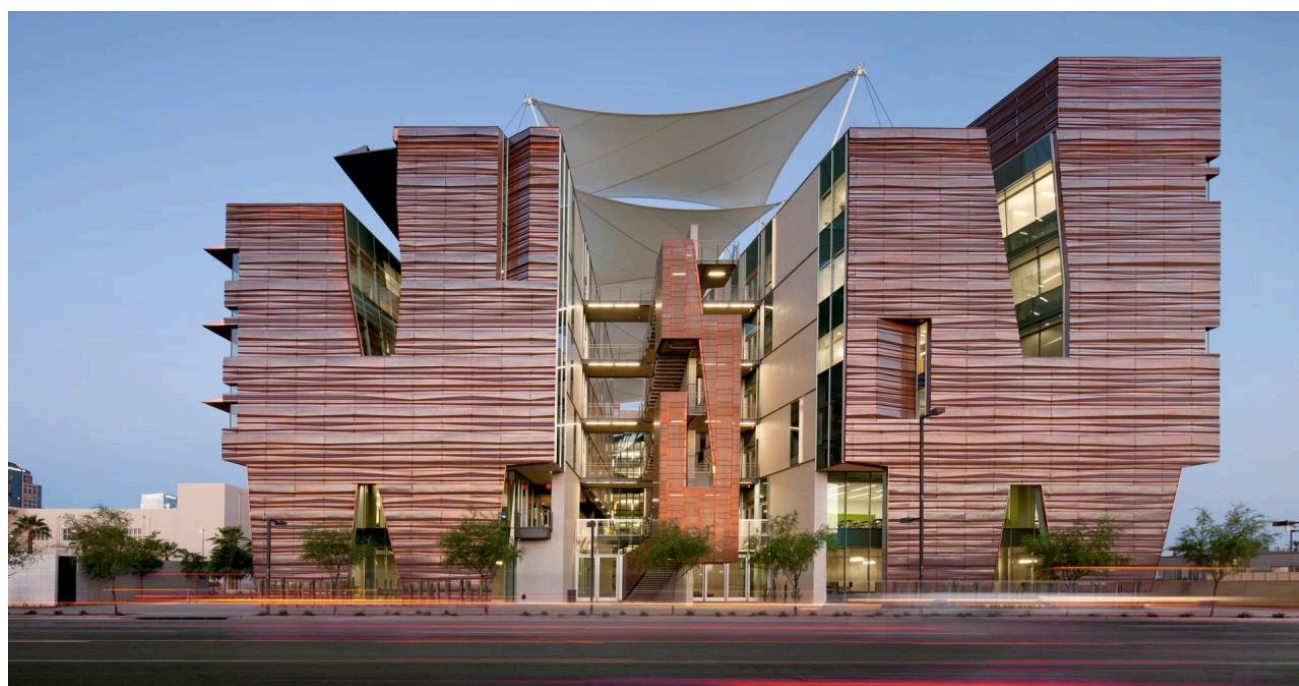




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Michelle B. Huddleston, MD

Med-Peds Program Director The University of Arizona College of Medicine – Phoenix



Dr. Huddleston grew up in New Bern, NC and went to undergrad and medical school at East Carolina University. She did her Med-Peds residency at Banner Good Samaritan/PCH and currently holds a faculty position at Banner Good Samaritan and PCH in the Med-Peds Program and is also the UArizona College of Medicine – Phoenix Med-Peds Program Director. She works as an academic hospitalist in the adult Internal Medicine group at Banner-University Medical Center Phoenix, with career interests in adolescent medicine and homeless youth. Outside of work, she is married with 2 young adult children. She enjoys experimenting with new recipes, riding her Peloton, paper crafting and traveling to new places!

What drew you to the field?

When I started medical school, I came in thinking I wanted to be a pediatrician. I actually did my Internal Medicine clerkship prior to my Pediatrics clerkship, and I was just blown away with the complexity of the patients - it felt like I was a multi-specialist because so many of the patients had multiple subspecialties involved with their care and I felt like I needed to know a little bit about a lot of different things. I like that detective work in dealing with the complexity of the patient. I then did my peds rotation, loved it and confirmed that I was doing the right thing. Then, I felt this dilemma about having to pick one. I knew about Family Medicine because in my med school there was a push to go into primary care and I was uncertain if I was interested in specializing or ultimately doing primary care or hospital-based work. We had a very small Med-Peds program at my school that took two interns a year. I was very fortunate that Dr. Newton was the Program Director at the time who was one of the very first Med-Peds residents. He trained at UNC Chapel Hill which is one of the very first Med-Peds programs. Med-Peds just celebrated our 50th year, so it's still a relatively new training experience and it's just so cool to have been a part of that. Once I got into residency, I was able to discover additional passions including teenagers.

How has your journey in medicine led you to this point in your career?

I have been very fortunate to have incredible mentors in my life. When I finished residency, I was so fortunate to be offered a faculty position at Good Samaritan (now Banner University Medical Center of Phoenix). I came on as a co-joint faculty between PCH and Good Samaritan. Through that role, I was able to find passions for teenagers and teen parents and had a lot of great mentorship that helped open a lot of those doors for me to develop different programs, write grants, get funding, and find the right team to do the things that really brought me joy.

What are your roles and responsibilities as a Program Director?

We currently have 24 residents in our program, so 6 interns a year, and my job really consists of helping provide them with the structured learning environment that they need. This means 2 years of Internal Medicine and 2 years of Pediatrics and giving them the guidance and mentorship to ultimately find their own individual career pathway. To me, that's one of the things that's so exciting about Med-Peds and being a Program Director. People who choose Med-Peds love everything, so as they find their way through residency, some of them have a hard time ultimately honing in on what they want to do. But we're able to build a lot of flexibility within their

schedules, giving them different elective options to ensure that they're happy with what they're doing at the end of that four-year journey.

