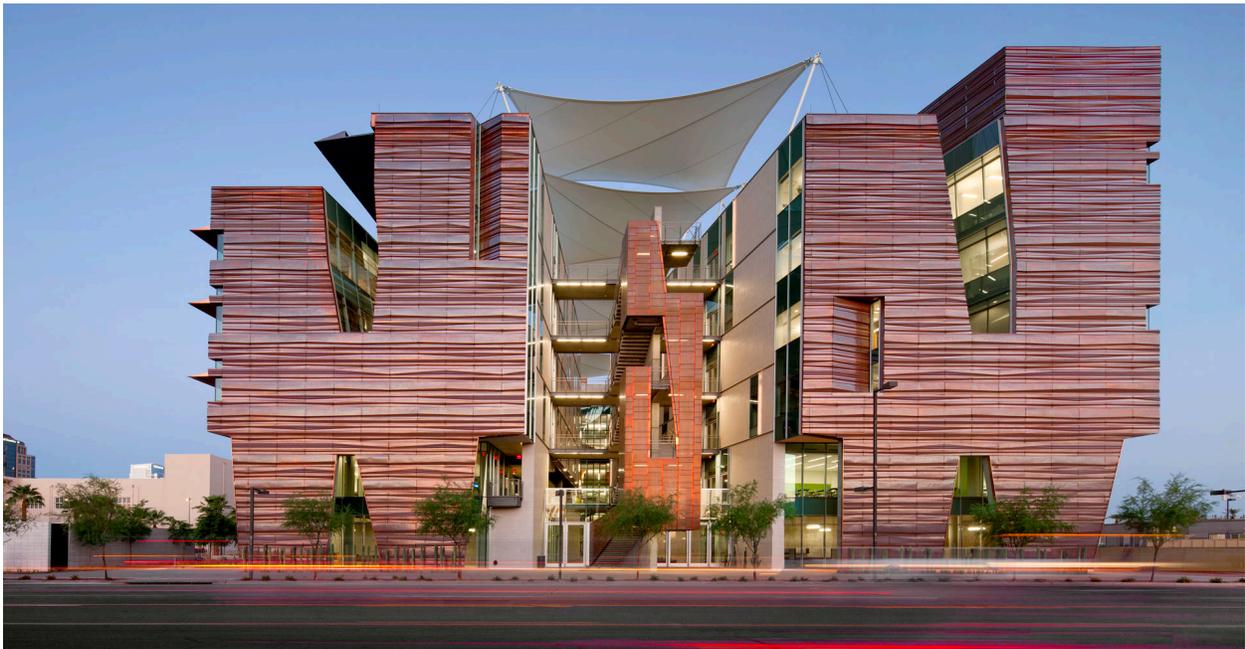

SPECIALTY REPORT

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From the Chair: Mitchell Shub, MD

Dr. Mitchell Shub is a pediatric gastroenterologist and is the Chair of the Department of Child Health at the University of Arizona College of Medicine, Phoenix. He graduated from the University of Vermont College of Medicine in 1976 before completing his residency at Duke University Medical Center. He then completed his fellowship in pediatric gastroenterology at Massachusetts General Hospital and Harvard Medical Center.



What drew you to Medicine, Pediatrics, and Pediatric Gastroenterology?

When I was an undergraduate I studied engineering and was lucky enough to be accepted into a research program at Massachusetts General Hospital in Boston that really was designed for pre-med students. During this time, I worked in a psychiatric research lab with first year medical and PhD students. We were utilizing computer technology to study brain function and I think it was this program that really got me interested in medicine. I really enjoyed all of my rotations in medical school, but I definitely loved my pediatrics clerkship the best. I loved working with children and their families and nothing was more gratifying than helping a child recover from an illness. When I was a 1st year resident I had the opportunity of caring for some very sick children with gastrointestinal diseases. At that time there was no Pediatric Gastroenterologist at Duke University and I had to work with the adult gastroenterologists who readily admitted that they were uncomfortable taking care of young children with complex GI conditions. I ended up corresponding by telephone with a Pediatric Gastroenterologist at UCLA Medical Center who provided needed guidance in helping to care for these sick patients. Over time, I found myself caring for several patients in my continuity clinic with chronic

gastrointestinal illnesses. I enjoyed caring for these patients and their families and this ultimately led me to pursue a career in Gastroenterology. At the time of my residency and fellowship, Pediatric Gastroenterology was such a new field that there were less than 100 doctors specializing in it. I remember I attended a national research conference and there were 75 pediatric gastroenterologists in attendance, and that represented almost the entire group from North America. Now there are over 2,000 physicians in the field.

