

If you have not already, take a look at the [Planning Your Pediatric Career Introduction](#). This is a continuation with specific focus on preparing for fourth year. As a reminder, all guides are “living documents” with open editing. If you have edits or suggestions, please chime in [using a different color](#) or comments. We go through these regularly and update.

The information included below is also available as a recorded presentation and PP set. Choose your favorite format!

- ☐ [Recorded Presentation \(50 min\)](#)
- ☐ [Power Point Slide set](#)

Post-Clerkship Block Overview

Post-Clerkship Block: It's great!

- ~13 month long blocks
- Opportunity to build specialty relevant knowledge and skills
- 46 required credit hours including 12 credits of required anchors: acting internship, ambulatory, EM
- **Incredible schedule flexibility**
 - 4 required courses
 - Acting internship
 - EM clerkship
 - Ambulatory month
 - Capstone (CAP 400): 2w during the same 2w period for all students (typically end of March/beginning of April). Scheduled by OCA
 - Elective minimum 34w credits
 - Direct patient care: minimum of 20w/credits
 - Non-direct patient care: maximum of 14w/credits
- Opportunities to
 - Personalize ALL of the above
 - Explore electives
 - Direct and non-direct patient care
 - SLU and away
 - Shine
 - Grades in AIs and electives based on clinical performance only
 - Unlike core clerkships no limitations on number of H and NH
 - Showcase areas of strength especially before ERAS applications=
 - Build areas of weakness especially after ERAS applications



Time Periods

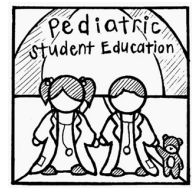


Time Period	Months	Goal Emphasis	Tasks	Advice
Pre-ERAS	Through September	Professional growth and career planning <input type="checkbox"/> +/- clarify residency choice <input type="checkbox"/> Position yourself for a successful match Build knowledge/skills	<input type="checkbox"/> USMLE Step 2 <input type="checkbox"/> Peds AI and "LOR electives" <input type="checkbox"/> ERAS Application	<input type="checkbox"/> Showcase your strengths <input type="checkbox"/> Secure LORs
Pre-Rank List/Interview season	October-February	Build knowledge/skills Professional growth and career planning <input type="checkbox"/> Decide on rank list <input type="checkbox"/> Plan for next step	<input type="checkbox"/> Interviews <input type="checkbox"/> Rank list	<input type="checkbox"/> Build areas you are not as strong in <input type="checkbox"/> Consider pediatric rotations <u>outside of the</u> Department of Pediatrics <input type="checkbox"/> Consider visiting rotations <input type="checkbox"/> Consider non-direct patient care electives
Wrapping up med school	March-May	Build knowledge/skills Professional growth and career planning <input type="checkbox"/> Plan for next step	<input type="checkbox"/> Graduate <input type="checkbox"/> +/- move	<input type="checkbox"/> Consider spring pediatric clinical elective as a "refresher" and internship prep

Post-Clerkship Block Scheduling

- ~After clerkship block 4
 - Student chief selection
 - Fourth year anchor lottery
 - Acting internship
 - Ambulatory clerkship
 - EM clerkship
 - **Once scheduled very challenging to move**
- ~After clerkship block 5
 - Elective lottery (the rest of the fourth year schedule)
- >30d before the start of a course.
 - Opportunity to change electives (NOT anchors)





Anchor Rotations

Student Chief (Pre-Anchor)

- Unique to SLU
- Modeled after the chief resident position
- 2w non-direct patient care rotation during block 1
 - Coach block 1 third year students
 - Longitudinal component
- Lots of benefits
 - Medical school honors/awards (selected/competitive)
 - Opportunity work closely with faculty
 - Department LOR
- Applications accepted until ~2w prior to anchor lottery
- Student chief list shared with the OCA-->rotation entered in block 1 prior to the anchor lottery

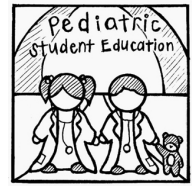


Pediatric Acting Internship

- Complete in the pre-ERAS period with goal of at least one AI LOR (NOT having a letter from an AI would be a bit of a red flag)
- Do NOT schedule an away acting internship! Acting internship is really your time to shine you don't want to worry about learning a whole new hospital, EMR, and city.