How do you balance these responsibilities in your professional and personal life?

Some days are better than others. Some advice that one of my mentors gave me early on was to make sure that no matter what you're doing, you are happy to get up and do it each day. I have to say that this really has run true to me throughout my entire career. I find joy in all that I do, whether it's maybe less with some of the administrative reports that I have to do, but certainly engaging with residents and seeing patients and hearing their stories brings me joy. At the end of the day, it's incredibly satisfying for me, and I balance that with support at home with my wonderful husband and two daughters. I balanced that early on when my first daughter was born while I was in residency. I quickly learned to build a village of support around me. I have surrounded myself with incredible mentorship friends who are on the same journey as me and that keeps me balanced and well.

How important is it for current medical students who are interested in Med-Peds to be networking and forming connections in the field?

I think it's super helpful and there's lots of different ways of doing that. NMPRA, or the National Med-Peds Residency Association, is the best way to learn more about what Med-Peds training is. Also, get connected with other students that share similar interests, leadership opportunities, and learn about the different programs across the country. For students here at UArizona College of Medicine – Phoenix, reach out to me, I want to connect with you, our residents want to connect with you, and there's no better way to learn about a program than connecting with the residents and the leadership team. We also have a 4th year rotation that we offer for students that are interested in Med-Peds. It's ambulatory based, but again the schedule is flexible, and it's a great way to learn about our program, meet resi-

dents, and meet our faculty to find out if this is the right program for you.

Now that Step 1 has shifted to Pass/Fail, do you feel that research experience is important when applying for a Med-Peds residency?

As a Program Director, it's nice to see when students have some experience in research, but it is not an absolute. If you have presented a poster, that's wonderful. If you've done some work in quality improvement, that is definitely a plus. However, you do not have to come in with multiple publications as a first author to get into my program. It is important to know that every Program Director feels a little differently about this depending on where you're applying, so talking to residents who are in the program and what they've done to get into that program is important. It is helpful if you've had research experience because scholarly activity is part of the journey in your medical training, and you will be expected to

do that during residency, but if you don't have those skills coming in, we have a lot of support infrastructure built in to help you with that so you can be successful.

What are you looking for in the next generation of Med-Peds physicians?

For me, it's really people who are committed to come in and be their true best. If you're going to apply to Med-Peds, be committed and know that at the end of those four years regardless of if you choose to be a hospitalist, go on to fellowship, or go on to primary care, you should go sit for both your Internal Medicine and your Pediatric boards. You can apply to any adult or Pediatric fellowship, you can do primary care, you can work as a hospitalist in Peds or Medicine or both. This is such an amazing career opportunity where you can see anyone of any age group, and even if on day 1 of residency you have one idea about what your career looks like and it completely changes 360 degrees, you'll still be able to pursue it.

“This is such an amazing career opportunity where you can see anyone of any age group...”

Is there anything specific that students need to do to make themselves competitive for this field?

Ask people to write your letters of recommendation that have spent time working with you. This could be someone that spent a lot of time with you in clerkships or research. They can comment about your work ethic or your commitment to getting a project through the IRB. While many programs require a letter from a department chair, getting a letter from a department chair who's never worked with you and is only going to summarize what's already in your Dean's letter is of little help. I'd much rather get a letter from someone who has spent one or two weeks working with you during a clerkship where you've really done an outstanding job and they can comment on how you work with patients, how you interact with families, what your clinical knowledge base is, how you take that knowledge and use your clinical reasoning skills to come up with broad differentials, assessment, and plans. Those are the things that make great doctors and that's what we're looking for.

What are some important residency program factors that medical students should take note of when on the interview trail?

The important thing is recognizing that whatever program you go to, you're going to get a solid training. But also recognize that there are subtle differences in the culture of each program, find that program that speaks to you - Are the residents happy? Do they have an opportunity to engage with the leadership of that program and opportunities to leave that program better than the day they started? Each of you have your passions that you're already developing in medical school so ask yourself if you can continue to foster the things that brought you into medicine in this residency program. See if you feel a connection to the city and think about what your support system looks like and if it can exist living in that place. Something different about Med-Peds is that it is really two programs brought together. You

want to make sure that there's strong leadership in the Peds program and strong leadership in the Internal Medicine program and that the residents integrate well into both areas.

What fellowships are available after Med-Peds residency?

The amazing thing about Med-Peds is that there are more and more combined fellowships where you study adult and Pediatrics together if you really want to continue your Med-Peds experience in all age groups. Outside of that, you can apply for any Pediatric fellowship or any Internal Medicine fellowship. I think that's a credit to getting to be at a large institution that has a very busy children's hospital with lots of different subspecialty experiences. If you're contemplating fellowship, research is very important during your training, so trying to get involved with research as early as the beginning of your second year can feel burdensome at times, but it is critical. Being at a large institution that has a children's hospital and a university-based program, you have lots of opportunities for mentorship in a variety of different fields. Ask yourself what sort of opportunities are available for mentorship to help get you connected with the subspecialist in that field and just talking with the residents who have matched in fellowships to learn more about what their experience has been.

Any other advice you would like to share with students considering a career in this field?

If you're contemplating but still not sure, please contact me or any member of our leadership team. I think people feel intimidated about talking to a Program Director, but we are nice people and we are passionate about what we do! This is why I'm in this career and if you think it's even remotely interesting to you, then let me know. Let's get you signed up for the rotation or at least get you some exposure with any of our rotations. Our Med-Peds residents are also there so you can learn more about what we do as well!

- Amogha Koka, MS1

Donna L. Holland, MD, FACP, FAAP

Internal Medicine Program Director

The University of Arizona College of Medicine – Phoenix

Dr. Holland attended medical school at the McGovern Medical School at the University of Texas in Houston. She completed her residency training at the now UArizona College of Medicine – Phoenix Internal Medicine/Pediatrics Residency program, where she served as the first Med-Peds Chief Resident after completion of the program. She transitioned into the role of Med-Peds Program Director, a position she held for 23 years, while working clinically at Banner University Medical Center and Phoenix Children’s Hospital. In January 2020, she resigned from this position to take the role of the UArizona College of Medicine – Phoenix Internal Medicine Residency Program Director where she continues to promote leadership & skill development in her role as a clinical educator and a leader in medical education.



