

# Year 4 Curricula Suggested

by

UC Davis Residency Programs

Effective April 23, 2013

# ANESTHESIOLOGY

- Which rotations should be considered "absolutely essential?"
  - ANE 460, they should be assigned early in the year well before the match
  - They could do a second external rotation in anesthesiology (not essential but it helps to confirm their interest)
  - ANE 463 - multidisciplinary pain medicine (particularly if they are interested in the possibility of a pain fellowship)
  - Pulmonary medicine - critical care
  - Cardiology
  - General medicine
  
- Which rotations should be considered "recommended"; a good idea but not generally viewed with a high level of importance in their application package?
  - Emergency medicine
  - Pediatrics
  - Research elective
  - Surgery trauma - critical care
  
- Are there any other experiences that would be useful to help their application packet?

Richard Rivera, our IOR for ANE 460 established a Student Interest Group (SIG) that has students from all years participating. This is a very useful tool for students who may be interested in anesthesiology. There is considerable peer support in the group. Not all are interested specifically in anesthesiology but they get an opportunity to hang out in the CVC and develop some acute care management skills (airway, IV's, resuscitation, etc.) I don't think this is formalized in any way but I know there are others doing similar things. You would not want to formalize a SIG in any way but students should be aware they are out there and accessible for those interested.

# DERMATOLOGY

As is true for many other specialties, competition for a position in a dermatology residency program is very high. However, with sufficient motivation, most students who really want to enter dermatology can end up achieving their goal. Here are some things that one can do to enhance this possibility.

Pick a mentor in our department just as soon as you realize that you would like explore a career in dermatology. Names of faculty members who are willing to serve in this capacity can be obtained by emailing our Residency/Student Coordinator Laurel Sorensen [laurel.sorensen@ucdmc.ucdavis.edu](mailto:laurel.sorensen@ucdmc.ucdavis.edu)

You will need to take the dermatology clinical elective early in your fourth year. We give priority for this elective to students who are considering a career in dermatology. Here too, email Laurel Sorensen as early in your third year as possible. Where feasible, it is also desirable to take a second, different, dermatology elective as well. That can be done within our department or at a different medical school. Which other electives you take is not critically important. However, areas like plastic surgery, infectious diseases, rheumatology and allergy/immunology, will prove useful to you later in your career.

Get to know as many dermatology faculty members as you can during your elective(s). Since all applicants look similarly good “on paper”, students with really good personalities and who are well known have a real edge.

Try to find one or more projects that can lead to publication. Keep in mind that several small, doable projects are usually better than one large project that might not be completed by the time of your application.

Because of the large number of applications received by every dermatology residency program, most programs use one or more items for screening purposes. Here are some of the items used: a score on USMLE Step 1 of 230 or higher, honors in at least four of six third year clerkships, AOA membership and several publications submitted, or accepted, for publication.

If you fail to meet two or more of these screening criteria and still really want to do dermatology, consider extending for a fifth year in order to do either clinical or basic research on a full time basis.

Finally, apply to at least 50 programs and accept as many interviews as you can. On average, those students who receive fewer than five interviews most often don't match whereas those who receive ten or more, usually do match.

# EMERGENCY MEDICINE

*Because of the broad nature of the field, the more variety of electives, the better the preparation for residency training in EM.*

➤ Essential

- 2 EM rotations - both with an EM residency program, usually one here at UC Davis (EMR 440/470) and one externship. Discuss with EM advisor to decide where to go based on geographic preference and application strength.

➤ Recommended

- 1 or more rotations in Intensive Care Unit (*MICU preferable, OK to do SICU*)
- Neurology
- Cardiology (*CCU or consult*)
- Radiology (*Focus on the essential CT, X-Ray, and US*)
- Orthopedics (*OSU 428 - the UCD 2wk rotation is very high yield and relevant to future EM residents*)
- Anesthesiology (*ANE 460*)
- Toxicology (*EMR 430*)
- Ophthalmology (*OPT 442*)
- ENT (*OTO 450 or 460; very flexible to student's future goals*)
- any Internal Medicine specialty electives (*ID, Consults*)
- Surgery electives (especially Trauma)

# FAMILY AND COMMUNITY MEDICINE

*\*The breadth of this field is such that it is hard to make any firm recommendations, these are just some suggestions.*

- AI in Primary Care oriented field is ideal
  - Family Medicine
  - Internal Medicine
  - Pediatrics, etc.
  