Which Acting Internship to Choose?

- Use your best judgement and interest in deciding and talk things over with us.
- Opinions differ widely! Some people feel programs might look more favorable on a candidate who "stepped out of their comfort zone" and completed an AI in an ICU setting. Others feel floor student autonomy tends to be more restricted in an ICU and that expectations regarding what the AI entails are more varied. Which one you choose is really up to you!
- **General inpatient:**
 - ~2 students per block. We send out a team preference form several weeks ahead and assign students to teams based on requests. Students have primarily chosen the "general" orange or purple teams though we do also open up blue and red teams.
 - Your role is really equivalent to that of a pediatric intern including (when you are ready) supervising M3s and carrying the team pager. This AI offers the advantage of working with attendings you have already worked with during your clerkship and working in a familiar setting. This is also the most common type of acting internship and one most residency programs are familiar with.
 - Rapid patient turn-over. So be prepared to do a lot of admission notes and discharge summaries
 - 1w of nights (5d) where you admit patients to primarily to your own team but also the other general teams meaning you have an opportunity to work in-directly with more attendings.



- **PICU.** 1 student per block. Students carry 2-4 patients and typically present on a topic each week. Students do not place orders and do not write progress notes.
- **CG NICU.** Up to 2 students per block. Higher acuity NICU though students typically don't carry the high acuity patients. Attendings typically scheduled for 2w blocks which is nice continuity. No call.
- **St. Mary's NICU.** 1 student per block. Overall lower acuity NICU as patients requiring surgery or subspecialty care are transfer to CG. You are able to attend deliveries.

When to schedule

- **Pre-ERAS (for your first and any "LOR" AIs)**
- The "shoulder months" historically less requested.
- Refresher elective pre-AI? IF it's been a while since you did Pediatrics (clerkship, peds CE, peds neuro, peds surgery) you might consider a 2-4w elective prior to your AI. Definitely not required. It just might make your first AI week a bit easier.
- WBN time prior to NICU AI? Again absolutely not required but might be a consideration to get reacquainted with newborns
 - WBN elective (2 or 4w)
 - Ambulatory Pediatrics (1w in the WBN)

Second Acting Internship

- **Rare**
- Could be considered under certain circumstances.
 - Application strengthening
 - Applying in a combined program
 - Opportunity to experience PICU. NICU and general inpatient services are available to M4s as both AI and elective course. PICU is available to M4s only as an AI.
 - If considering especially in the pre-ERAS period please discuss with us and any other advisors!
- When to schedule?
 - Pre-ERAS
 - Application strengthening if yours is on the weaker side (red flags of more than one Step 1 or 2 attempt, course remediation, etc). An honors with strong narrative comments in a 2nd AI could help balance the picture.
 - Applying in combined programs (Eg. Med-Peds, Triple Board)
 - ☐ **No program requires AIs from each department**
 - ☐ Some applicants have done "LOR AIs" with both departments
 - Post-ERAS
 - Additional internship prep

Ambulatory Clerkship

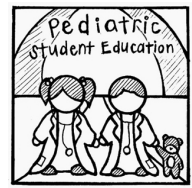
- [Ambulatory Peds +/- Bioethics](#) fulfills the Ambulatory clerkship requirement
 - Up to 2 students total a month
 - 1 week in the well baby nursery (can "opt out" if scheduled for the WBN elective)