What led you to pursue Med-Peds? How did your medical school experience impact this decision?

When I went to medical school, my ideas of what I would ultimately do came from a place of my own experience. I grew up in a small town on a farm in Texas, so I didn’t have exposure to many mentors in medicine other than my Family Medicine doctor. As I transitioned into clinical clerkships, I kept an open mind but never forgot the reason that led me to medicine – which was a call to serve. In one of my first clerkships, I worked with a Med-Peds resident. I was impacted by this individual and drawn to them in a way that allowed me to see the opportunity training in Med-Peds could provide. I’d had no idea that Med-Peds existed prior to that experience. The more that I investigated the training path, the more I was convinced that this residency would allow me the breadth and depth of experience to serve a large patient population of any age with ample expertise and confidence so that I could be confident I knew what I was doing.

What is the difference between Med-Peds and other similar specialties like Family Medicine? How did these differences lead you to choosing Med-Peds?

While there are many similarities, there are some important differences between Med-Peds and other

paths such as Family Medicine. I can only speak from my own experience but on my first day of clinical clerkship, a young obstetrics patient I was taking care of had an amniotic fluid embolism and died. Subconsciously, that traumatized me and I realized that obstetrics and surgery were not a good fit. However, I would still like to be very versatile and skilled to meet the needs of a broad age range in a population with a depth of exposure and experience to allow me to feel comfortable providing high quality care. So as I investigated more into the training requirements of Med-Peds and Family Medicine, I found that Med-Peds is 4 years in length while Family Medicine was 3 years and the entire 4 year training period in Med-Peds is deeply focused in the practice of adult Internal Medicine and Pediatrics. Believe it or not, I really liked the fact that the training was a longer period of time, because when you go to medical school, you have already made the decision that if you want a career that is immediately gratifying and lucrative, medicine probably isn’t it. I had already made the commitment that I wanted to do something meaningful, and it didn’t matter that it involved an extra year of training because I thought that I could benefit from that year to learn a lot more.

How important is having mentorship as a medical student and/or resident? How did having mentorship shape your experiences?

Mentorship is such an essential part of success in medicine. I was fortunate to have had many mentors along the way. I would not be where I am today without the mentorship of so many of them. Each one played a pivotal role in my journey, as I learned from their experiences while they provided me with opportunities and challenges and believed in me at a time when I still lacked confidence in myself. I feel as though mentorship is such an under-recognized part of the journey of successful people. This strong community of mentors and colleagues has been a key to the success, impact and meaning I have had in my personal and professional life in medicine.

What was your journey to becoming a Program Director? What is the role and responsibility of a Program Director?

After four years of an incredible experience as a Med-Peds resident at UArizona College of Medicine – Phoenix, I was still learning so much and enjoying the teaching opportunities I was given. I really was not ready for my training to end, and so I created a position for myself to become the first Med-Peds Chief Resident to spend a 5th year with the program. My year as a Chief Resident was filled with challenges as a new clinician and a program leader; it was a steep trajectory of experiential learning. When the previous Med-Peds Program Director resigned, I was asked to take over as Med-Peds Program Director. I thought ‘I don’t know anything about being a Med-Peds Program Director.’ And to that, a mentor replied “Oh, I think you know more than you realize.” Again, this is the power of mentors that recognize something in you that you may not be able yet to see. I took the leap of faith and served in the role of Med-Peds Program Director for 23 years. This experience was invaluable to me as I made the transition to lead the Internal Medicine program, which is much larger and more complex, in

January of 2020 just before the onset of the COVID pandemic. The experience I had as a leader and the relationships I had made with colleagues along the way were so important during this time especially as we all worked together to meet the needs of patients while maintaining the safety and quality of our training program during the pandemic.

As Program Director, I am responsible for the oversight of the faculty, the training and competence of all the residents, ensuring patient safety, and building the clinical training experience in a way that prepares our residents for the challenges they will face as physicians. Recruitment of residents that maintain the culture of the program and continues to promote it’s excellence is pivotal in my success. If

“The most important thing I look for is someone who wants to make a difference using their talents, skills and hard work.”

you build the leadership team, recruit diverse leaders and residents around the mission, everything else will fall into place. Most people really want to do good work, and with the right support and opportunities, they will

step up to the challenges and make the program and themselves the best they can be.

What is your favorite part about being in the field of Med-Peds? What opportunities are there after a Med-Peds residency?

Being trained in both Pediatrics and Internal Medicine, I strongly believe that my experience and training in Pediatrics makes me a better internist, and my experience and training in Internal Medicine makes me a better pediatrician. Internal Medicine provides you foundational knowledge of pathophysiology, and the repetitive application of the knowledge in clinical reasoning format to make sound medical decisions. This is relevant regardless of patient age. Training in Pediatrics provides you so much of the relational aspect of medicine which includes family and the balance of patient autonomy. It’s all very challenging and interesting, and I wouldn’t trade it for anything. I love feeling versatile and well-prepared. Med-Peds training also provides you with many opportunities to find your niche area and develop expertise there.

When you complete your training in Med-Peds, you can practice as a generalist seeing kids and adults in ambulatory practice, you can see kids or adults in the hospital, you can be in a rural practice where you can do both, or you can apply to do any fellowship in Internal Medicine or any fellowship in Pediatrics. There are also some combined Med-Peds fellowships programs such as Med-Peds nephrology and Med-Peds infectious disease; there is even a fellowship that trains you to take care of adults with congenital heart disease. It is a great versatile training pathway.

What are you looking for in the next generation of Med-Peds physicians?