What are you looking for in the next generation of medical students? What about the next generation of pediatricians? I have observed that the most successful medical students are people that are hungry for knowledge. I am looking for a next generation of physicians that are open, receptive to critique, and adaptable to the constant changes that the field of medicine undergoes. As for pediatrics and pediatric physicians, we will need to continue to attract bright, creative, empathetic, and compassionate physicians who love to care for children and their families. I also believe that it will be essential for future pediatricians to engage in being vocal advocates for their patient's right to have access to healthcare and to speak on behalf of those who are too young to vote and yet represent the future of our society.

What are your responsibilities as the department chair? As the Chair of the Department of Child Health at the College of Medicine, I oversee the academic progress and advancement of more than 320 faculty members in the Department. Faculty are located at Phoenix Children's Hospital, Maricopa Medical Center, Cardon Children's Medical Center, and St. Joseph's Hospital and Medical Center. I also have supervisory responsibility for six basic science research labs within the Department of Child Health that are located on the campus of the College of Medicine.

Research in these labs focuses on a broad array of disease processes including: traumatic brain injury; autism and its correlation with metabolic abnormalities and relationship with the microbiome; genetic basis of movement disorders, vaccinology and translational work in cancer leading to phase I trials. On top of all that, I also have my own research interests and I still practice outpatient Pediatric Gastroenterology, which takes up 40% of my time.

What is your favorite part about being a pediatrician? What is your favorite part about working in academic medicine? Nothing is more gratifying than helping a sick child recover from a serious illness and watching them grow and develop into young adults, and to see them go off to college or grad school. It is a true privilege and honor to be accepted by families as someone they trust with caring for their child. As for academic medicine, I love the students and residents. They keep me young and maintain my enthusiasm for teaching. They also keep me humble as they constantly ask questions to which I do not have the answer. In addition, working in academic medicine has allowed me to engage in clinical and translational research to gain insight into disease processes that I hope will ultimately provide better treatments for my patients. The

biggest honor of my academic career was when I was asked to give the commencement speech for the UACOM-P graduation last year. I was truly humbled by that experience.

What do you do to balance your professional life and personal life? Oh, well! Each of us have to find our own balance. I'm a workaholic, so that is really difficult for me. I always try to do projects ahead of schedule so I am not rushing to compete with last minute deadlines. I also have become very good at compartmentalizing

work and personal life, so I rarely, if ever, take work-related problems home. I have been married for 46 years, and my higher authority has really grounded me. I think that if she had gone into medicine she

“Nothing is more gratifying than helping a child recover from an illness.”

would have been a surgeon, which complements my pediatric-type personality nicely! She demanded many things that I should be doing – for instance with my two sons I coached baseball and soccer, which forced me to get out of work on time to spend time with my family. We play golf together every Saturday and Sunday and we love to FaceTime with our grandkids in LA every Sunday. They are 4 years old and 2 years old, and we just received our first FaceTime from the 4 year old where he called us, we didn't call him! Personally, I love to listen to music and read, but I often end up reading scientific journals for my own curiosity. I also love old movies and I end up watching my favorite movies over and over, so much so that I actually know the whole dialogue. Life goes by too quickly and it is essential to step back and enjoy the things outside of work that make our life worth living.

Do you have any advice for students interested in pediatrics? I think that it is really essential that you love children and their families. I've seen over my years in medicine that certain personalities gravitate to certain disciplines. It's

important to make sure your personality is a good fit for your chosen specialty so that it's a good match long-term. My biggest advice to students is to recognize what personality you have, and to make sure that it fits with the personalities' of the pediatric physicians you shadow and rotate with.

- Bryce Munter, MS1

"My biggest advice to students is to recognize what personality you have and to make sure that it fits with the personalities' of the pediatric physicians you shadow and rotate with."

Questions with a previous advisor: Dr. Lisa Grimaldi



Dr. Lisa Grimaldi is a board-certified Pediatric Critical Care Medicine physician and block director for the MS1 Pulmonary, Renal, Acid-Base (PRAB) course. She works in the Pediatric Cardiovascular Intensive Care Unit at Phoenix Children's Hospital. We asked her to share some advice for medical students:

One piece of advice you would give a student interested in pediatrics given the fact that you have been an advisor and are a block director and play an active role in the Pediatric CVICU?