- 3w primarily in general ambulatory clinics
 - Danis Midtown
 - Danis CG
 - Glennon care (~2 clinic days)
 - Community Pediatric Clinic (Dr. Nicastro, Mercy). 2w available during some blocks to interested students.
- Opportunity to rotate in some specialty peds clinics
- Upsides of Peds options
 - More fun and more relevant
 - Opportunity for ethics focus
- Downside of Peds options
 - Narrower focus⇒ less opportunity to build IM knowledge and skills (Step 2 CK)
- **LOR Opportunity**
 - General ambulatory attending you work with during your WBN week.
 - Dr. Nicastro if spending time at the Mercy site
- **When to schedule**
 - Anytime
 - Bioethics option offered only in the spring and fall
 - If your pre-ERAS schedule is full and you are NOT planning on a LOR from a GAP attending-->go with post-ERAS
 - Your colleagues who are planning on LORs from GAP attendings have an opportunity to rotate
 - You have more room for your own LOR rotations
 - If planning NICU AI, could use the WBN week as a “refresher”

EM Clerkship

- New requirement for class of 2020
- Sites: SLU, VA, and CG
 - [CG/PEM](#)
 - 2 students per 2w period. Students can do the full block, 2w or 3w at CG
 - Upside of PEM: more fun and more relevant
 - Downsides of PEM:
 - Narrower focus⇒ less opportunity to build EM knowledge and skills (EM NBME, Step 2 CK)
 - Fewer procedure opportunities
 - Students planning peds or combined program (defined as enrolled in a peds AI) have priority for CG spots.
 - Spots decided ~1mo prior to each clerkship. Months when we have more than 2 peds students scheduled, all do some time with adult EM. Our M4s mentioned spending 1-2w with adult EM was good for both NBME review and for procedures.
- LOR opportunity. Not so much as continuity with any given attending is not great (definite opportunity for improvement)
- Only M4 course with an NBME



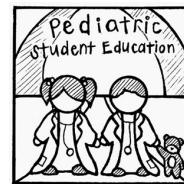
- Low stakes compared to third year NBMEs. Counts for only 10% of the grade
- Becky Audette (class of 2022; scheduled for EM in March): “If the idea of taking an NBME after you’ve matched sounds miserable... rank your options accordingly”
- **When to schedule**
 - **Anytime**
 - If your pre-ERAS schedule is full-->avoid EM as PEM is our only peds rotation that is not the greatest option for LOR

Direct Patient Care Electives

Pediatric Elective Overview

- **“LOR Electives”**
 - **Almost ALL.** As a fourth year you are a lot more visible than in prior years. When spending longer with each division you really get to know several attendings. Additionally, you typically get to personalize your elective to fit both your interests and your potential LOR writers. As an example, you pick which clinics to work in or which week to rotate on the inpatient/consult service.
 - **Exceptions**
 - [PEM](#): great option for your EM month... but not much continuity with specific attendings (though definitely an opportunity for improvement)
 - [Child protection \(new elective 2021-22\)](#). Given the nature of the specialty, it is primarily observation meaning potentially less scope to shine.
- **4w vs. 2w.**
 - Most of our rotations are 4w or 2 or 4w and default to 4w in the lottery
 - 2w only rotations: [International Healthcare](#), [neuro-oncology](#), [sleep medicine](#)
 - After the lottery students are able to adjust to 2w if they wish
 - Elective listed as 2 or 4w. You are able to adjust to 2w just by contacting the M4 coordinator
 - Elective listed as 4w. This means the course director really recommends 4w and any adjustments would need discussion/permission from the course director.
- **“Tougher to get”**
 - Pediatric courses that have historically been “tougher to get” (students scheduled for each available block and a waiting list): [dermatology](#), [developmental/behavioral peds](#), [international healthcare](#), [well baby nursery](#).
 - **If you are really interested in taking any of them would rank in several spots.**
- **“Slu unique”**
 - Majority of clinical electives tend to be similar across Pediatric Departments. For instance no matter where you go for residency, you will have an opportunity to experience peds cardiology, GI,





nephrology, pulmonary, etc. Then each program tends to have some options that are more unique. The electives below are somewhat unique to Peds

- Direct patient care: [International Healthcare](#)
- **Non-direct patient care:** [Pediatric Student Chief Rotation](#), [Pediatric Advocacy and Social Determinants of Health](#), [Navigating Family-Physician Conversations in the Pediatric Setting](#)
- If these sound interesting to you would consider “catching” during your M4 year!