The most important thing I look for is someone who wants to make a difference using their talents, skills and hard work. Someone who wants to serve and understands the importance of taking care of themselves and building a support system. Medicine is always changing, so the actual skill set needed to be successful may undergo nuanced changes over time. However, one thing that has always been consistent is the commitment to serve in a way that you can take care of yourself and also be very fulfilled in your ca-

reer. This is important so you can have the longevity to have the impact you wanted to make when you first began this journey.

What is/are the most challenging part(s) about Med-Peds?

The honest fact is that you are trying to consolidate six years of clinical experience in Internal Medicine and Pediatrics into a four-year period in combined Med-Peds. So you always feel behind, which turns out to be a pretty good motivator. At the end of training, you will be board-eligible in two specialties which means you will need to prepare to pass two board certification exams and meet criteria to remain eligible to be board certified in both of these areas. It is a lot to keep up with but honestly, it is not that arduous if you are committed to the training pathway. There is a lot of misinformation about Med-Peds training, and people are quick to ask questions about why you are doing both. For me, this is a decision I have never once regretted, but everyone who is considering it, should spend some time gathering information and in self-reflection prior to undertaking this training path.

- Kennedy Sparling, MS1

Summary Statistics on U.S. MD Seniors Medicine-Pediatrics - 2022

	Matched (n=285)	Unmatched (n=26)
Mean number of contiguous ranks	11.9	3.3
Mean number of distinct specialties ranked	1.3	2.1
Mean USMLE Step 1 score	236	217
Mean USMLE Step 2 score	250	234
Mean number of research experiences	3.5	2.8
Mean number of abstracts, presentations, and publications	6.5	5.5
Mean number of work experiences	4.0	3.7
Mean number of volunteer experiences	10.3	8.2
Percentage who are AOA members	22.1	0.0
Percentage who graduated from one of the 40 U.S. medical schools with the highest NIH funding	30.5	19.2
Percentage who have a Ph.D. degree	2.2	0.0
Percentage who have another graduate degree	23.1	29.2

Source: National Resident Matching Program, Charting Outcomes in the Match: Senior Students of U.S. Medical Schools, 2022. National Resident Matching Program, Washington, DC 2022.

Judith Hunt, MD

Regional Site Director UArizona College of Medicine - Phoenix Rural Health Longitudinal Integrated Clerkship

Dr. Judith Hunt is a rural Med-Peds physician who has been practicing in Payson, Arizona for the last 27 years. Her practice is focused on children, adolescents, and women. She is originally from a small town south of Buffalo, NY. She served in the U.S. Coast Guard before attending medical school at the University of Arizona in Tucson. She completed her Med-Peds residency at Good Samaritan/PCH followed by a fellowship in adolescent medicine. She enjoys spending her free time outdoors and taking care of her many ranch animals.



Why did you choose rural Med-Peds? Which focus came first, rural medicine or Med-Peds?

I grew up rural and lived in a town of about 500 people, with many more cows than people. I knew very early, by the time I was 12, that I wanted to be a physician for a farming community. Even at age 12, I recognized there was a big disparity between the medical care that somebody in a city received versus someone in the country. During medical school, I spent my first summer in Nogales where I was able to work with an internist, watch his world, and hear about what he wished he had in his training. There, I realized rural medicine was its own specialty and that I wouldn't be getting that training in a big tertiary care center. During my 3rd and 4th year, I did as many rural rotations as I could, either in Nogales or on the Indian reservations. Those experiences helped me realize Med-Peds was where I needed to be. I wanted to be really solid in Pediatrics, but I also wanted to be able to take care of the moms and extended families. This meant I needed to be really solid in Internal Medicine as well.

What is the difference between Family Medicine and Med-Peds? Why did you choose Med-Peds rather than Family Medicine?

The difference for Med-Peds is that there are no delivery requirements and there is a greater depth of true Internal Medicine training and true Pediatrics

training. Honestly, there was absolutely no way I was going to do deliveries. I always had an inclination to follow the baby. My focus, even as a student on my OB/GYN rotation, was always on the baby. There was no way I could change that perspective. I truly am a pediatrician. I wanted that extra year (offered with Med-Peds) to have more solid training in Pediatrics and resuscitation as well as Internal Medicine. Now, my practice is solely children, adolescents, and women, and I love it.

How were you able to pursue your goal of practicing rural medicine?

In medical school, I was very direct in saying that rural medicine was something I wanted to learn. My attendings were very aware that my questions would be focused on "how would this look in a rural area?" Because I was able to voice what was important to me, they were able to modify some of their teaching. I think they recognized that was beneficial for the whole class. In residency, I had amazing mentors who were willing to take that extra step and support my desire to practice rural medicine. They kept their promise. They guided me in the approach to a rural patient and helped me think through care if I would be alone in some small town. One of my Pediatric attendings did clinic frequently in Payson. He invited me to join him as a senior resident. Every time he drove me up to Payson, he said, "this is where you belong" and he was right.

Can you tell me more about the Longitudinal Integrative Curriculum program in Payson?

Payson is where the Longitudinal Integrative Curriculum (LIC) started in Arizona. For the 27 years I have been up here, I have always had learners with me. During PAL block, students can come up and "audition" to see if they want to be a part of the LIC. Then, they spend their entire 3rd year up in Payson (about 9 months) and do their rotations here. It is designed for people who have an idea that they want to do something rural, so we can get them that specialty training early. 20% of our country's population is rural, so we are talking about one out of five people. Rural people do not have the voice or representation in research or how resources are allocated. I believe one-fifth of medical education should be pointed toward this one-fifth of the country's population.

LIC students are paired with patients in a longitudinal manner throughout their rotations. Learners experience Family Medicine, Pediatrics, emergency medicine, and surgery all at one time. The students end up with their own panel of patients, about 20, that they follow through the entire year. This idea isn't brand new. We have had programs like this in the country for over 40 years to address rural and underserved issues. Now, residencies have begun to seek out the longitudinal students because they are more self-motivated and independent adult learners.

