-certifications-admission-requirements](https://www.abp.org/content/subspecialty-certifications-admission-requirements).

There are other important pathways to a career in Pediatrics. For students planning careers as a Physician Scientist, particularly for those with an MD/PhD or similar research experience, many residency programs offer the “Integrated Research Pathway” or “Accelerated Research Pathway” to support ongoing research during clinical training. There are also a number of combined residency programs, including Internal Medicine-Pediatrics (4 yrs), Pediatrics-Medical Genetics (5 yrs), Pediatrics-Anesthesiology (5 yrs), Pediatrics-Dermatology (5 yrs), Pediatrics-Physical Medicine and Rehabilitation (5 yrs), Child Neurology (5 yrs), and “Triple Board Residency Training” (Pediatrics-Psychiatry/Child and Adolescent Psychiatry) (5 yrs). Alternatively, graduates of other types of residency programs can choose to pursue fellowship training to subspecialize in the care of children, e.g., Pediatric General Surgery and surgical subspecialties (following surgical residency), or Child and Adolescent Psychiatry (following adult Psychiatry residency).

We look forward to partnering with you through this process, and welcome any suggestions to make the advising program stronger. And remember, as a recent HMS graduate said, “Don’t be too stressed – everything’s gonna be alright!”

The Pediatrics Clerkship Committee
Outline:

Advising Resources
Planning Your Post-PCE Rotation Schedule
Residency Application Timeline
Components of the Application
Residency Programs: How many and which ones?
The Interview Day
Making Your Rank List
Special Situations and FAQ’s
ADVISING RESOURCES

Each student will be partnered with a Pediatrics Advisor who will be your point-person in providing specialty-specific guidance in your post-PCE years. Your advisor will work with you, your Society Advisor and other mentors to help you navigate through this process.

Below is the list of Pediatrics Advisors at our three institutions. We would suggest you first reach out to your PCE Clerkship Director or the “Point Person” at one of the institutions. She or he can work with you to identify a specific Pediatric Advisor.

**Massachusetts General Hospital for Children (MGH/C):**

<table>
<thead>
<tr>
<th>POINT PERSON</th>
<th>Email</th>
<th>Position</th>
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<tbody>
<tr>
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<tr>
<th>ADVISORS:</th>
<th>Email</th>
<th>Position</th>
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<tr>
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<td>PICU</td>
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**PROGRAM DIRECTORS:**

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<tr>
<th>Name</th>
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<tr>
<td>Shannon Scott-Vernaglia (PD)</td>
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**DEPARTMENT CHAIR:**

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<td>Ronald Kleinman</td>
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**Boston Children's Hospital (BCH):**

**POINT PERSON:**

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<td>Amanda Growdon</td>
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**ADVISORS:**

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**PROGRAM DIRECTORS/INTERN SELECTION LEADERSHIP:**

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<th>Name</th>
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<tbody>
<tr>
<td>Ted Sectish (Program Director)</td>
<td><a href="mailto:Theodore.Sectish@childrens.harvard.edu">Theodore.Sectish@childrens.harvard.edu</a></td>
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<tr>
<td>Kate Michelson (Program Director)</td>
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</table>
You should plan to meet with your Pediatrics Advisor several times over the course of the year to address questions through the various stages of the application process. Your Pediatrics Advisor can help you most effectively if you come to each meeting prepared with an agenda, and if you are open about the relative strengths and weaknesses of your application. In this packet, and in your meetings with your advisor, we will review
developing your Post-PCE schedule, the application process and selecting programs, soliciting letters of recommendation, interviewing, and preparing your rank list.

Current classmates as well as recent HMS graduates are also great resources.