- Useful subspecialty rotations to be considered
  - An advanced outpatient primary care rotation (generally Family Med.)
  - Dermatology
  - EKG reading
  - Radiology (practice reading plain films primarily)
  - Orthopedics/Sports medicine (outpatient oriented rotations primarily, ideally with fracture evaluation and splinting/casting)
  - Emergency Medicine
  
- Depending on student's interest, some other subspecialties to consider
  - MICU (if they want more confidence in caring for very sick people)
  - CCU/Cards inpatient (if they want more experience in taking care of acute coronary syndrome/chest pain/etc.)
  - OB/Gyn elective, L&D experience (if they have a strong interest in OB/women's health)
  - Medical subspecialties they feel weak in or interested in (e.g. lots of students take nephrology because it's a well-taught elective and also they feel like they never really mastered the knowledge base in the preclinical years)
  
- Recommend students to visit the American Academy of Family Physicians web site resource called the Virtual Family Medicine Interest Group for further guidance
  - <http://fmignet.aafp.org/index.xml>

# INTERNAL MEDICINE

## ➤ Internal Medicine Program Tracks

- Categorical IM. Residents can go into any field from this track—hospitalist, subspecialty fellowships, or primary care. Inpatient training tends to be emphasized.
- Primary care IM. Some programs have a separate match (e.g. UCD) while others have “tracks” that residents pick after they get into the categorical program. Emphasizes the outpatient experience.
- Preliminary IM. For residents that need 1 year of medicine training before moving on to their specialty (e.g. Neurology, Anesthesiology, ER, Rad Onc, Radiology).
- Combined Training Programs. Longer programs but learn two specialties. Can get boarded in each upon completion. Separate match. Medicine-Psychiatry, Medicine-Pediatrics, Medicine-ER, Medicine-Dermatology).
- Research Track. Combined with fellowship.
- Special tracks. Many programs have tracks that meet resident interests. Examples: Research, Community Health, Underserved Populations (e.g. TEACH), Education.

## ➤ Global skills needed for residency:

- Strong communication skills with patients, nurses, hospital and clinic staff.
- History taking: ability to take a thorough complete history, including knowing the red flag questions to ask to help rule in or out serious disorders (requires a solid medical knowledge database)
- Physical examination skills: ability to do head-to-toe exam, especially heart, lung and abdomen, but also skills in neurologic, eye, musculoskeletal, and genital/pelvic exams that students often feel weak in.
- Knowledge and Clinical Reasoning skills: ability to summarize cases, recognize patterns of disease, know common differentials for common complaints and exam findings, understand principles of test interpretation (pretest and posttest probability, sensitivity, specificity)
- Management skills: ability to organize and PRIORITIZE problems and data

## ➤ Specific skills needed:

- CXR interpretation
- EKG interpretation (read *The Only EKG Book You'll Ever Need*)
- ABG and acid/base interpretation
- Renal panel, CBC and LFT interpretation

➤ Helpful skills to have:

- Ventilator management (basics)
- PFT reading (basics)
- Venipuncture
- IV insertion
- Arterial puncture
- Suturing

➤ Residents get exposure to the following procedures: lumbar puncture, paracentesis, thoracentesis, arterial lines, central lines, arthrocentesis, joint injections and codes.

➤ Common Disorders:

Pneumonia	CHF
COPD	CAD
Asthma	Acute Coronary Syndrome
Sinusitis	Chest pain
Allergic rhinitis	Hypertension
URI	Stroke/TIA
Otitis media and externa	Peripheral vascular disease
Pharyngitis	Hyperlipidemia
Tobacco abuse	Acute pancreatitis
DVT/PE	Acute hepatitis
Diabetes type I and II	Cirrhosis
DKA and HONK	Upper and lower GI Bleeding
Hypothyroidism	Abdominal pain
Hyperthyroidism	Diarrhea
Osteoporosis	GERD
Sepsis	Vaginal bleeding
Acute kidney injury	Menopausal symptoms
Chronic renal failure	Birth control
UTI/Pyelonephritis	Alcohol withdrawal
Prostate cancer	Other substance abuse
Breast cancer	Depression/Anxiety STDs
Lung cancer	Back/knee/shoulder pain
Anemia	Headache
Leukemia/lymphoma	Cancer screening tests
HIV	Care of the older adult
Adult immunizations/prevention	

➤ Suggested rotations in 4<sup>th</sup> year:

- Do NOT do your IM residency in your 4<sup>th</sup> year. Take advantage to broaden your horizons and experiences. Do non-medicine rotations, do international rotations ! Branch out.
- Acting Internships: all applicants should do an AI on Ward or ICU medicine. In general, prelim applicants should do this as well – it will you more attractive to some programs.
  - Do this in early 4<sup>th</sup> year so that you can get a letter in before October 1<sup>st</sup> if possible.
- Away rotations: These are not necessary for IM like they are for, say, Ortho. You may want to do it to check out a place you are considering but do not know much about. Or, you may want to go to a really competitive place – doing an audition and doing well might improve your competitiveness there.
- An MICU rotation is a very helpful rotation because it exposes students to really sick patients, allows opportunities to learn procedural skills, ventilator management, pressor use, CXR reading, goals of care discussions, and close teamwork in the ICU.
- Do one or two IM subspecialty rotations. There are numerous rotations but the most popular ones include: infectious diseases, nephrology, cardiology (CCU or consults), pulmonary, endocrinology (a good outpatient subspecialty experience). You might also consider the EKG elective.
- Choose other rotations that cover important topics, but which you may not get much of in residency: orthopedics or sports medicine, dermatology, palliative care, ophthalmology, office-based psychiatry, or radiology. Neurology and Womens Health/Gynecology are very helpful, patients with such issues are commonly seen in IM residency, yet students often feel unprepared. Learning a good neurologic and gynecologic/breast examination will be very helpful.
- CXR reading: it is valuable to learn this skill through either an MICU, Pulmonary consult service or Radiology elective
- Managing Outpatients: the IM Clinic at UCDCMC does not offer an elective for students. You may wish to get experience away from UCDCMC or a Family Practice rotation.

➤ The IM Residency Application Process:

- IM has a meeting every June-July to discuss the process with students – keep an eye out for that meeting.

**July**

Write personal statement and have someone (e.g. advisor) read it

**August-September**

Ask for letters of recommendation (2-3); give deadline of **October 1st**

Ask for Department (Chair's) letter (see below)  
 Register with ERAS and NRMP

### **October 1**

Dean's letter released. Programs will begin to review applications here. So have everything done!

### **Late October – January**

Interviews

### **January - February**

Rank lists must be submitted by applicants (and programs) around the 20<sup>th</sup> each year.

### **Match week:** (March madness)

Monday – Find out if you did not match

Tuesday/Wednesday – Supplemental Offer & Acceptance Program (SOAP) – if not matched

Friday – Match Day (everyone finds out where they are going)

#### ➤ Selecting a program

- FREIDA (Fellowship and Residency Electronic Interactive Database)  
<http://www.ama-assn.org/ama/pub/category/2997.html>
- Dr. Craig Keenan (IM Program Director) is happy to meet with people considering IM to discuss further. Contact [mark.biegaj@ucdmc.ucdavis.edu](mailto:mark.biegaj@ucdmc.ucdavis.edu) to set up an appt

#### ➤ Letters of recommendation

- You can ask for these at any time. Most letter writers would like to do it shortly after working with you. So ask sooner rather than later – they will remember you better.
- How many letters?  
 3 or 4 (read the residency program information, website), including the Chair's letter
- Department (Chair's) LOR – Required by all IM programs, including prelim programs.
  - Dr. Albertson does the Prelim letters -- contact [shani.bahati@ucdmc.ucdavis.edu](mailto:shani.bahati@ucdmc.ucdavis.edu) to set up an appointment to meet with him.
  - Dr. Henderson does all other IM letters (categoricals, IM-Psych, etc). Contact [amira.solarzano@ucdmc.ucdavis.edu](mailto:amira.solarzano@ucdmc.ucdavis.edu) to set up an appointment to meet with him.
- Whom to ask for a letter?
  - Most important – people who know your work well.

- Close clinical mentors (2 IM and 1 non-IM). Often will be from 3<sup>rd</sup> year clerkship, 4<sup>th</sup> year AI, or attending from consult or outpatient rotation
- Research or Community Service Mentors
- NOT residents, personal friends, family friends, or people who do not know you well, even if they have fancy titles
  
- How to ask?
  - “Would you feel comfortable writing me a strong letter of support?”
  