This year we started one in Gila River and a mini one in Flagstaff. We are also planning to start our family and Internal Medicine residency up here [in Payson]. MHA Foundation and Area House Education Centers provide housing and food for students participating in the program. The housing is awesome, and the food is even better. It is an inter-professional program with PA, NP, and PT students as well from all over the country, including Tucson and Phoenix.

How has your community responded to the growing presence of medical education in Payson?

It has been exciting to see my community embrace medical education and recognize that the patients themselves truly are the educators. Initially, they really thought learners being here was kind of a novel thing, but now it's really a part of the culture. Sometimes the patients are disappointed now when I don't have a student with me. The patients become very attached to their students, and we joke that they have "concierge students". The other side of that relationship is that it is a great motivator for learning. It is no longer a patient with a disease. It is recognizing this patient has a name, and I will never forget this patient's name. It's a totally different aspect of learning.

How has your experience been living and working in Payson?

Payson is a town of 15,000 people which is much bigger than where I grew up. It's kind of like a metropolis to me. I was a single parent of a young child when I moved up here out of fellowship. My desire had been that my daughter would grow up in a rural area. There couldn't have been a better place than Payson. The community adopted us both. She was able to be a child with the outdoors as her world, and I am very thankful for that. We have horses, goats, sheep, chickens, ducks, and a mini mule that has just stolen my heart. It's awesome.

What is your work-life balance like as a rural Med-Peds physician?

Being a rural physician is not for the faint of heart. It's a small community and we will run into our patients in the store, the restaurant, and church so the work-life balance is a little different. We choose to be athletic directors, coaches for the swim team, or boy scout leaders because these are our kids, our neigh-

“20% of our country's population is rural... [and they] do not have the voice or representation in research or how resources are allocated. I believe one-fifth of medical education should be pointed toward this one-fifth of the country's population.”

bors, and our families. Do we feel like we ever fully go home? Probably not. There is always that thought of, "it's my neighbor" or "it's my daughter's best friend" and these are also my patients. It's a different perspective of medicine. This is why it is so important to have that early experience as a medical student in a rural area to see what this world looks like. I want people to have "informed consent" as to what kind of future they are choosing.

What is your advice for students on clerkship rotations?

Learn from everybody, from the unit clerk and scrub techs on up. Understand what their job is. Ask them to teach. I think we focus so much on what our attendings are doing we forget that the nurses, in many ways, have greater understanding of what is happening. That means saying, "I want to learn how to do the EKG", not just how to read it. "I want to know what these blood tests really mean." I think medicine has become so compartmentalized, these things are no longer being taught, but if you are in a rural area sometimes you are the one drawing blood or putting in an IV. One of our surgeons, who had incredible training, had to assist with a C-section the first week he was up here. He realized throughout his entire surgical residency he had never assisted with a C-section. Asking these questions during your training is part of being an adult learner and recognizing that you're paying for this education. This is how we get the most out of it, learn from everyone.

“Knowing what you don't want to do is just as important as knowing what you do want to do”

What would you recommend to students interested in pursuing a Med-Peds residency?

I feel it is important to have a sub-I or audition early to determine if this is something you really want to go into. I made sure I went out there, not just for them to know me, but for me to know them. I talked about wanting to be a rural physician and saw that they were willing to invest in me so I could become one. Before going on a sub-I or audition, I would encourage everyone to do their homework. Investigate the community, major employers, whether it is a non-profit or for-profit medical system, where most of the patients are being drawn from (percentage of urban vs rural), and relevant social determinants of health.

Then, when you go for the audition, you have already learned that part of it so you can just jump in.

Do you have any advice for students in their pre-clerkship years?

Take as many opportunities as you can to be involved with patients and use those interactions to really learn about who the person is rather than just applying the scientific concepts you've learned. In Payson, we don't start with "What is your medical problem?" We start with "where do you work?" or "do you have a dog?" or "how long have you been in Payson?" For kids, "who is your hero?" or "who do you want to be when you grow up?" When you ask those different questions, you get to know people as people. If you take the time to get to know them, oftentimes they will tell you what is wrong. They will give you the diagnosis. Start practicing that now.

- Lauren Ondrejka, MS1

Number of Positions Offered in Med-Peds, 2018 – 2022

2022	2021	2020	2019	2018
392	385	390	390	382

Source: National Resident Matching Program, Results and Data: 2022 Main Residency Match®. National Resident Matching Program, Washington, DC 2022.

Akshara Malla, MD

PGY -3, Alumna Med-Peds Resident University of California, Los Angeles

Dr. Akshara Malla is a PGY-3 Med-Peds Resident at University of California, Los Angeles. She completed her undergraduate at Arizona State University and graduated medical school from UArizona College of Medicine – Phoenix in 2021.



What is it that first drew you to Med-Peds as a specialty?

I don't think I would have stumbled across Med-Peds unless I went to a medical school that had a Med-Peds program. I first found out about the specialty during my first year, when I met someone interested in Med-Peds at an end of the year event designed to introduce young medical students to new specialties. For me, it was exciting to see someone in Med-Peds since you're so used to seeing Internal Medicine, Family Medicine, and Pediatric medicine as the three main options for traditional primary care, so it was cool to see a specialty that could do both internal and Pediatric medicine.

What is the difference between Family Medicine and Med-Peds?

In my opinion, flexibility is the charm of the specialty. Once my curiosity peaked, I worked with some Med-Peds residents in my Pediatrics rotations. While working with them I realized they had a lot to bring to the table despite having half the time their categorical peers had in each specialty. Seeing them in action made me more curious and more interested. Further, I realized throughout my third year that I love being in the hospital, and I dislike being in the clinic which is still true now. This was one of the biggest driving factors for me to choose Med-Peds over Family Medicine. I always thought I would be a pediatrician since I was young. Despite this, I could not turn myself away from Internal Medicine. You can learn so much from children, it's both shocking and validating to help them, but in Internal Medicine, you are dealing with complicated and complex medical issues across multiple organ systems. It is like a medical

puzzle that is fun and mentally stimulating. I realized that I loved both of those aspects of medicine which ultimately led me to Med-Peds.