● Med-Peds

- You will see both adult and pediatric patients during these courses. The department listed (PED vs. IM) is based on the primary department of the course director.
- *Toxicology. Dr. Scalzo sees consults at CG, SLU, and St. Mary's. The patient balance is just based on consults coming in. Listed under peds (on hold)*
- [Rheumatology](#). Number fo adult vs. peds clinics based on student preference. Listed under peds
- [Allergy-Immunology](#). Number fo adult vs. peds clinics based on student preference. Listed under IM

● New Electives

- **Developing and getting a new course approved very doable.**
- All of these were developed and implemented with help interested students
 - 2019: Navigating Family Physician Conversations, Hospital Medicine
 - 2020: Advocacy and Social Determinants of Health, Newborn Medicine, Sleep Medicine, Near Peer NBME Coaching
 - 2021: Near Peer Pediatric Coaching, Child Protection, Palliative Care
 - 2022. Sedation (in the works)
- If you have an idea for a pediatric course, please let us know!

Relevant Rotations Outside of the Department of Pediatrics

- **You do not want to or need to duplicate your residency during your fourth year!** Keep in mind there are common shared requirements for all pediatric residency programs with a number of required rotations including floors, NICU, PICU, general ambulatory clinic, and various core specialty rotations as well as opportunities for electives. Residency programs directors generally expect students to have some familiarity with general floors and general ambulatory clinic from the clerkship and possible fourth year acting internship. They do **NOT** expect you to have experience with NICU, PICU, or any other pediatric subspecialty.
- **Consider adding some pediatric focused rotations outside of the pediatric department:** pediatric radiology, ENT, orthopedic surgery, neurology, psychiatry, ophthalmology, dermatology, urology, neurosurgery, surgery, anesthesia, etc. This is your opportunity to pick up knowledge and skills from an expert. You

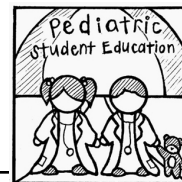




will have an opportunity to rotate with other departments during residency t... but not nearly as many as an M4. Take advantage!

- The list below was created by M4s. Please add electives you found helpful vs. not so helpful!

Elective	Comments
Eating disorders (FM rotation)	
Pediatric anesthesia	
Pediatric Neurology	<ul style="list-style-type: none"> • A must for those considering child neuro but also valuable for those interested in gen peds. • Entirely ambulatory experience with busy clinics and broad range of pathology (not just seizures). • The child neuro residents see their own patients, so you don't have to share patients with them. Students typically see 6-8 patients a day independently and staff them with an attending • Great opportunity to work directly with attendings.
Neuromuscular Disorders (N 415)	
Pediatric Neurosurgery	
Pediatric Ophthalmology	Two week elective that provides exposure to dilated exams under anesthesia, overview of the basic pediatric eye exam to evaluate for strabismus, amblyopia, and any ocular pathologies that commonly occur in children such as congenital cataracts or retinopathy of prematurity. You will also be able to spend time in the OR observing procedures such as strabismus surgeries.
Pediatric Otolaryngology	
Pediatric Pathology	Two week elective that is helpful to demystify what happens in the pathology lab. Learn common pathology findings of appendicitis, cysts of every variety, hemangiomas, and more. Helpful to see inter-specialty care conferences and what information is important to pathologists