- General advice
  - Waive the right to see letter (if you don't, it's a red flag)
  - Make it easy for the letter writer:
    - Arrange a meeting.
    - Give them your CV, essay, letter request form with mailing directions and your AAMC ID#, stamped envelope addressed to UCD Dean's office.
    - Give them enough time to write the letter of recommendation (allow 3-4 weeks). Letters should arrive at program no later than Nov 1<sup>st</sup>.
    - Verify with Lao Thao that your letter has arrived. Write thank you note for the letter, which may also remind the letter writer to complete it.

# NEUROLOGY

Neurology is a very broad field, encompassing care across the lifespan from birth to old age, with practice settings ranging from the outpatient clinic to the neuro-intensive care unit. Neurologists may also practice in one of a large number of subspecialties, including vascular neurology, epilepsy, behavioral neurology, neuromuscular medicine, neuro-oncology, critical care neurology, child neurology and others.

**Adult neurology** training requires four years of training. The PGY-1 year is in internal medicine, followed by a 3 year advanced program in neurology. Residency programs **categorical** positions (PGY1 internship and PGY2-4 advanced years in neurology) and/or **advanced** positions (PGY2-4 years in neurology). For the latter, the student must apply for and match into a PGY-1 program as well as the advanced neurology program.

**Child neurology** requires 5-6 years of training. There are two typical pathways. The first, requires 2-3 years of Pediatric training followed by a 3-year fellowship in Pediatric Neurology, which includes 1 year of Adult Neurology. The second pathway is after completion of 4 years of Adult Neurology residency, the resident would switch to Pediatric Neurology and complete one year internship in Pediatrics and three years of Pediatric Neurology training.

**Students who are interested in neurology** should contact the neurology clerkship director Dr. Norika Malhado-Chang, residency program director Dr. Vicki Wheelock, or child neurologist Dr. Celia Chang for mentorship and advising. The neurology education programs manager is Lori Simperman, at (916) 734-3514, or [lori.simperman@ucdmc.ucdavis.edu](mailto:lori.simperman@ucdmc.ucdavis.edu).

**Third year students:** Students interested in adult or child neurology have the opportunity to rotate for 2 weeks on the child neurology service during the **3<sup>rd</sup> year pediatrics** rotation. We will accept third year students for **NEU 450** once they have completed internal medicine. Please note that students who choose this option will need to defer one month of their 3<sup>rd</sup> year requirements into the 4<sup>th</sup> year, with approval from the school of medicine.

**Fourth year students:** We strongly encourage all students who are interested or possibly interested in neurology to take **NEU 450 early in the 4<sup>th</sup> year**, and to consider doing **NEU 452, sub-internship** in neurology. Students may also consider doing a third “away” elective in at a strong training program to which they plan to apply.

**Additional recommended 4<sup>th</sup> year electives** include: internal medicine sub-internship, cardiology, ophthalmology, neuroradiology, otolaryngology, rheumatology, PM&R, and pain management.

**Applicants** to neurology should have completed **at least 2 rotations** in neurology, ideally early in the 4<sup>th</sup> year. Applicants should seek **at least 2 and possibly 3** letters of recommendation from neurology faculty members.

Because less than half of neurology residency slots are categorical (with internship at primary neurology site), students are strongly encouraged to **apply to at least 8-10 preliminary**

**programs.** An additional letter of recommendation from internal medicine or primary care is strongly recommended.

**Letters of recommendation** should be written by an attending who directly supervised you. Please ask the faculty member if they would be willing to write a strong letter your behalf. You should waive the right to review this letter. Always provide the attending with a copy of your CV and your personal statement describing your interest in neurology.

**Fourth year students who are interested in the following fields are also strongly encouraged to take NEU 450: emergency medicine, family practice, internal medicine, neurosurgery, ophthalmology, otolaryngology, pediatrics, PM&R and psychiatry.**

# NEUROSURGERY

The residency application process is very competitive, there are approx. three times as many applicants than PGY-1 positions nationwide (140), the level of applicants is incredibly high (on paper at least). Residency application goes to a central match specific for neurosurgery in San Francisco, with early results (late January).

- Necessary are two rotations (one outside UCD, e.g UCSF or UCLA, Loma Linda) in neurosurgery.
- Helpful would be any other surgical specialty where the evaluator could comment on the student's "talents" in the OR
- Neurology is, of course, useful

To stand a chance, one needs at least 3 of the following 4

- Very good recommendations from the chair and the chief or senior resident from the neurosurgery rotations one has done.
- Medical board scores above the 90th percentile
- One article in a major journal or two articles in second tier journals (can be any field, even outside medicine).
- "Proof" of creativity and/or craftsmanship (interesting paintings, is or has been -almost- professional piano player, built wooden boat or a violin from scratch etc).