There are also several great online resources from national organizations:

From the American Academy of Pediatrics (AAP):
   · Becoming a Pediatrician: [https://reader.aappublications.org/becoming-a-pediatrician/1](https://reader.aappublications.org/becoming-a-pediatrician/1)

From the American Association of Medical Colleges (AAMC):
   · AAMC Roadmap to Residency: [https://members.aamc.org/eweb/upload/Roadmap_to_Residency.pdf](https://members.aamc.org/eweb/upload/Roadmap_to_Residency.pdf)
   · Facts about ERAS: [https://students-residents.aamc.org/applying-residency/apply-smart-residency/](https://students-residents.aamc.org/applying-residency/apply-smart-residency/)

From the American Medical Association (AMA):
   · Fellowship and Residency Electronic Interactive Database (FREIDA Online), a searchable database for information on residency programs: [https://freida.ama-assn.org/Freida/user/search/programSearch.do](https://freida.ama-assn.org/Freida/user/search/programSearch.do)

**PLANNING YOUR POST-PCE ROTATION SCHEDULE**

As you well know, there are many different tracks a student can take through HMS, and the options are ever-shifting. The requirements are complicated— the official document “Overview of the Pathways Post-PCE Phase of the MD Curriculum” is 27 pages long! The Office of Student Affairs and your Society Advisor are your go-to resources for details; make sure to attend their schedule-planning sessions so you understand the various schedule components and timing. Dean Saldaña also developed a video to explain the post-PCE phase and the Post-PCE planning tool: [https://www.youtube.com/watch?v=g2nRq3WEFXE&feature=youtu.be](https://www.youtube.com/watch?v=g2nRq3WEFXE&feature=youtu.be). In this guide, we will focus on your clinical rotations.

Well before your schedule requests are due, we would suggest you make an appointment with your Pediatrics Advisor to review plans for your clinical rotations. Together, you can discuss considerations regarding elective and Sub-I choices, location and timing. It is helpful for your advisor to have a sense of how you did on your clerkships, so be as open as possible in sharing your understanding of your clerkship performance.

**A Bird’s Eye View:**

The time following completion of your PCE year can be conceptually divided into 4 sections:

1. October – November of 3rd year: Study for and take Step 1 of the USMLE

2. December – August of 3rd/4th year: Complete the core Medicine and Pediatrics Sub-Internships, take Advanced Clinical Electives and AISCs and request DSAs.

3. September – January of 4th year: Submit ERAS application, complete Step 2 CS and CK, consider more flexible electives or unscheduled months during interview season.
4. February – May of 4th year: Complete AISCs, Clinical Capstone course, Advanced Clinical Electives.

**Step 1:**

Most students take 6-8 weeks to study for Step 1 of the USMLE following completion of the PCE year. Remember, the advantages of taking Step 1 after your PCE year are the additional time you’ve had to consolidate your knowledge, and the opportunity to “practice” these multiple-choice style tests in your Shelf exams. The good news is most Pediatric residency programs do not have a cut-off for Step 1 scores, so study hard, do your best, and don’t stress too much (more on Step 1 later).

**Advanced Clinical Electives:**

After Step 1 is in your rear-view mirror, you get to start one of the most clinically rewarding times of medical school – your advanced clinical electives and core SubIs! If you are clearly heading toward a path in Pediatrics, you should plan to complete several rotations in Pediatric subspecialties, while if you are still deciding between Pediatrics and another specialty, you may find it helpful to alternate rotations between the paths you are considering. Of note, while some schedule elements are fixed, clinical electives can be changed up to 1.5 months in advance, so your initial selections are not set in stone. The complete list of Pediatrics Electives can be found in the HMS Electives Courses Catalogue ([http://www.medcatalog.harvard.edu/SubjectAreas.aspx](http://www.medcatalog.harvard.edu/SubjectAreas.aspx)). While the bulk of your electives should be selected from among those listed in the “Pediatrics” section, make sure to consider other electives which may also be helpful to build your knowledge base (for instance, pediatric surgical subspecialties, sports medicine or dermatology) or in areas that you may never encounter again (adult subspecialties).