Describe what you see as the differences between Med-Peds and other specialties in practice.

As a specialty, Med-Peds is a combined categorical Internal Medicine and Pediatric residency program. Depending on the program, you alternate every 2-4 months between Internal Medicine and Pediatrics. At the end of the 4-year residency, you take both boards and become double board certified. Due to this, career opportunities are endless. If you are interested in a fellowship, you can do any Internal Medicine fellowship or any Pediatric fellowship, and there are some combined internal and Pediatric fellowships. These combined fellowships are more common in the Midwest and the East coast where there are more Med-Peds programs and jobs. Additionally, you can also do a mix of outpatient and inpatient. There were a few attendings I worked with that did Pediatric outpatient and Internal Medicine inpatient care which really highlights the flexibility of the specialty.

What kind of extracurricular activities would you suggest for someone who is interested in Med-Peds?

The beauty of Med-Peds is that you can choose and be what you want to be. You should pursue what you are interested in; it is not a specialty that usually looks at research super heavily. There are a few categorical Internal Medicine residencies that value research, so if that's your goal, I would focus on your scholarly project and pursue more research if you are

interested in it. I was more interested in health policy and advocacy, so I spent most of my time doing that. In terms of research, I only did my scholarly project. I think that's where the peds portion of the residency is important; categorical Pediatric residencies don't value research as much as other specialties. There is some leeway, so where it is not clear cut, research is not a necessity, but the scholarly project is a nice long-term deliverable research project. However, it is important to note that applying Med-Peds is more competitive than either internal or Pediatrics due to the number of spots available as a specialty.

What is your experience thus far and are you enjoying your residency?

I was very nervous once I matched, having dual applied Med-Peds and categorical Pediatrics, I wasn't sure what I was going to match into. Once I opened that envelope and saw Med-Peds, I was very nervous since I was essentially signing up for two residencies. It is double the knowledge, and they are such different specialties even though they are both primary care. Pediatric physiology is very different than adult physiology, and I needed to set up mentally for that. It is a lot of work, and the rotations are difficult. We rotate every two weeks between different rotations, so it is a lot of change and expectations but that can be a lot of fun. I love the flexibility and the change, and this feels like exactly what I signed up to do. Even though the hours are tough including some 28-hour calls, it's validating to know you are involved in patient care and helping people while working through medical problems. Once here, it's you making the medical decisions that make you feel more valuable as a medical provider.

How do you feel like you've managed to maintain a work-life balance in your field?

My program really prioritizes work life balance despite the long shifts. One thing I think is essential to work life balance is our X+Y curriculum. This essentially means you are inpatient for 4-6 weeks followed by one week of outpatient practice that has a guaranteed golden weekend. In addition to that, the two-week rotations contribute to wellness since you are never bored, tired, or annoyed by a rotation, but it's

still enough time to learn and become an effective resident in that area.

What would you suggest for people preparing residency applications for Med-Peds?

A lot of Med-Peds applicants dual-apply and some triple-apply. As someone who dual applied, I was interested in Med-Peds since my first year so that was an advantage in preparing for the application process. If you have thoughts about going into Med-Peds, I would prep your application by trying to form relationships with both Internal Medicine and Pediatrics physicians. I did a sub-I rotation in both Pediatrics and Internal Medicine which I would recommend. Additionally, you also benefit from doing ICU rotations, since those rotations are very helpful in teaching you important medical knowledge that will give you a leg up in an Internal Medicine residency. Overall, try to form great relationships with your attendings. You have access to Med-Peds attendings at Phoenix Children's Hospital and Banner. I had the opportunity to work with two different Med-Peds physicians in the PICU, so you can find Med-Peds attendings everywhere. In general, I would commit to your scholarly project and do whatever extracurriculars fill your cup.

How does a prospective med student decide between Pediatrics, Internal Medicine, Med-Peds, and Family Medicine?

It's challenging, and it depends on how much you enjoy rotation in those fields. The question I asked myself early on was do I like being in the clinic or in the hospital, which made the decision easy for me. If you prefer inpatient, then Pediatrics or Med-Peds is more for you. You can spend time on wards in family med and you can still practice in a hospital ward unit, but it's less frequent than in other specialties. If you are interested in outpatient work, you can pursue Med-Peds or Family Medicine. The way I see it, the biggest benefit of Med-Peds is you can pursue a multitude of fellowships, and you have a strong ICU training which gives you a medical knowledge advantage if you want to work with patients with complex medical histories.

Lastly, if you love OB/GYN then Family Medicine may be for you. You can do prenatal care as a Med-Peds, but we do not do deliveries.

What would you say is the greatest challenge ahead of an MS1 trying to go into Med-Peds?

The most difficult part is just taking the plunge of applying Med-Peds because geographically Med-Peds does not have a strong influence on the west coast. I have found it difficult in these areas because there are not a lot of people doing what I want to do. I want to work as a dual hospitalist in an academic medical institution working with medical students and residents while also practicing inpatient medicine at a stand-alone children’s hospital. You will see a lot of west coast Med-Peds go into primary care, so if you want to stay on the west coast and go into Med-Peds, it can be a barrier. There are a handful of people around Phoenix that do dual hospitalist work, but your options are unlimited due to the variety of fellowships available. There will always be people who ask why you would do Med-Peds. If you end up choosing one or the other, I would say if any part of you is curious

“If you do what you are truly interested in, it will show on your applications”

and you feel like you would miss out by not getting both trainings, then you should seriously consider Med-Peds. You shouldn’t let the fear of not getting a dream opportunity be a barrier to applying to a specialty.