Dr. Shahlaie and Dr. Muizelaar are always available to advise students who are interested in neurosurgery.

# OBSTETRICS AND GYNECOLOGY

The Department of OBGYN at UCDMC recommends that competitive students do 1-2 electives in OBGYN.

- May –September should consist of rotations that will get you good letters of recommendation (lots of one-on-one time with faculty) or get you interviews at specific programs:
  - OBGYN acting internships or electives
  - ICU (medical or surgical), Advanced Medicine or Surgical Subspecialties
  - Away rotations (which function as “Auditions” for a desired program at another institution) – the season for away rotations may extend until November.
  
- After September, rotations should prepare you for residency. The following senior curriculum and electives are recommended by the Association of Professors of Gynecology and Obstetrics:
  - Elective in Obstetrics and Gynecology that will get you technical skills for internship
  - Intensive Care Unit (surgical or medical)
  - Advanced Medicine or surgical subspecialties
  - Dermatology
  - Emergency Medicine
  - General Medicine, with emphasis on Outpatient Management
  - Gerontology
  - Infectious Diseases with special emphasis on Adult Sexually Transmitted Diseases
  - Neonatal Intensive Care Unit
  - Radiology – imaging of the abdomen and pelvis
  - Obstetric Anesthesia
  
- Be aware that November and December are not good months for heavier electives or out-of-town electives as many faculty may be out of town, and the bulk of interviews occur during these months.

Further information on the process can be found on the APGO Website:

<http://www.apgo.org/binary/ResidencyProgram.htm>

# OPHTHALMOLOGY

As hybrid medical/surgical specialists, prospective ophthalmologists need a comprehensive grounding in general medical and surgical skills. Students considering a career in Ophthalmology should consider contacting Dr. Annie Baik directly if they would like help in planning their fourth year program. Learn more about the Department of Ophthalmology & Visual Science by visiting our website <http://www.ucdmc.ucdavis.edu/ophthalmology>.

Prospective ophthalmologists should consider a straight medical or transitional internship.

➤ During Third Year of Medical School:

- 4 week rotation in Advanced Ophthalmology
- Possible research rotation (helpful but not mandatory)

➤ During Fourth Year of Medical School:

- Important to maximize rotations in general medicine during the fourth year that closely interface with ophthalmology and provide its medical underpinnings.
  - Neurology
  - Endocrinology (diabetology)
  - Rheumatology
  - Dermatology
  - Neuroradiology

# ORTHOPAEDIC SURGERY

Orthopaedic residency positions are extremely competitive. In order to receive an interview, successful candidates usually have the following characteristics:

- Outstanding interpersonal skills
- USMLE Step I of >240
- Honors in most of the 3rd year clerkships
- A clear evidence of a passion for orthopaedics, i.e. taking multiple Orthopaedic AI Rotations, etc. Take at least 1 Orthopaedic AI rotation here at UC Davis and rotations at other programs where you might be interested in applying. You should perform at 100% of your capacity during these rotations.
- Advisor in Orthopaedics or at least speak to someone in the Department of Orthopaedics as you will need an advocate for your cause.
- Participation in a small meaningful research project is suggested

Suggested rotations:

- at least 1 Orthopaedic AI rotation
- Bone Radiology
- PM&R
- Anatomy SSM or other elective
- Emergency Medicine

Consider possibly delaying graduation in order to create a strong application if the student has not taken orthopaedic rotations by May-June. Without exposure to clinical orthopaedics prior to the start of the 4<sup>th</sup> year, a number of medical students are invariably missing out on a career in orthopaedics. If after a 4<sup>th</sup> year rotation in orthopaedics a student decides that they would like to pursue this specialty, usually their only real option is to delay graduation by a year in order to create a strong application.