My advice is...YES! CHOOSE PEDIATRICS! It is the most challenging and rewarding field of medicine (in my biased opinion). There is no greater honor than to care for those who are truly innocent and so vulnerable. There is no greater intellectual challenge than trying to master what is normal from before birth to young adulthood and all of the intricate pathophysiology and disease complexity entailed. There is no greater inspiration than seeing a sick child recover from something that would be completely devastating to an adult because of the incredible resilience of children. Pediatrics is so much more than it may appear on the surface. If you think you could never be a pediatrician because you either hate kids or love them too much to see them sick, think again (I was in the latter group). Don't rule it out until you've really seen what it is like. Shadow pediatricians in both the outpatient clinic and ICU setting and see how you feel after being a part of caring for a child, sick or well. You may be completely surprised by what you find.

Clerkship Director: Jorge Masuello, MD, FAAP

Dr. Jorge Masuello is a Hospitalist in the KidsLink Hospitalist Division at Phoenix Children's. He is board certified by the American Board of Pediatrics and is a member of the American Academy of Pediatrics and the Society of Hospital Medicine. He is currently the Clerkship Director and Clinical Assistant Professor in Pediatrics with the University of Arizona College of Medicine, Phoenix. He is also Clinical Assistant Professor in Pediatrics with Creighton University School of Medicine.

What attracted you to medicine, specifically to Pediatrics?

When I was ten years old, many members of my family were sick with the flu. In those days, the doctors went to the patients' houses. I remember my family members were lined up in seven beds, and I prepared a paper for the doctor. I wrote down which patients were which, what symptoms they had, and what kinds of medications they'd taken. I remember it very vividly because it was like I was making rounds with the physician, but I was only ten years old. Later on in medical school, I knew I'd always liked teaching kids, but initially I was fascinated with how the voice worked, especially the muscles of the throat and vocal cords. I thought I maybe wanted to go into ENT, but then I did my Pediatrics rotation. I remember the chief of that rotation asked tough questions and prompted me to critically think and immerse myself more, and I loved it. Pediatrics allows me to combine my passion for working with kids with my love of critical thinking since a young age.

What would you advise first or second year medical students who may be interested in Pediatrics? If you think you might like Pediatrics, experience Pediatrics. Go to hospitals, visit, round, do



more than one rotation, and make sure you really like it. Sometimes people think they like one thing, but once they really experience it, it may not be what they thought. Kids are different, and treating them is different. Many people think kids are just small adults, but they are not.

How should medical students prepare to be successful in their Pediatrics clerkships? Know the developmental stages of kids. There are different questions to ask at different stages. For example, birth weight is important up to a certain point, but after a certain age, it's not that important to know. There are different ways to evaluate kids. For example, sometimes playing with a kid is a good way to evaluate them physically. One time I was using toy cars to play with a patient, and one of the medical students thought that I was just playing with the patient. But actually, I was evaluating the patient's motor skills, his interpretations, his responses. Another thing that is really important to know is that the dosage of medicines is very different in kids. In adults, doses can be similar, but that is not the case in pediatric patients.

What may some Pediatric residencies look for in potential candidates? Grades are important – that's where the selection process starts. Then we try to analyze personality, how the candidate

did in rotations and in clinics, and how well he or she works in a team. Residency is about teamwork, so that is very important. There are many reviewers for each application, not just one person. Then we come together and talk about the candidate and identify what might stand out about the candidate. Sometimes the fit isn't right, but it's not that the person is necessarily not right for Pediatrics, maybe just our particular program. That's why it's important to not fake anything and just be yourself. Be you, and you'll know if it's a good fit for you.

Can you comment on the road to Pediatric specialties, such as Pediatric Oncology or Med-Peds? Most specialties begin with a Pediatric residency first, then a fellowship in that specialty. This is the case for both Pediatric Cardiology or GI. Some are different, such as Pediatric Neurology, which has two years of General Pediatrics and then goes into Pediatric Neurology. Med-Peds is one combined residency that is four years instead of three years. It includes two years of Internal Medicine and two years of Pediatrics. After completing the four years, you can take boards for both Internal Medicine and Pediatrics.

What do you enjoy about being a Hospitalist versus an Outpatient Physician? I like being a hospitalist because there is more time with the patient. I used to do outpatient, but sometimes I felt constricted because I wanted to give more time to the patient. Some physicians do fine in that structured environment, but I like having more time to talk and allowing the patients more time to talk.