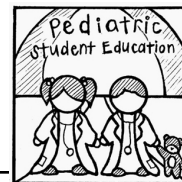
	when you send a specimen to them. Helpful online curriculum : https://www.pathelective.com
Pediatric Psychiatry	
Pediatric Radiology	
Pediatric Surgery	Good opportunity to learn/be able to recognize about acute abdomen in pediatric patients, as well as surgical management of common pediatric problems (appendicitis, pyloric stenosis, battery/magnet ingestions, umbilical/inguinal hernia). Seeing the surgery will help you better explain the indications and management to parents of your future patients!
Pediatric Urology	

Non-Direct Patient Care Electives

- SOM allows up to 14w of non-direct patient care credit to count towards graduation (you can always have more credits than you need!)
- New in academic year 2021-2022, ALL non-direct patient care electives require a minimum of 30hrs per 1w of credit
- Opportunities for additional scheduling flexibility as many can be done entirely or most online/from any location

Pediatric non-direct patient care electives

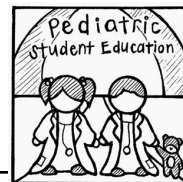
Elective	Comments
<u>Pediatric Student Chief Rotation (PED-499)</u>	2w. Selected/competitive. Offered during block 1 only
<u>Pediatric Advocacy and Social Determinants of Health (PED-433)</u>	2w. 10/10/22;11/21/22; 2/6/23. "Spots" limited and at times competitive. Minimum 4. Max 8
<u>Navigating Family-Physician Conversations in the Pediatric Setting (PED-427)</u>	2w. 8/15/22; 11/7/22;1/9/23. "Spots" limited and at times competitive. Minimum 4. Max 8



<p><u>Near Peer Pediatric Coaching (PED-437)</u></p>	<p>-1 or 2w -Opportunity to gain academic credit for improving the educational experience of junior students by both working with them directly (Eg. orientation facilitation, small group sessions, pediatric student advising) and indirectly (student education projects). -Longitudinal. While the work is longitudinal and students keep a log of hours, the elective can be placed on the schedule during <u>ANY block</u> -Since grades cannot be posted until hours are completed, we recommend 2nd half of the year for official enrollment -No cap on number of students.</p>
<p><u>Near Peer NBME Coaching (PED-430)</u></p>	<p>-1 or 2w -Students who scored >90th percentile nationally on the Pediatric NBME and who have an interested in teaching invited to participate. Elective students run the clerkship NBME review sessions and work -Longitudinal. While the work is longitudinal and students keep a log of hours, the elective can be placed on the schedule during <u>ANY block</u> -Since grades cannot be posted until hours are completed, we recommend 2nd half of the year for official enrollment on other individual study materials and modules.</p>
<p><u>Scholarly Work in Pediatrics</u> SD-PED 903/SD-MedEd 903</p>	<p>Work with a project mentor to designate specific elective objectives and end products. Needs approval of the dean's office.</p>

Other non-direct patient care electives

Elective	Comments
Clinical Paradigms	Up to 4w of USMLE 2 individual study time. Essentially ALL slu students take this
Advanced Physical Diagnosis	
Body MRI	2w
Cardiac auscultation	Longitudinal. For elective credit, you are required to perform 15 auscultations which you submit to the course director via a worksheet on Canvas. Students planning on Pediatrics tend to do all of theirs at CG. You might want to download the worksheet and keep track of



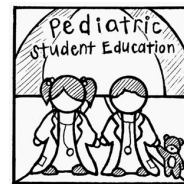
	<p>auscultations throughout your pediatric rotations.</p> <p>Look at the cardiology inpatient list to identify patients to listen to.</p> <p>Fourth year students, would you be able to comment on logistics? Eg. do the auscultations have to be done during the designated 2w period for the elective? Is there a log sheet students fill out? I'm wondering whether fourth years could keep a log of murmurs they hear on various pediatric rotations longitudinally.</p>
Interpreting EKG's	2w Entirely online
Simulation Lab	1w
The Role of Teaching and Feedback offered in all blocks	<p>1w. Longitudinal. Activities include teaching physical diagnosis to pre-clerkship student by serving as standardized patients for interviewing and/or facilitator in the physical exam session with standardized patients. Must attend 6 sessions throughout the year.</p> <p>-Required for medical education distinction</p>

Visiting Electives

- While these are absolutely not required in Pediatrics, they do have some potential benefits and are good to think about ahead of time.
- Pandemic (based on AAMC/APPD/COMSEP recommendations)
 - Class of 2021: no visiting rotations
 - Class of 2022: allowed up to 1 visiting rotation
 - Class of 2023: ?