There are several factors to consider in choosing your Pediatrics electives, in addition to your overall level of interest in the subject:

1. Whether the elective is well structured to allow you to ask an attending for a letter of recommendation (i.e., will you have substantial contact with one or two Pediatric attendings, and enough responsibility for patient care to allow them to get to know your skill set).

2. Whether you will be working with residents on the elective – this type of rotation allows you to better experience what a residency program might be like “from the inside” and allows the residents to get to know you too.

3. The location of the elective – we would suggest all students applying in Pediatrics plan to have at least one rotation at MGH/C and one at BCH. This allows you to meet attendings and residents (who will be your letter-writers and advocates!) at two different institutions, and experience both of the residency programs and practice environments.

4. “Away” Electives: If you know you are interested in a particular residency program, you may consider doing an “away” elective at an institution. This allows you to demonstrate the sincerity of your interest in the residency program, and might be a nice opportunity to spend a month closer to your family or friends. Just remember the rotation will essentially be a month-long residency interview, so be prepared to work hard and make a good impression! 69% of residency program directors cited away rotations in their department as a factor in selecting for interviews and for ranking, while only 12% cited pediatric away rotations at other institutions as being important.[iii]
Your advisor can provide you with his or her impressions of the Pediatrics Electives offered at both MGHfC and BCH, including the considerations outlined above.

**Core Sub-Internships:**

All students at HMS are required to take a Core Sub-I in Medicine. Pediatrics Sub-I’s are offered at both MGHfC and BCH, and we very strongly recommend (schedule permitting) you participate in one of these experiences as well, since they are a great way to consolidate your skillset, provide excellent feedback, and clearly demonstrate your commitment to Pediatrics to residency selection committees. The Sub-I at MGHfC is directed by Dr. Vandana Madhavan (vmadhavan@mgh.harvard.edu). Students act as an additional intern on one of the inpatient General Pediatrics teams, and the rotation emphasizes increasing responsibility for patient ownership and management. Generally, 3 weeks will be spent with the daytime team, and 1 week with the overnight team. The Sub-I at BCH is directed by Dr. Vinny Chiang (vincent.chiang@childrens.harvard.edu). At BCH, students typically spend 2 weeks on the Complex Care Service caring for children with special health care needs, and 2 weeks on the Intermediate Care Service, the step-up unit, which offers the opportunity to care for children with increasing medical complexity and acuity.

**Schedule Considerations for Interview Season:**

The months from June through August are a great time to consider an away rotation. Although the rotation assessments after July won’t be included in your MSPE and your official transcript will already have been submitted, you can always send an application update to programs with your rotation grades and comments. You may also be able to coordinate doing an interview at a program while you are there for your elective rotation.

Most pediatrics residency programs offer interviews between October and January (Figure 1) (more on the interview process later in this guide). For at least 2 of these months, you should plan on taking electives which allow for greater flexibility in scheduling, or taking an “unscheduled” month. For example, this is a great time to take Essentials 2, work on a research project (for SIM or Independent Study credit), or to study for and take Step 2 CK and CS (note HMS requires the CS exam to be taken by early November). Despite your best planning, you may need to schedule an interview while you are on a clinical rotation. If this occurs, just speak with the rotation director well ahead of time – they understand the scheduling challenges and can work with you to minimize disruption to your learning.

**Senior Spring:**

As the interview season winds down, you will be starting up your last few months as an HMS student. You will need to take your 2nd AISC, your Clinical Capstone course, Essentials 2 if not done already, and make sure you fulfill any other graduation requirements. This is also a great time to consider completing an elective in a related field, but for which you will not receive dedicated training in Pediatrics residency. For example, dermatology, child psychiatry and pediatric radiology electives may be very valuable.
RESIDENCY APPLICATION TIMELINE

We recognize there are many unique paths through HMS. The timeline below is a general suggested timeline you and your Pediatrics advisor can refine.