What advice would you have for a medical student who doesn't know what field he or she would like to go into? First, think if you want to be with patients or with computers or tubes. Do you want to talk to patients, do you want to manage patients, do you want to do physical exams on patients? If you don't, then that will tell you a lot about your personality. If you think or act very fast, if you like to take action without too

many details—then maybe critical care medicine or emergency medicine would be a good fit for you. If you like to take time to see patients, or if you like to play with kids—then maybe Internal Medicine or Pediatrics is right for you. Do you want to be wearing scrubs everyday or be in the operating room everyday? How do you see yourself? Take a look at your personality, and be honest. But most importantly, go do it. Experience it. Only then will you really know.

What do you like to do in your spare time? I love spending time with my wife and kids. We go to Disneyland a lot. My kids like Disney World in Florida better, but that is too far away, so we go to Disneyland in Anaheim a few times a year.

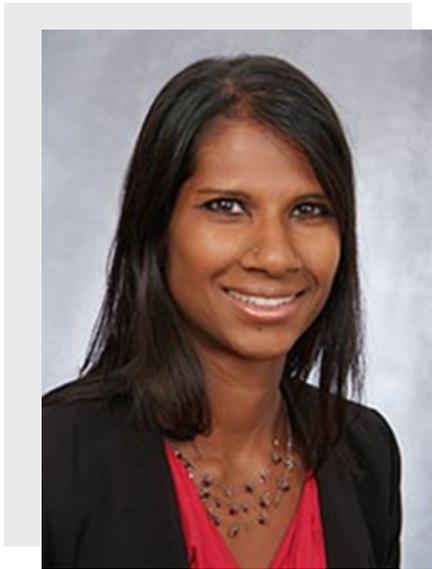
Would you like to offer any parting thoughts? Be yourself. Look for the goodness in others. Know that sometimes germs are insignificant compared to the environment of a patient. A patient is a person, not a number, and a person has moral and religious beliefs outside of the circumstance you see them in. Enjoy this time as a student. Always remember that we “practice” medicine and you never finish learning.

– Maggie Xiong, MS1

Parting Thoughts

“If you think you might like Pediatrics, experience Pediatrics. Go to hospitals, visit, round, do more than one rotation, and make sure you really like it.”

– Dr. Jorge Masuello



Program Director: Vasu Bhavaraju, MD

Dr. Vasu Bhavaraju was born and raised in New Jersey. She earned a Bachelor of Arts in Music from Franklin and Marshall College in Lancaster, PA with the intent to pursue a career in medicine. She attended medical school at Pennsylvania State University College of Medicine in Hershey, PA and completed her pediatric residency at the Phoenix Children's Hospital/Maricopa Medical Center Residency Program where she served as Chief Resident. After completion of her residency, Dr. Bhavaraju spent many years working as a pediatric hospitalist before becoming involved in graduate medical education. She has served as an Associate Program Director for the PCH/MMC Pediatric Residency Program and has been the Residency Program Director since 2013. Dr. Bhavaraju spends her moments of free time running, writing, and spending time with her husband and three children.

Why did you decide to major in music and how has that played a role in your medical education? I was fortunate enough to grow up in a family where my parents were very open to non-

academic pursuits. They were extremely supportive of my sister and me doing music and anything else we wanted to try. Music had always been an interest of mine, and I had been in groups since I was in fourth grade. By the time I got to college, I was deciding what I wanted to do with my life. Medicine was definitely an interest right from the beginning, but I took a music course and realized that there were many more opportunities for me to experience. So, I went into the music major knowing that I was going to do medicine, which I feel is sort of a sell-out. But I was able to do something completely different and creative and use a different part of my brain which was a nice contrast to the science classes. I tell college students all the time that your major in college is not necessarily going to be what you are going to do for the rest of your life. Now unfortunately, it's not a part of my brain that I have used for twenty years. But I still play, and I still appreciate music. Ultimately, I think it enables you to relate to things differently and have a different perspective.

What drew you to pediatrics? I think you have to look at any specialty in two ways: the science side and the human side. If you are only going into it purely for the science, I don't think you are getting the full scope of the specialty. And if you are only going into it for the humanistic side, I think there will be times when you are really challenged to keep going. If you have a two-year-old who comes in with a stomach ache, I think what's fascinating is that the differential for a two-year-old with abdominal pain is so different than an adult with abdominal pain. It challenges you to think about the unique anatomy and physiology of that patient. But also, the other side of it is you have to enjoy working with children and you have to be okay with the fact that they aren't telling you everything because there is a communication gap. It's a bit of detective work! You have to be comfortable working with families and you have to be willing to go with your gut instinct on a lot of things that go

against the science. What I loved most about pediatrics is that great 50/50 split between science and people skills. And you can argue that many specialties do that – you can't just have pure science. But that's one of the things that really drew me to pediatrics. If you were to take that same patient and make them a newborn, then all the sudden your differential is quite different because the physiology and anatomy is different. If you make them a teenager, it makes it different again. So, to me it was a specialty where the range of diagnoses that you see can differ year to year, and I loved that side of it. Also, I loved the idea of working with children and communicating with families when they put their trust in you.