What is one piece of advice you would like to give to current medical students?

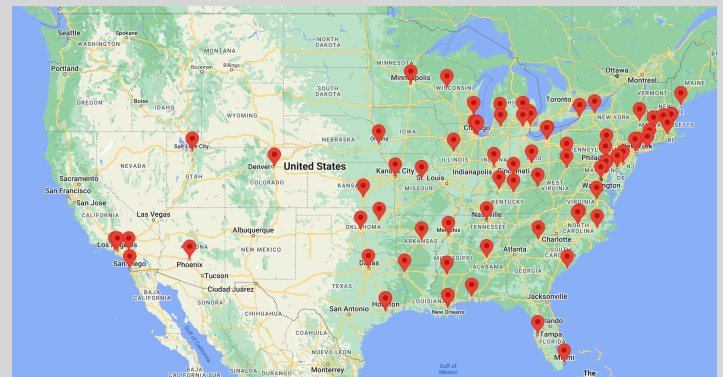
You get differing advice about all the things that matter in your applications, but the field and matching in general. However, in terms of primary care, you have so much flexibility, so I would say just pursue what you are interested in. If you do what you are truly interested in, it will show on your applications. Don’t let any academic challenges bring you down on applying to a competitive specialty. You will find a program that values you in the match process, and through that, you will end up in a place you are happy in a specialty that makes you happy to go to work every day.

- Wyatt Koolmees, MS1

Med-Peds Helpful Links



Med-Peds Guide - NMPRA



Med-Peds Program Map - NMPRA

Source: The National Med-Peds Residents Association.

Anthony Conforti, MD

PGY-1, Alumnus

The University of Arizona College of Medicine – Phoenix

Dr. Anthony Conforti is a PGY1 Med-Peds resident at the University of Arizona College of Medicine-Phoenix. He completed his undergraduate education at Arizona State University. He continues to weigh the many career options Med-Peds offers, including subspecialties, but is currently most interested in working as a combined hospitalist. In his free time, he loves spending time with his wife and son!



What led you to pursue Med-Peds over other specialties?

When I entered medical school I thought I wanted to do Family Medicine, maybe in part because I had not even heard of Med-Peds at the time. I think I felt Family Medicine was going to be right for me because I knew becoming a physician for people of all ages was important to me. I think the major difference, for me, between Med-Peds and Family Medicine is that in Med-Peds there is a greater emphasis on inpatient medicine, and in line with that there is an additional focus on becoming well versed in the care of critically ill patients of all ages. I also think the career flexibility of Med-Peds training cannot be overstated; at the completion of my training I will be qualified to pursue any Pediatric or Internal Medicine subspecialty fellowship, practice Pediatrics generally, practice adult medicine generally, or some fun combination of any of the above. Ultimately, I really loved my Internal Medicine and Pediatric rotations, knew I wanted to care for people of all ages, liked caring for very sick patients more than expected, and did not have much of a desire to incorporate obstetric care into my career. All those facts about me helped support my decision for Med-Peds.

How did your medical school experience impact your decision?

Thankfully for me I became aware of Med-Peds as an option prior to starting my 3rd year clerkships and my experiences throughout 3rd year helped to solidi-

fy my decision to pursue Med-Peds. I was fascinated by the care and learning surrounding the acute disease processes of both adults and children on the hospital wards. I actually really liked rounds (as long as they did not last too long!). I found that I enjoyed the higher acuity illness cases more than I initially expected I would. I really enjoyed how much time we spent critically thinking about patients whose diagnosis was still poorly defined. I also learned OBGYN was not going to be for me, so that helped make the decision between Family Medicine and Med-Peds a little easier as well. I think the greater focus on acute illness in Med-Peds is what initially pulled me away from wanting to do Family Medicine, but I still quite enjoyed the outpatient setting in the care of adults and children which of course is a major part of Med-Peds training as well.

After deciding on Med-Peds, what did you do to prepare for the residency application process?

After deciding on Med-Peds I did all that I could to make sure my 4th year schedule reflected that interest. I did a Sub-Internship in both Pediatrics and Internal Medicine and was fortunate to obtain letters of recommendation from those rotations. This is an approach I would generally recommend to students interested in Med-Peds. I split the remainder of my electives between adults and children as much as possible (not necessary from an application standpoint per se but what was enjoyable!). Because Med-Peds is a slightly above average specialty in terms of

the level of competition, I focused on studying hard for Step 2. If I could do it again maybe I might have tried to start a specialty interest group at UArizona College of Medicine – Phoenix. Ultimately, I tried to figure out what was going to be important to me in a program (hospital structure, location, culture, benefits, etc.), which I think is a very personalized decision no matter what the specialty choice.

What is your experience thus far as a Med-Peds resident?

It has definitely been everything I could have hoped for so far. At UArizona College of Medicine – Phoenix we spend 4 months at a time focused on either the adult or Pediatric side of things (switching primary focus every 4 months). I started on the adult side of things and I am now halfway through my first Pediatric block. However, all the while we have had our continuity clinics running for both adults and children. This means most months I see my fair share of patients of all ages, both well and unwell. Overall, so far, I really enjoy my work and love my job and co-residents. We have great categorical programs here in Phoenix which makes being a Med-Peds resident all the better.

“I think if you are excited by learning, genuinely enjoy thinking about all body systems and the development and degeneration of those body systems, like the idea of being an expert for both healthy and critically ill patients...Med-Peds could be for you too”

What advice do you have for medical students when it comes to choosing a field?