## OTOLARYNGOLOGY

The UC Davis Otolaryngology – Head and Neck Surgery Residency Program is based at UC Davis Medical Center in Sacramento, CA. Our program provides comprehensive and robust clinical training in all major fields of Otolaryngology, including Otology, Neurotology, Head and Neck Oncology, Facial Plastic and Reconstructive Surgery, Laryngology and Voice Disorders, Sinonasal Surgery and Allergy, Maxillofacial Trauma and Reconstruction, and Pediatric Otolaryngology. In addition, our program provides residents with unique training opportunities in Skull Base Surgery, Microvascular Reconstruction, and Cleft, Craniofacial, and Vascular Anomalies. Our faculty organize and support many international medical missions with whom residents are routinely involved, including missions to Ecuador, Nicaragua, Zimbabwe, China, and the Philippines. We offer two secondary training facilities at Mather VA Medical Center and Kaiser South Hospital, where residents additionally train and gain knowledge of different healthcare systems and practices. Our residents are provided dedicated research time during which they design and execute both clinical and basic science research projects in conjunction with the faculty. We feel that our program offers its residents a rich and rewarding training experience from which they can launch as successful practitioners of our art and science.

Otolaryngology is a competitive specialty. Anyone with an interest in ENT should ideally meet with one of the faculty members during their first or second year. This will aide them with the knowledge of activities which can help them be more competitive. This does not mean someone who chooses Otolaryngology during the 3<sup>rd</sup> year is at a disadvantage. Students who would like to spend a day or two in the clinic or OR, to see if this is a good specialty for them, are welcome.

Anyone with an interest in Otolaryngology should request ENT as one of their optional rotations during their 3<sup>rd</sup> year General Surgery Clerkship. Those with a serious interest should do a 4 week Acting Intern (AI) rotation in the department. During the rotation the student will spend time with our faculty and residents in both the clinic and OR, participate in morning rounds, on-call, cleft panel, tumor board, otology lectures, journal club, and grand rounds. The student will give a 30 minute case presentation during grand rounds towards the conclusion of their rotation. In addition, during their rotation, the student is given an interview with our faculty.

The amount of anatomy students receive is becoming more and more limited. It is advised that anyone going into a surgical specialty to do extra anatomy dissections. This can be done as a TA or as a special studies module or independent study in the fourth year.

*The following are Otolaryngology courses being offered. To enroll, go to the 2013-2014 UC Davis General Catalog.*

**460. Clinical Otolaryngology Elective (3-18)** *(this rotation includes an interview with our faculty)*

Clinical activity—full time. Prerequisite: third and fourth year medical students with consent of instructor; open to graduate students. Approved for graduate degree credit. Total involvement in clinical activities of the department. (H/P/F grading only.)— (I, II, III, IV.) Diaz

*Other courses (interview excluded):*

**440. Otolaryngology Required Clerkship (3)**

Clinical activity—full time (2 weeks). Prerequisite: consent by Committee on Student Evaluation and Promotion. To provide fundamental knowledge of otorhinolaryngologic diagnosis and principles, develop facility with basic ENT instruments, provide an understanding of treatment for ear, nose and throat problems and provide knowledge of what patients should be referred for otorhinolaryngologic care.—I. (I, II, III, IV.) Diaz

**450. Fourth Year Otolaryngology Elective (6)**

Clinical activity—35 hours; lecture—2 hours; film viewing— 0.25 hours; discussion—1 hour. Prerequisite: third or fourth year medical student; consent of instructor. Participation in Otolaryngology Clinic and operating room. Evaluation and management of common Otolaryngologic diseases. (H/P/F grading only.)—(I, II, III, IV.) Diaz

**499. Research (1-12)**

Prerequisite: medical students with consent of instructor; open to graduate students. Approved for graduate degree credit. Participation in ongoing projects. (H/P/F grading only.)

# PATHOLOGY

- At least 4 weeks of Pathology, the UCD pathology elective course includes both anatomic and clinical pathology.
- As many surgical sub-specialty rotations as possible.
  - Surgical Oncology, Urology, Gyn-Oncology, Otolaryngology, etc.
- Other elective recommendations include
  - Radiology, Hem/Onc, any of the medical subspecialties such as GI, Nephrology, etc.

# PEDIATRICS

- Philosophy: In general, the 4<sup>th</sup> year should be a time for you to further your skills and demonstrate competencies in the areas of:
  - Patient ownership: learning what it means to take primary responsibility for your patients' well-being (including for example 'thinking about your patient even when not in the hospital')
  - Recognizing and coping with uncertainties in medicine
  - Working as a team member (the paradigm of 'shared responsibility' and therefore the need for effective communication skills to allow provision of quality care for patients), and
  - Recognizing the importance of providing seamless care to your patient (e.g. learning how to work with discharge planners for ensuring provision of care for patients being discharged, communicating with families/patients/primary care physicians around the time of and after discharge)
  
- We recommend that you get exposed to a wide variety of clinical experiences, many outside of pediatrics, since during your Residency you will get to see enough Pediatric patients! At the same time, some Pediatric exposure above and beyond the 3<sup>rd</sup> year clerkship is important. It will help you prepare for your transition from a medical student to an intern. Pediatric exposure also allows you to demonstrate your strengths to Pediatric Faculty which will facilitate getting recommendation letters, build your confidence and clinical skills.
  