How do you balance clinical and academic medical life? That has probably been one of the hardest things. Anytime you take any kind of administrative position, it inevitably takes you away from clinical medicine. There are many positive things that I love about my career like being able to spend more time honing this niche that I have decided to make my career about. Medical education is great to have protected time to be able to do that. But when you are brought away from the clinical area, you have to make sure your skills stay sharp. And I know that sounds funny – I'm not a surgeon in the OR. But when you do this for a while, your critical thinking skills really turn into pattern recognition and gut feelings. You are able to look at a patient and, within a snapshot, tell if they are sick or healthy. You can determine right there their main complaints, the next workup, or that feeling like something is just not right with them. Those are skills you always worry are going to get rusty, so you have to make sure you are actively doing those kinds of things as well as staying current in the field. When you see a patient in clinical practice, it's very different than in classroom medicine. Instead of

“When you are in medicine, there are so many niches; there is always this chance to reinvent yourself.”

someone feeding you the information without an actual person, you have to see a patient and look up the latest guidelines for treatment. And luckily, I work in this academic setting, where all of this information is right at my fingertips, but I still have to proactively seek this knowledge and find a way to solidify it into my brain. Another piece is that when you are away from the bedside, you don't have that immediate reminder of the humanistic side of medicine. There's nothing like having a great interaction with a patient and their family. Usually it isn't even, “I figured out your diagnosis! I solved a medical mystery!” Usually it's just that the family really appreciated you going the extra mile for them. The last time I was on service, I was leaving the room and the parent came up to me and said, “Thank you so much for spending that time with us.” We have very grateful residents, of course, but that kind of gratitude from families is so different and gratifying. You don't have that feedback as much when you are sitting in an office. Those are the things you have to make sure that you are doing to keep in touch as a clinician.

What advice would you give to someone who is interested in pediatrics? In terms of choosing a specialty, I put a lot of weight on considering how you make major life decisions. If you need to talk to people, then talk to a lot of pediatricians and find out what they love about their job. That's how you should make your decision. If you need to talk to someone who knows you outside of your professional life like a non-medical friend or family member, then that's the person you should talk to. Beyond that, it's getting as much experience as you can. Don't just go to your clerkships and say, “I'm just going to get by and hope that I get an Honors.” You should really soak it in and investigate those patients. Why is this two-year-old with abdominal pain so different than that six-year-

old with abdominal pain? What is unique about this specialty? What types of people am I interacting with? What makes them the types of colleagues that I might want to see in my future? What about working with parents? A lot of people say that that's the worst part about working in pediatrics but what is it about them? Are they really unreasonable or irrational? Or are they just parents doing their job, which is to worry and advocate for their kid? If you can leave your clerkship understanding all of those elements or at least appreciating why they are different in pediatrics, that will give you a great view. Being a medical student really is the best job in the world. And I know you don't get paid, so I shouldn't call it a job. But you have this awesome opportunity to go from place to place and test out a job.

What are some factors to consider when preparing for residency programs or interviews?

First, I will tell you what I think you can do with your fourth year to structure it to be prepared for residency. Getting as much inpatient experience is really important because I have found that that is one of the biggest differentiators in success as an intern because your inpatient months are really challenging. I'm not saying to flood your whole fourth year with challenging months. You certainly need to take some time off. But try to get those subinternships in places with high volume like Phoenix Children's. Work in places like the Emergency Department at Maricopa Medical Center where you get a really good view of what emergency medicine is like. Work in the PICU. It's scary! But what a great place to really understand the link between physiology and pediatrics. Get those rotations in early on, so you can really solidify what you're working for and so you can get a letter of recommendation from someone who has seen you pushed and carrying four patients in inpatient medicine. Those letters of recommendation are really important to get from pediatrics specific people. At least two should be from pediatricians who have closely