Reasons for visiting rotations

- **Exploring a different program, city, region of the country, patient population.** A visiting rotation allows you much better insight than an interview day and can be very beneficial in the decision regarding programs to apply and the rank list. SLU is a medium sized program in the midwest with a free standing children's hospital. Is that the best fit for you? It is hard to know until you've tried other options. If you are focusing your residency applications on very different programs (Eg. large or small programs, programs on the coasts, south, etc, programs that do not have a free standing children's hospital) it would be an especially good idea to try these out to make sure that's where you fit in best.



- **“Foot in the door.”**
 - **Residency programs want to match and will rank students who want to be there and who will put the program high on their match list.** Their perception of your interest in the program is absolutely one of the factors influencing both the decision to offer and interview and the rank order list. Doing a visiting rotation shows very strong interest.
 - A prolonged interview. Although you will not be asking for a LOR, you can absolutely ask the faculty and residents you work with to “put in a good word.” Most residency programs:
 - Offer an interview to all visiting students
 - Set up a time for the visiting students to meet with the residency program representatives (Eg. directors, chief residents)
 - Solicit input from faculty and residents regarding the candidate.
- **An opportunity to spend time with friends and family who live in different regions of the country**
- **LOR from outside of SLU**
 - I typically recommend this in limited circumstances as you will be at a bit of a disadvantage working in an unfamiliar environment.
 - You already have a relationship with a physician at that institution. Eg. you’ve worked on a research project for instance during the summer between 1st and 2nd year or as an undergrad. Being able to work with the same attending in the clinical or during an additional research month will make for a great LOR (again assuming as always stellar performance)
 - You plan to apply in a [combined program](#): Eg triple board (peds/psychiatry/child psych), pediatrics-genetics, pediatric-PMR, etc. Programs offering these are very limited which makes them a pretty small world when it comes to residency directors and physicians. Having a LOR from one of them will carry weight (assuming as always stellar performance). I would specifically exclude med-peds from this list as offered by a much larger number of programs and having a much larger number of practicing physicians including many at SLU.

When to do an away rotation?

- **Any time!**
 - **Pre-ERAS: if you are aiming at a LOR from outside of SLU**
 - **Pre-Rank List (including pre-ERAS): “foot in the door”**
 - **Post-match list:** familiarize yourself with your future program before your intern year officially starts (and scope out apartments, etc)
- **Logistics**
 - Check block schedule for alignment. Fourth year blocks are different among all the various med schools!
 - Check with VSLO as to when a specific program opens to visiting students. All schools schedule their own fourth year firsts.... But fourth years start at a different time

Applying for Visiting Rotations

- [AAMC visiting student learning opportunities program](#)

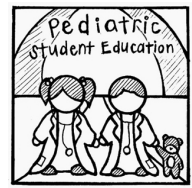


- Central application process used by most (but not all) program
- Specific elements required vary by program
- Frequent requirements: CV, transcript, immunization record, photo, letter of good standing, proof of BLS certification
- Other requirements: letter of recommendation, background check, drug screen, mask fitting
- These takes a while to prepare and have an application fee
- [Visiting rotations for students from groups under-represented in pediatrics](#) Many programs offer visiting student programs specifically focused on students from under-represented minorities. These vary but typically include a competitive application. Selected students receive a stipend, program specific didactics as well as professional development and mentoring.