- We recommend that you take your Step 2 CK early in your 4<sup>th</sup> year. Studies have shown improved scores for those who take their test within 4 months of finishing their 3<sup>rd</sup> year clerkships.
  
- General suggestions for rotations:
  - 4 weeks as an Acting Intern (AI) on one of the following Pediatric Services:
    - General Pediatric Wards
    - Pediatric Hematology-Oncology
    - Pediatric Intensive Care Unit
    - Neonatal Intensive Care Unit
  - One other Pediatric Rotation (preferably 4 weeks in length), such as a subspecialty elective (see Pediatric List below).
  - Consider doing an away rotation at the institution where you are (most) interested in pursuing a residency or a program that is different from your experience here (eg., community pediatrics program; large free-standing Children's Hospital – this will help you decide which type of program fits you best (academic vs community setting, small/medium/large program, free-standing children's hospital vs. children's hospital integrated in a larger hospital). An away rotation does not have to be an AI, but you want a rotation that allows you to interact with as many residents and faculty as possible and let you explore the program. You do not need to do any away rotations if you do not

want to. If you are slower to adapt to new situations and think it would take longer than a few days for you to get up to speed and shine in an away rotation, you may want to consider NOT doing an away rotation.

- Avoid spending more than 12 weeks total doing Pediatric rotations (the second list below includes non-pediatric rotations that will add breadth to your education)
- Talk to your advisor(s)/college director and/or someone in the Department of Pediatrics (IOR or the Residency Program Directors) so they can guide you in more detail.

➤ List of suggested pediatric rotations in addition to the aforementioned AI (choose 1-2) many offered at UC Davis or if not could consider as Away elective:

- Pediatric Cardiology
- Pediatric Nephrology
- Pediatric Infectious Disease
- Pediatric Gastroenterology
- Pediatric Pulmonology
- Pediatric Endocrinology
- Pediatric Neurology
- Pediatric Rheumatology
- Pediatric Ambulatory AI/urgent care
- Pediatric Emergency Department
- Shriner's Orthopedics and Burn Follow-up clinic
- Genetics
- Adolescent Medicine
- Developmental pediatrics
- Child abuse

➤ List of valuable non-pediatric rotations that will give you a broader and somewhat different perspective on patient care – you may elect to do some of these with a pediatric focus (eg. Pediatric radiology):

- Orthopedics
- Trauma Surgery
- Otolaryngology
- Ophthalmology
- Pediatric surgery
- Neurologic experience: Neurology or Neurosurgery
- Emergency Department
- EKG reading
- Radiology
- Allergy Immunology
- Physical Medicine and Rehabilitation
- Psychiatry

- Anesthesiology
- Toxicology
- High risk Obstetrics
- Dermatology
- Sports medicine
- Non-pediatric Intensive Care Unit experience: Medicine, Surgical, Burn
- Palliative care (with pediatric focus)

# PHYSICAL MEDICINE & REHABILITATION

➤ Suggested:

- PM&R AI - 4 weeks
- Neurology – 4 weeks
- Neurosurgery – 2 weeks
- Orthopedics – 4 weeks
- Rheumatology – 2 weeks

➤ Other Options:

- Dermatology
- Internal Medicine – ID
- Cardiology/EKG – 4 weeks
- Internal Medicine “Geriatrics” (inpatient/outpatient) – 4 weeks
- Pain – 2 weeks
- Urology – 2 weeks

# PSYCHIATRY

The Department of Psychiatry at UC Davis School of Medicine welcomes **all UCD students** who are interested in acting internships (AIs) and electives in the department of psychiatry.