worked with you, not just a chair of the pediatrics department who often does a summary letter. Your other letters can be from anyone – internal medicine, family medicine, a research mentor. But at least three of them should be from people who have worked with you clinically. Those are big in structuring your fourth year. And then your fourth year should be about getting interesting experiences. Work in the homeless youth van or travel abroad. You are going to be entering a rigorous path over the next 3 years in pediatrics, so take some time to explore some different things. In terms of what to look for in a program, you are going to find a lot of programs that are similar in a lot of ways. I think location is a main determinant for most applicants. Who cares if you are in an awesome program if you can't stand where you are living, or you have no friends. The next thing is probably the size of the program. There are small programs of 6 per class and big programs, like ours, that are 32 per class. And that's not even the biggest one! Baylor and CHOP have 40. Try to get some ideas from friends and colleagues about the advantages of the bigger programs versus the smaller programs. And then there is just a smattering of other things: the feel of the program, opportunities to have exposure in an area you may be interested in like cardiology or primary care, opportunities to individualize your education in your third year, etc. All of those are ways that you can choose a program. The other biggest thing is whether the residents are happy there. You can't fake happiness. Maybe you can put on a little show, but especially on the interview day, you should have time with the residents all by yourself. If you don't have that time, there's something the program doesn't want you to know. If there is an event like a happy hour or a lunch where it's just you and the residents, you have to go to that. Rearrange your flight plans and make sure you go to that because you are going to find out so much more about the program and the area than you will from the program directors. The last thing I would suggest is to find an opportunity to meet with a program director.

Meeting with any program director, even if it's not the program you are most interested in, will give you a different perspective on your interview day than you will get from others at your school (as it is not just the advisors at the school but also your peers and upper classmen from which you get different perspectives).

– Tanner Ellsworth, MS1

“Being a medical student is a great job...you have this awesome opportunity to go from place to place and test out a job.”

Questions with a previous advisor: Dr. Lisa Grimaldi

When should students reach out to you or the others in this edition if they are interested in pediatrics or think they are interested in pediatrics?

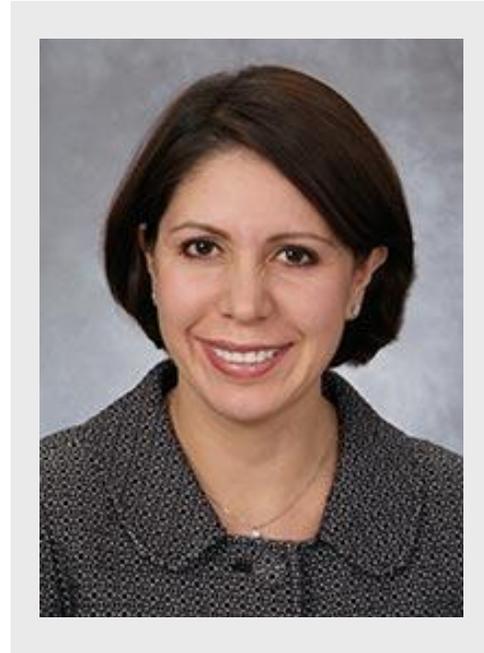
The sooner the better. It is never too early. Pediatricians are some of the smartest, happiest, and most inspirational people in medicine and pediatrics carries one of the highest rates of career satisfaction within all of medicine. Speaking to practicing pediatricians and pediatric subspecialists and hearing about their journeys to their chosen career paths can be really enlightening and can often dispel some of the myths and misconceptions that exist about pediatrics (e.g. compensation isn't good, dealing with parents is a nightmare, all you do is treat ear infections or give vaccines, etc.) They can also expose you to career paths within pediatrics that you may not know exist.

What you would say to students interested in pursuing a fellowship after pediatrics?

One of the really great things about pediatrics is that there are so many different paths you can take after your residency that lead to really varied careers: procedural, non-procedural, outpatient, hospital-based, acute care, etc. So anyone can really find the niche that suits them. We are fortunate to have a wealth of pediatric specialists at PCH that you can reach out to learn more about the field and maybe even consider doing a research project with. But remember, every pediatric specialist first needs a great foundation in general pediatrics and that is what residency should provide. So even if you are interested in a fellowship, your focus when you are choosing a residency should be to become a great general pediatrician first. That said, as you look into residencies, you may want focus your attention on more academic centers where fellowships are more easily accessible.

Past Clerkship Director: Edith Allen, MD

Edith Allen, MD is the outgoing director of the Pediatrics Clerkship. She practices as an inpatient Pediatric medicine Hospitalist at Phoenix Children's Hospital (PCH). She is also highly involved in administration at our school and PCH. She attended medical school at the Universidad Mexica Americana del Norte and completed an internship in general medicine at the Hospital Civil de Reynosa. She then completed her residency in Pediatrics at Driscoll Children's Hospital and a fellowship at St. Joseph's Hospital & Medical Center.