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<th>Year</th>
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| **Second Year**<br> (PCE) | June to August | Request residency advisor from Pediatric Residency Advising Committee  
                    |               | Meet with advisor to finalize schedule for third year               |
| **Third Year** | September to April | Meet with advisor and consider who will write letters of support  
                    |               | Discuss appropriate training programs based on personal preferences and competitiveness  
                    |               | Submit Pediatrics DSA request                                       |
|               | May/June    | Complete interview with your dean’s office to discuss the MSPE (Medical Student Performance Evaluation)  
                    |               | Prepare CV and Personal Statement                                  
                    |               | Select and contact faculty to write letters of recommendation      |
|               | June/July   | Review information about residency programs via their web sites      
                    |               | Meet with your advisor to prepare preliminary list of programs      
                    |               | Register for ERAS                                                 |
| **Fourth Year** | August     | Finalize personal statement and CV                                   
                    |               | Complete application for submission via ERAS                       
                    |               | DSA committees meet                                               |
### COMPONENTS OF THE APPLICATION

**Electronic Residency Application Service (ERAS):**

The AAMC’s Electronic Residency Application Service (ERAS ®) is the online application service you will use to transmit your application to residency programs. MyERAS is the website you will use to complete your application, research and select programs you want to apply to, assign documents to the program and ultimately apply to your desired residency programs.

ERAS opens in mid-May to allow you to start preparing your application and documents. The HMS Dean’s office will issue you an ERAS token which is a one-time access code used to register for MyERAS. September 15th is the final day to submit ERAS applications and supporting documents to ACGME-accredited residency programs to be considered “on time”.

Be sure to budget in advance for your application fees which are based on the number of programs to which you apply. The ERAS website has the complete schedule of fees. As of November 2018, the fees were: $99 for up to 10 programs and then $13 each for 11-20 programs in ERAS, plus an additional USMLE transcript fee ($80) and an NRMP registration fee ($80).
**Your Curriculum Vitae (CV):**

Well in advance of preparing your ERAS application, you should prepare a formal CV. Even though you will need to enter the same information into the ERAS system to standardize display and formatting, you should still prepare your CV to keep all the information in one place and make completing the ERAS application easier. You will also need to provide your CV to your letter writers and will need it for future use for employment, licensure and board certification applications.

Include your name, local address, email, cell phone number, permanent address, alternative telephone number, date of birth, place of birth, Medical School with date of anticipated graduation, undergraduate degree (indicate if you graduated with honors), honors (Dean’s List, Phi Beta Kappa, scholarships or other awards), organization membership and leadership positions, research or scholarly activity experience indicating name of mentor and specific purpose or title of research projects/scholarly activity, publications/oral presentations/poster presentations, military service if applicable, recent employment experience if unique or specifically relevant to medical career.

Do NOT list part time jobs from high school, college or summer jobs unless they show clear dedication to the field of pediatrics. However, you should list if you had a full time job or other career after high school or college.

When listing volunteer experiences, it is generally better to list fewer, personally meaningful activities in which you had sustained service, rather than listing 20 one-off activities. In 2016-17, students applying in Pediatrics listed an average of 5 volunteer experiences.

Students commonly ask about whether it is necessary to complete a research project in Pediatrics. Over the past several years, approximately 50% of HMS students completed a research project in Pediatrics, and approximately 60% had a publication while in medical school (not all first-author and including basic science and clinical research projects, case reports, Cochrane review, etc). In general, while conducting research in medical school is considered to be a “plus” for your application, it is not strictly necessary, even for the more competitive programs.

Ask an advisor to review your CV/ERAS application before you submit it, and make sure you use consistent tense and formatting throughout the CV.

**Personal Statement:**

The thought of writing a personal statement may be less than thrilling, we understand! Your personal statement is an opportunity for you to briefly and honestly describe your background and to share what you are passionate about. Be sure to communicate your passion for pediatrics and paint a personal picture to stand out from hundreds of other qualified applicants-make the reader want to meet you.