I think there are students who know exactly what they want to do and should give all their efforts to make their dream a reality. I think recognizing if you are interested in a surgical specialty or not is important. I also think recognizing if you want to be involved in the care of children or not is an important distinction to make. I can recall peers and even some attendings commenting about not "wanting to deal

with parents" as a reason to avoid Pediatric medicine. I would counter that idea with the reality that dealing with adult children making decisions for their incapacitated parents in old age is not all that much different, just to say that difficult family situations are going to come up in any patient care specialty. If you want to stay broad and do a little bit of obstetrics, then I think Family Medicine is a wonderful severely underrated specialty. I think if you are excited by learning, genuinely enjoy thinking about all body systems and the development and degeneration

of those body systems, like the idea of being an expert for both healthy and critically ill patients, or just have no idea what to do with your life, Med-Peds could be for you too.

- Rachel Fisher, MS1

Match Summary for MD Seniors Applying to Med-Peds– 2022

No. of Programs	Positions Offered	Unfilled Programs	No. of Applicants		No. of Matches		% Filled		Ranked Positions	
			MD Seniors	Total	MD Seniors	Total	MD Seniors	Total	MD Seniors	Total
78	392	0	403	587	332	392	84.7	100	4,666	5,468

Source: National Resident Matching Program, Results and Data: 2022 Main Residency Match®. National Resident Matching Program, Washington, DC 2022.

Jeffrey Wellard, MD

Recent 2023 Graduate

The University of Arizona College of Medicine – Phoenix

Born in Texas and raised in Arizona, Jeff went to undergrad at ASU initially wanting to do something neuroscience related. He found his love in medicine though. Throughout medical school, he was attracted to Med-Peds due to the wide variety of patients and conditions. He feels very lucky to have been assisted by wonderful mentors and teachers who propelled him to higher levels of achievement. He matched into the University of Illinois College of Medicine - Peoria in Internal Medicine / Pediatrics.



What led you to pursue Med-Peds over other fields? How did your medical school experience impact this decision?

When I came to medical school I was thinking of neurosurgery or interventional radiology, but after my surgery rotation, I found that wasn't a good fit. I did not want to be in an OR anymore. During my Internal Medicine rotation, I worked with a senior resident who was training in Med-Peds. She embodied what I wanted to be as a physician: caring, smart, adaptable, flexible, and she got to do a bunch of things. Once I completed my Pediatrics rotation, I knew I didn't want to give up treating kids, adults, or any organ system which is how I decided to apply Med-Peds.

What are the options for specializing after completing a Med-Peds residency. Are you considering pursuing a fellowship in the future?

There are a lot of different fellowships you could do after Med-Peds. This includes the typical fellowships you might complete after an IM or Pediatric residency. There are also some newer combined fellowships, like for cardiology, that would allow you to treat kids with heart conditions and follow them into adulthood. I think there will be more fellowships like this available in the future as treatments for childhood diseases continue to improve and patients continue to live longer. I am thinking about doing a Pediatric cardiology fellowship after Med-Peds.

What advice would you give students considering this field?

If you find yourself thinking everything in medicine is cool, look into Med-Peds. I would start with the National Med-Peds Residents Association website. Medical students can join for free. They have a lot of great info and resources. You can also join the Pediatrics and Internal Medicine Interest Groups to get more exposure.

What did you wish you would have done differently in the first three years of medical school to prepare you for now?

I wish I had gone to more of the lunch talks during 1st and 2nd year. You don't get much exposure to some specialties like ENT, urology, or ophthalmology. I recommend learning about as many specialties as possible (and not just the ones you think you're interested in). You don't really know what you want to do until you run into it. You have to find what makes you tick. Then once you find it, reach out to 4th years who are applying for that kind of program. Their experience is the closest to the process you will be going through. If you aren't sure who to contact, start with your 4th year wellness leaders. They can connect you!

How did you prepare for residency applications? Was there anything you wish you had done differently to prepare for your residency applications?

Many Med-Peds programs prefer to receive letters from an Internal Medicine Chair and a Pediatrics

Chair. I didn't know this when I was going into applications, so I only had a letter from an Internal Medicine Chair. I still got plenty of interviews, but I wish I had done more research on the individual program requirements. Once you know what the programs are looking for, be sure to solidify that in your fourth year. If you have questions about anything, I recommend reaching out to recent UArizona College of Medicine – Phoenix alumni or the Program Directors themselves. The chances are someone has had the same questions you have. Also, it is absolutely pivotal that you submit your applications on time. Be sure you are prepared to have your application ready to go.

Do you have any insights to share about the Med-Peds interview process based on your experience so far?

In my experience, the Med-Peds interviews have been pretty relaxed, much more than med school inter-

views were. They will ask some standard interview questions like, “why do you want to come here?” They will also ask about the things you put in your application. Hobbies are huge! I included that I like to read supreme court opinions and I got asked about this in pretty much every interview. Be prepared to talk about your interests outside of medicine. They are already pretty confident in your medical knowledge and skills. At this point, they want to get to know you and see if you would fit as a good member of the team.

What do you enjoy doing outside of school/class?

Aside from my public policy interests, I love watching sports, any sport honestly. I'll watch hockey, football, basketball, even spikeball and corn hole. I also love watching the old-school murder mystery shows!

- Lauren Ondrejka, MS1

“Med-Peds is built for people who are motivated, excited, and want to do good for a whole bunch of people.”

Matches by Applicant Type for Med-Peds - 2022

No. of Positions	Number Filled	MD Senior	MD Grad	DO Senior	DO Grad	Others	U.S. IMG	Non-U.S. IMG	Number Unfilled
392	392	332	2	39	0	0	9	10	0

Source: National Resident Matching Program, Results and Data: 2022 Main Residency Match®. National Resident Matching Program, Washington, DC 2022.

Specialty Report Newsletter Editors: Rachel Fisher, Amogha Koka, Wyatt Koolmees, Lauren Ondrejka, Kennedy Sparling, and Olivia Triplett

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If you have any suggestions for articles of interest, corrections, or comments for how we could enhance the newsletter, please do not hesitate to contact us at lshahpatel@arizona.edu or comphx-specialtyinfo@arizona.edu