Tell us about your journey into medicine and Pediatrics:
Obviously, with my accent you can tell that I'm not from here. I grew up in a border town, where half of my family was in the U.S. and half in Mexico. If you would ask me if I were to grow up here (in the United States), I don't think medicine is what I would have pursued. My first dream was to be an astronaut, my second choice was to be an Air Force Pilot, and third was medicine. Especially as a woman, my choices were limited in Mexico. I realized I love to learn about the body, the physiology on how it works, and so I chose medicine. Even though it wasn't my first dream, I have no regrets. I would do it again. It is wonderful. Before coming to practice Pediatrics, I practiced general medicine in Mexico. General medicine is where you will see patients coming for urgent care, outpatient visits, and then also part of my job for three years was actually to be the first or second assistant to a neurosurgeon or OBGYN. We were really well aware of everything. Everything! Back then I wasn't married. It (medicine) was my boyfriend. I kept working and making money to pay for the U.S. tests and my Visa. Then, I filled up my car and came to Corpus Christi, Texas where I

slept the first couple of nights in my car, and didn't even know where the hospital was. I worked in Texas for two years, where I met my husband and then we came to Arizona and I got a job as a 3rd year resident at St. Joseph's Hospital.

On Residency and Career Trajectory:

My mentor's name was Sarah and she was a neonatologist pediatrician who I rounded with every morning. She really attracted me to Pediatrics and made me feel like I wanted to be like her. It was not about how much money I could make – it was about what really fulfilled me. My life and seeing her as my role model is what made me gravitate toward pediatrics. I fell in love with general pediatrics. After my residency at St. Joseph's, I did a fellowship in Pediatrics. I worked as a hospitalist and outpatient pediatrician. I finally stopped working in outpatient in 2014. I stayed in it for so long because I had built relationships for 7-8 years with those families. It's not like I could let go so easy. I mean those families still update me. Now, at this time in my career, the reason why I chose to do inpatient is because it keeps my brain working.

How do you split your time between your administrative duties and clinical practice?

I split my time between half clinician and half administrator. I currently work as a Hospitalist at Phoenix Children's and work in administration on something called Utilization Management, which is getting back and recovering money for the hospital that insurance has refused to pay for someone requiring more specialized care. We provide reasons on why an inpatient person meets criteria and should receive care, and we will take it all the way to court if we have to.

What is your favorite part about being a pediatric physician? Working with kids and seeing them grow. You see, kids are resilient. One of the things I realized when I was a general practitioner is that the kids will get better with or without us. It is our job to identify the early signs for those kids who are not getting better. It made me realize that kids will give you a lot of warning signs, but sometimes because they're sitting, smiling, eating, you don't pay attention to those warning signs. It is our job as pediatricians to make sure that we are recognizing patterns, in order to ensure these kids don't get into trouble when there are no warning signs. I am also a second parent to many of these kids. So if this is my child, my job is to make sure that I help you to grow up. I have to make sure that I educate parents and reassure them, because my responsibility is to make sure that these kids grow up healthy, not just health-wise, and that's what really makes it so rewarding. The feeling of fulfillment that you've done something and you will make an impact on future generations, is what really carries you on as a pediatrician.

What is the most challenging part of pediatrics?

You have to see it both ways because the other aspect of pediatrics can be very sad. It's child abuse, which is devastating but as a pediatrician you have to do something. You have to think about it because sometimes as the pediatrician, you are the only chance for those kids to survive. They (the parents) can look so nice and

we never think that they will do something to their child, but it's my responsibility to protect their child. I'm working for them (the child). I think that would be the aspect of pediatrics that is rare, but when it happens it can really affect how you feel, but what is worse is when/if you learn that you miss something, and that's even worse.

Advice and final thoughts: Be super open minded, because not everything is roses in all specialties, so be super open minded. The second thing is to make sure that whatever specialty you pick, don't do it for the money. Picture yourself doing the same thing over and over for the next 30 years. If this is what is really calling you, then this is what you do. It doesn't matter how many millions they pay you, you can be very miserable in what you do, so you have to really love it! Where you work is your second house, the people you are with are like your second family, so you really have to enjoy it as a part of your life.

– Nicole Segaline, MS1

Takeaways

"The feeling of fulfillment that you've done something and you will make an impact on future generations, is what really carries you on as a pediatrician."

"Make sure whatever specialty you pick, don't do it for the money. Picture yourself doing the same thing over and over for the next 30 years."