Applicants typically explain why they originally became interested in a career in medicine and why they developed a specific interest in pursuing a pediatrics residency. If you know more specifics about your career plans and goals such as primary care vs. interest in fellowship training/subspecialty, community vs. academic medicine, etc. you should include this information as well. Applicants also often describe an extracurricular activity such as a research project or community service project during medical school or describe a patient case which particularly impacted or inspired them. You should also describe what makes you unique and why you would be a good choice for a residency training program. It is most important to show commitment to pediatrics and share how you are passionate about pediatric healthcare and dedicated and excited about becoming a leader in the field.
Generally speaking, the personal statement is not the time to take a creative risk. The personal statement should be professional, well-organized, and free of grammatical and spelling errors. You should limit your statement to one page. Plan to have a detail-oriented family member or friend proofread your personal statement to eliminate any grammatical errors, check for spelling mishaps spell-check did not catch and to ensure it reads well. After this revision, it is a good idea for you to have a pediatric advisor read your personal statement for additional advice before you finalize and upload into ERAS.

The Boston Combined Residency Program in Pediatrics (BCRP) at BCH and Boston Medical Center also offers applicants the opportunity to submit an addendum to their personal statement. There is no official “addendum” section within ERAS, so you can add the addendum to the end of the personal statement, and submit this version of your PS to the BCRP. The addendum is your opportunity to add some additional “color” to your personal statement by talking about other aspects of your life or career that are important to you – many people talk about other artistic endeavors, their family lives, or offer more details about their future career plans.

Letters of Recommendation:

Pediatrics residency programs require 3 Letters of Recommendation (LOR), with an option to submit a fourth. Generally, we recommend at least 2 letters come from Pediatricians. It is important to consider from whom you should solicit letters of recommendation. By far, the most important consideration is ensuring the person you ask for a LOR is someone who saw you in a good light, and can write a strong letter of support.

The table below reflects the opinions of Pediatric Program Directors regarding the perceived quality of LOR’s from various writers, on a scale of 0-5 (with 5 being “very highly” relevant).

| Table 1: Relevance of Letter Writers as Assessed by Pediatric Program Directors |
|--------------------------------------|-----------------|
| You should ask faculty to write you a letter at the end of a successful rotation. Your Sub-I course director will be experienced with letter writing, and is often a good person to ask for a letter. Any faculty member who knows you well and with whom you spend a week or longer working clinically in a pediatric advanced elective or medicine elective would also be a good person to ask for a letter. They should be able to comment in detail on both your personal qualities and academic performance, so ensure they know you well enough to write a strong detailed letter. |

If you worked with a faculty member on a research project or other scholarly activity such as an education, advocacy, community service or quality improvement project you could also ask for a letter from them to enhance your application. However, the three core letters should come from faculty who have directly observed your clinical work and can favorably write about your clinical skills. You should not request a Chair letter unless you are applying to Med Peds residency or unless you worked clinically with the Chair for a week or longer. You should not request letters from residents or fellows as their letters will not be as influential as those of faculty members.

Request letters at least 6 weeks before they are due to give faculty members plenty of time (ideally ask them by June). When soliciting letters, provide faculty members with copies of your CV, personal statement and ERAS cover sheet even if they are still in draft form. Some faculty members will want to sit down with you to learn more about your interests. This will enable him or her to address your short- and long-term goals in the letter. Accept this opportunity. You should waive the right to read your letters on the ERAS face-sheet. If you do not waive access reviewers will put less faith in the letters.

Verify your LOR’s have been submitted to ERAS in September. If a letter has not yet been submitted via ERAS by September 8th, contact the faculty member and politely remind him or her to upload before September 15th.
September 15, ERAS opens to ACGME-accredited residency programs and programs begin the review process to select applicants for interviews; applicants should finalize and submit their applications by this date, even if their letters are not all in.