- For students planning to apply to psychiatry residency programs, we recommend that senior students balance advanced psychiatry electives with rotations in other medical/surgical specialties (i.e., cardiology, neurology, radiology, emergency medicine, etc.)
- Advanced psychiatry electives early in the MSIV year can be strategic for the following reasons:
  - Helps solidify interest in the field
  - Allows time to build and strengthen mentorship relationships with faculty and residents
  - Time to process important career decisions
- You may want to consider “auditioning” at an outside department or program where you want to apply for residency training.
- You may consider engaging in a research / writing project with faculty in psychiatry and/or attending a national meeting in organized psychiatry such as the annual American Psychiatric Association (APA), Academy of Psychosomatic Medicine (APM), or the American Academy of Child and Adolescent Psychiatry (AACAP) meetings.

For any questions, please contact Dr. Lorin Scher (IOR, 4<sup>th</sup> year curriculum) at [lorin.scher@ucdmc.ucdavis.edu](mailto:lorin.scher@ucdmc.ucdavis.edu) or Morgan Luthi at [morgan.luthi@ucdmc.ucdavis.edu](mailto:morgan.luthi@ucdmc.ucdavis.edu)

# RADIATION ONCOLOGY

*\*Radiation oncology does not have a specific requirement for the 4<sup>th</sup> year curriculum.*

- Most applicants do two 4-week rotations in radiation oncology (usually one at home school and another as away rotation)
- A significant proportion of applicants do some type of publishable research during their rotation in radiation oncology.

# RADIOLOGY

Selection criteria are subjective, varying between institutions as well as academic versus community based programs. Radiology has become quite competitive in the last few years, resulting in many very qualified applicants. Obviously, the stronger the “whole package”, the better chance the applicant will be offered an interview. But in hopes of being more specific for the students here are some thoughts:

- USMLE scores, particularly Step 1, are important. Because of the large pool of qualified applicants, some programs will use a threshold value to consider applicants for further review of their file and invitation for interview. To be competitive for Radiology, most candidates average around 220 or higher. However, other factors such as clinical grades at a competitive medical school, and research experience may offset this. Once the applicant is granted an interview, this score bears little on the final rank.
- Strong letters of recommendation as well as a supportive Dean’s letter are critical in acquiring a Radiology residency position. This is because these letters reflect personal characteristics and life experiences of the applicant that can set them apart from the rest of the pool. Also, these letters tend to reflect outstanding performances either on clinical rotations, or research, and provide a glimpse of what it would be like to work with this individual. There are no hard and fast rules as to how many letters should be from a Dept. of Radiology versus other depts. such as Internal Medicine or Surgery. The applicant should ask those that know him best, and can write a genuine personal letter that will add to his application.
- Research in Radiology, while not necessarily mandatory, does help make the application stronger. We look for publications in peer-reviewed journals, with greater weight for first authored papers, especially if relevant to radiology, as well as presentations at scientific meetings, and awards. Because we are a clinically based program, we look for applicants that have demonstrated themselves in clinical rotations with a lesser emphasis on research.
- While there are no specific 4<sup>th</sup> year rotations that we look for, Radiology electives are always a good idea. This provides an opportunity for the applicant to become more familiar with the department, and form contacts for letters of recommendation and research opportunities. We also encourage students to rotate at the institution that they find most attractive for their residency. This can be based on geography, or its academic or clinical attributes. Rotating at the residency program the candidate is interested in allows them to determine if the program meets their expectations for training, and also allows the program to evaluate the candidate outside the brief stressful setting of the interview process.
- We do not heavily weigh involvement in student interest groups. However, they are great sources of information for the candidates and, again, allow contacts into the field of radiology. We look for focused candidates that are committed to the field, and these candidates usually have gained this commitment by involving themselves in Radiology interest groups.

- The Radiological Society of North America, the largest medical society for Radiology has free membership for medical students. Information is available at [rsna.org](http://rsna.org).
- Personal statement is important in the decision to extend an interview invitation. It should be personal, addressing the candidates' attributes and personal characteristics that would make them enjoyable to work with. The candidate should try to avoid generic explanations of what Radiology encompasses, as this does not add to their application.

# SURGERY

Recommended:

- Two 4 week acting internships in surgery or critical care, one here and one away
- Burn, Trauma, SICU, Oncology, GI, Vascular, Cardiothoracic or Pediatrics
- Exposure to Cardiology, Radiology, Emergency Medicine and General Internal Medicine
- Exposure to the SICU, if not done during the acting internship
- Possibly participation in a dissection class or anatomy SSM

# UROLOGY

Recommended:

- An ICU rotation
- 2 weeks anesthesia
- nephrology consults
- radiology
- externship at site having interest in gaining residency training.