Fourth Year Student Perspective: Rhucha Joshi

Rhucha Joshi is a fourth year medical student at the University of Arizona College of Medicine Phoenix. Rhucha received a major in Molecular and Cell Biology and a minor in Education from the University of California, Berkeley. Rhucha matched into Pediatrics at UCI/CHOC.

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

As medical students, we are all under immense stress during our training. One of the things I wish I had done differently is to seek help when I felt that the stress was too overwhelming. Reaching out and surrounding myself with people who could support me would have helped me manage stress in a more healthy way. I encourage students to prioritize their mental health and use the resources the school provides to be able to handle stress in a productive way.

When and how did you become interested in pediatrics? I was interested in pediatrics before starting medical school. During my undergraduate training, I minored in education and learned about the importance of early intervention for success in adulthood. This sentiment carried on to medical school, where I gained more experience working with kids and finally decided to pursue a career in pediatrics.

Did you have any mentors or experiences during your path that helped solidify your interest in pediatrics?

I had several mentors during medical school, including residents and attendings. Getting advice from people at varying stages of their medical careers was very helpful. I definitely recommend that students find someone who they connect with and seek their guidance throughout their medical school training.



What advice would you give students considering a future in pediatrics? Like I mentioned above, find a mentor who is a pediatrician so they can help you find activities that meet your interests and will help enhance your application for a pediatrics residency. These activities can include research projects, volunteer experiences, or leadership opportunities. Getting involved with the school's Pediatrics Interest Group can also help you build connections with pediatricians in the community. A more general recommendation I would give is that even if you are 100% set on going into pediatrics, have genuine interest in every 3rd year clerkship. You will get pediatrics-specific training during residency, so enjoy the weeks you get to spend being an internist or surgeon or psychiatrist or OBGYN. Each specialty has something different to offer and taking a piece of every clerkship with you will make you a better overall physician.

– Rand Hanna, MS1

Pediatrics Interest Group at UACOM-Phoenix

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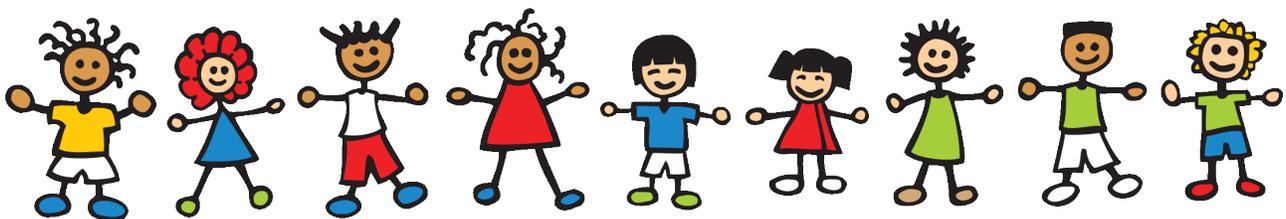
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Mission Statement

The purpose of the Pediatrics Interest Group (PIG) at the University of Arizona College of Medicine - Phoenix is to expose students to the field of pediatric medicine. Our group will organize and host a variety of events throughout the year to provide exposure to various pediatric sub-specialties and foster networking with other medical professionals.



STATS TO KNOW

Pediatrics (Categorical) Match Summary, 2017

No. of Programs	Positions Offered	Unfilled Programs	No. of Applicants	No. of Matches US Seniors : Total	% Filled US Seniors : Total	Ranked Positions US Seniors : Total
204	2,738	13	3,763	1,849 : 2,693	67.5 : 98.4	22,843 : 31,730

Summary Statistics on US Allopathic Seniors, 2016

Measure	Matched (n=1,686)	Unmatched (n=49)
Mean number contiguous ranks	11.9	4.0
Mean number distinct specialties ranked	1.0	1.4
Mean USMLE Step 1 score	230	207
Mean USMLE Step 2 score	244	224
Mean number of research experiences	2.5	2.4
Mean number of abstracts, presentations, and publications	3.4	4.3
Mean number of work experiences	3.0	3.0
Mean number of volunteer experiences	7.7	9.6
Percentage who are AOA members	16.0	0.0
Percentage who graduated from one of the 40 US medical schools with the highest NIH funding	29.3	24.5
Percentage who have a Ph.D degree	3.4	5.1
Percentage who have another graduate degree	13.6	30.0

Specialty Report Newsletter Editors: Andrea Fernandez, Maggie Xiong, Tanner Ellsworth, Bryce Munter, Nicole Segaline, Rand Hanna **Faculty Advisor:** Lisa Shah-Patel, MD

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@email.arizona.edu and comphx-specialtyinfo.email.arizona.edu