**Medical Student Performance Evaluation (MSPE):**

The MSPE is required for all residency programs and the content is weighed heavily in the applicant review process. You may hear some people refer to this as “The Dean’s Letter.” The MSPE details your academic history and performance through your first three full years of medical school and as much of your fourth year as possible. The MSPE also includes an assessment of your professional attributes. Plan to complete an interview with your dean’s office to discuss the MSPE in May/June before you apply, and then review the MSPE when complete to ensure it is factually accurate. The MSPE release date (the date the document becomes available to programs through ERAS) is October 1 each year.

**Medical School Transcript/Grades:**

Programs will review all your grades but the Pediatric and Medicine clinical rotation grades are most important. You will also have recorded Departmental Summative Assessments from Pediatrics and Medicine.

**USMLE Score Transcript:**

Step 1 and Step 2 scores are sometimes used as screening tools by residency program directors to narrow the pool of applicants. Above average performance will help your application and increase the number of interviews you are offered especially at the larger more selective programs (average scores for matched students in 2016 were 230 on Step 1 and 244 on Step 2). Average or slightly below average performance will not help your application, but you will likely continue to be offered interviews at most of the pediatric residency programs to which you apply. History of failure of one of the exams or a borderline passing score will hurt your application and may decrease the number of interviews you are offered and therefore discussing with your advisor and applying to more programs would be recommended.

Figure 2: USMLE Step Score of US Allopathic Seniors Applying in Pediatrics 3

**Application Red Flags:**

- Lapses in professionalism during clinical clerkships
- Failure of a Step exam or no Step II score available to review by January
- Failure of a course or negative clerkship comments
- Late submission of your ERAS application (submit by September 15th!)
- Weird/odd/offensive or poorly written Personal Statement
- Lack of commitment to pediatrics
- Match violations
- Vague letters of recommendations from faculty who do not know you well
- Rude behavior during communication with program coordinators or at interviews
- Unexplained gaps in your education
Finally, make sure to read through all the components of your application to make sure everything ties together nicely and tells the story of you and why you are choosing a pediatric residency. Ask someone who knows you well to also proofread and provide feedback on how well you are portrayed by the overall application.

**HOW MANY PROGRAMS AND WHICH ONES?**

As you begin to consider this next phase in your career, make sure to examine both professional and personal priorities. Location is often a strong consideration for applicants, and many also weigh career opportunities for their life partner if applicable, competitiveness of the program, fellowship opportunities following residency, expertise of the program in academic areas important to you (e.g., research, advocacy, QI, Med Ed, etc). Consider the size of program which fits best with your personality and matches best with your goals and learning style. Programs range from 4 to more than 50 residents per year. Smaller programs often offer more individualized attention and perhaps closer relationships with faculty members. Larger programs often offer more options for clinical training venues, such as continuity and subspecialty clinics, electives and hospitals. They also tend to have a larger body of faculty with more diverse clinical specialties. Discuss these priorities with your advisor, and be prepared to share your grades, details of your extracurricular activities and career interests, so s/he can best advise you regarding programs.

The most common programs to which HMS students applied for pediatric residency from 2014-2018 in alphabetical order include:

- Baylor College of Medicine (Houston) Program, Houston, TX
- Boston Combined Residency in Pediatrics: Boston Children’s Hospital and Boston Medical Center, Boston, MA
- Brown University Program at Hasbro Children’s Hospital, Providence, RI
- Children’s Hospital of Oakland, Oakland, CA
- Children’s Hospital of Philadelphia: University of Pennsylvania, Philadelphia, PA
- Children’s Hospital Los Angeles, Los Angeles, CA
- Children’s National Medical Center: Washington D. C.
- Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
- Icahn School of Medicine at Mt Sinai, New York, NY
- Johns Hopkins University: Baltimore, MD
- Massachusetts General Hospital for Children, Boston, MA
- McGaw Medical Center of Northwestern University, Chicago, IL
- New York Presbyterian Hospital (Columbia), New York, NY
- New York Presbyterian Hospital (Cornell), New York, NY
- Stanford University, Palo Alto, CA
- Tufts Medical Center, Boston, MA
- University of California (San Francisco) Program, San Francisco, CA
In general, consider applying to 12-15 programs and planning to interview and rank 10 programs. For students with less competitive applications or who are couples matching (especially with a partner who has a less competitive application or who is applying to a highly competitive specialty), you should aim to apply to more programs and include some less selective programs in your pool.

Table 2 lists HMS-specific data regarding the application process. You will note the comparatively lower number of programs applied to by Pediatrics applicants. And even so, the most common advice from students who had just matched in Pediatrics was, it would have been OK to apply to fewer programs. “If you’re applying in Peds, you may apply to fewer programs than your friends applying to other specialties or your friends who are couples matching! That’s OK!”

Table 2: Data from 2017 HMS Match by Specialty (HMS internal data)

<table>
<thead>
<tr>
<th>Total Cost</th>
<th># students</th>
<th>% total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0-500</td>
<td>1</td>
<td>8%</td>
</tr>
<tr>
<td>$501-1000</td>
<td>1</td>
<td>8%</td>
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<td>5</td>
<td>42%</td>
</tr>
<tr>
<td>$2001-3000</td>
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</table>

Figure 3: Probability of US Allopathic Seniors Matching to Pediatrics by Number of Programs to which Applied

Your Pediatrics Advisor can help you consider to which programs you should apply based on your various personal needs and preferences, your career aspirations and your competitiveness as an applicant. We have developed a list of the most common programs applied to and matriculated at by recent HMS graduates, and are happy to share this Excel spreadsheet with you at your Pediatrics Advisor meetings.

Table 3: Total Interview Costs for HMS Students Applying in Pediatrics (2016-2017) (HMS internal data):
THE INTERVIEW DAY

One recent HMS graduate said it well, with the observation “Peds interviews are fun and non-stressful!” With that said, here are some tips on preparing for the interview day:

Preparation is important. Take advantage of the HMS prep session and schedule mock interviews with your advisors. Read each program’s website and learn more about the program and their leadership before you arrive. Be consistently respectful and courteous to the administrative team who schedules your interview. A negative comment from an upset or offended administrator can quickly sabotage your otherwise excellent application. Dress professionally and appropriately for the interview day. Avoid revealing, loud or flashy clothing as extremes of dress may attract exactly the opposite kind of attention you desire. Men should wear a conservative business suit with dress shirt and tie and women should wear a professional dress or a business suit.

The interview day can seem very long, and you typically have 2-4 interviews during the day although the specific number and timing of the interviews varies by program. You also usually have breakfast, attend a general presentation about the program, take a tour of the facilities and you are typically provided with lunch. You will often attend an educational conference or join part of patient rounds. There is usually also a social gathering which could include dinner or a happy hour depending on the program. Remember Happy Hours/Dinners and Lunches are part of the interview and programs weigh current resident and chief resident feedback about applicants very heavily (although almost every program will say that the social events are not evaluated as part of your interview). This is also a great opportunity to learn more about the programs and residents are often very happy to speak about their respective program. Ultimately, the program is trying to answer the question of whether they would be comfortable with you caring for their patients and whether they would enjoy working directly with you, so present yourself well and be present and engaged throughout all activities of the interview day.

Interviewers will ask you some questions to explore a bit of how you think, and to get to know you better. The interviewer might ask how you would handle a difficult situation or ask you to discuss a memorable patient or a medical mistake. Be prepared to discuss any experience you have listed on your ERAS application/CV in depth and in a positive light. If you do not want to talk about a specific experience in depth or you are not proud of the outcome and do not think you could discuss the lessons learned in a positive light, then you should leave this experience out of your ERAS application and CV. If you have overcome specific hurdles to get to where you are now, this would be a great topic to discuss to demonstrate your resiliency. The interviewer will also ask you what you are looking for in a residency program to try to see if your values and goals align well with that specific program. Interviewers are not allowed to ask you where else you have applied; however, they will likely try to evaluate the specific reasons you might want to come to their city or their program so be prepared to discuss why you chose to apply to each specific program. During the interview, try your best to relax and be yourself and
remain attentive throughout the interview. Bring several questions to pose to every faculty member and resident with whom you interview.

Stay away from issues of salary, number of call nights, and perks, including book funds (these can easily be found out from the residents or the website). Avoid questions about any conflicts, problems and politics at any level (unless it directly impacts education). Steer clear of comparing or criticizing any program or institution – the pediatric graduate education world is smaller than it seems. Avoid appearing indifferent and fatigued particularly towards the end of the day and remain on your very best behavior. Be humble and avoid arrogance. Avoid inconsistencies in your responses to different interviewers. Do not chew gum, slouch in your chair or say “yeah” or “nah” when talking with interviewers. Avoid assuming too great a familiarity with the residents and avoid overly casual comments or flirting.

While it certainly is your time to shine, it’s also your opportunity to assess the program itself and your fit with its residents, faculty, institution, and community. They want you to learn about them as much as they want to learn about you.

After each interview day, write down your “gut” feeling about the program and other important thoughts and details in a journal or spreadsheet about how the program compares to others. Some people find it helpful to verbally “journal” their feelings by discussing with friends and/or family. After the interviews, write thank-you notes/emails and express your interest in the program. Make sure you ask for the business card of your interviewers so you have their contact information. Thank you notes are very much appreciated. Remember to acknowledge the residency coordinator in this regard. Most programs appreciate either a handwritten note or an e-mail.

If you accept an interview early in the process but decide later you don’t wish to interview with that program, let someone in the program know as soon as possible. Programs often have waiting lists for applicants they were unable to schedule, so this will allow them to invite another candidate. Releasing the interview you’re no longer interested in reflects well on you and Harvard Medical School and it gives another worthy candidate an opportunity.

**MAKING YOUR RANK LIST**

After you have completed your interviews, you will need to take stock of the various factors you have analyzed. In addition to your initial considerations, such as location, quality of clinical and academic training, and program size, you can now factor in experiences from your interview including your perception of the camaraderie among residents and between residents and faculty/fellows and living conditions in the areas around the hospitals. Don’t underestimate the importance of your “gut” feeling you would fit in well at a given program. As one student said: “Go with your gut for ranking programs, try not to be swayed by numbers, especially if all of the programs are highly ranked. Also, familial issues are important.”

Your pediatrics advisor would be happy to act as a sounding board for your ideas, and you may consider reaching out to former HMS students who are current or recent graduates of the residency programs you are considering.
SPECIAL SITUATIONS and FAQ’s

1. I am planning to Couples Match? What else do I need to know?

The Couples Match is a great option for partners who wish to pursue residency training in the same (or nearby) city. The application and match processes do become a bit more complex though, so in addition to having open and honest conversations with your partner about your priorities, it will be important to discuss the process with your advisors. In general, people applying through the Couples Match will apply to and interview at more programs. You will then submit your rank list as matched pairs (i.e., rank 1 is Partner A to Program 1 and Partner B to Program 2; rank 2 is Partner A to Program 3 and Partner B to Program 2, etc). Many couples choose to end their list with one partner not matching (i.e., rank 20 is Partner A to Program 1 and Partner B unmatched). You can also rank programs geographically distant from each other. This process will be one about understanding one’s own priorities and about compromise!

2. Where can I get more information on the combined residency programs like Peds-Genetics or about the Research pathways?

You can start by contacting the Pediatrics Advising Point Person at MGHfC, BCH or CHA, who will help direct you to current residents and residency Program Directors in those combined programs and specialized tracks.

3. What do I do if I need to stay within a tight geographic area?

Outside life circumstances may require you match within a specific geographic area. Fortunately in Pediatrics, there are lots of great residency programs in which you will receive high quality training. Talk with your advisor and research some of the smaller programs within a reasonable commute. Consider expanding your search slightly beyond the city limits (e.g., if you need to stay in the Boston area, consider whether the programs in Worcester or Providence would be an acceptable commute).