Post-Clerkship Block Scheduling: Step by Step

PREPARATION

- ☐ **“Hard landscape” Plan**
 - ☐ **Weeks/months you would strongly prefer to NOT be on a clinical rotations.** Eg. your whole family is traveling to Europe in May; your brother is getting married in July, etc.
- ☐ **Career Decision Plan**
 - ☐ If you are debating between Pediatrics and another specialty use the early months of fourth year to clarify career decisions. Immerse yourself in Pediatrics as well as specialty/specialties and talk with as many supervising physicians as you can regarding career options. If you are in this category, please let us know.
- ☐ **USMLE Step 2 Plan**
 - ☐ Think about when you would like to take the exam and how much dedicated study time you will take and whether you would like to do IM ambulatory and/or ED as part of the USMLE 2 prep. This will help you figure out anchor options
 - ☐ Plan to take USMLE 2 before mid August so that scores go out with our applications
 - ☐ Most students heading to Pediatrics recommend taking USMLE 2 soon after completing third year. Since your fourth year will most likely be focused primarily on Pediatrics, your adult medicine knowledge really peaks at that time!
- ☐ **Residency Interview Plan**
 - ☐ Scheduled typically mid-October through mid-January, with November and December being the busiest interview months
 - ☐ Plan on ~6 weeks of flexible time (off time and non-direct patient care)
 - ☐ Interviews during clinical rotations
 - ☐ You are allowed to miss up to 10% of clinical time for an excused absences
 - ☐ Electives that do not include weekends
 - ☐ 5dx4w=20d
 - ☐ Missing up to 2d allowed



- ☐ Electives that include an inpatient focus or a combination of inpatient and ambulatory work might offer the option of making up missed time during weekends and/or evening nights. This is absolutely not something you should ever take for granted though. If planning an interview during a direct patient care elective, discuss with course director ahead of time
- ☐ **“LOR rotations” including AI Plan**
 - ☐ Showcase strengths
 - ☐ If you have a specific attending you would like to work with, try to identify blocks s/he will and will not be available. Keep in mind schedules at times change.
 - ☐ Review [Learners on Pediatrics](#) for attending schedule. Typically made in spring for the next academic year (July-June)
 - ☐ Consider touching base with specific LOR writers to see which blocks would be better/worse for a chance to work with them. Example:
 - ☐ An IM GI attending is your research mentor and identified LOR writer. Working with him/her during a pre-ERAS elective would additionally strengthen that LOR. You might find out the attending has no clinical weeks in June but two clinical weeks in July. That helps with you ranking both anchors and electives.
- ☐ **“Non-LOR rotation” Plan**
 - ☐ Identify other electives within and outside of Department of Pediatrics you are interested in
 - ☐ Group into high/medium/low priority ones. This helps you figure things out in terms of how many months to rate a rotation in.
- ☐ **Visiting Rotation Plan**
 - ☐ Decide whether or not you would like to do an away rotation. If yes→
 - ☐ Pick your ideal month/s which you would then try to keep open in the anchor lottery
 - ☐ Start working on VSLO. Takes way longer than you think it will!

Anchor Lottery Tasks

- ☐ Submit before the deadline
- ☐ **Most students would benefit from prioritizing Ambulatory Pediatrics**
 - ☐ Very limited spots (2 per block)
 - ☐ Students applying in residencies other than peds or combined pediatric programs at times rank ambulatory peds over ambulatory IM.
 - ☐ Each year we’ve had a number of students applying in Peds who end up unhappily on ambulatory IM.
 - ☐ IF you feel strongly about preferring Peds Ambulatory:
 - ☐ Rank every single block you would consider then
 - ☐ Rank ambulatory IM blocks in order of preference
 - ☐ **It is beneficial for you to rank many choices. If you only rank a few, and by luck of the lottery do not end up getting those, OASIS will randomly schedule you for a month**



- ☐ Past students who have failed to do this and only ranked a few Peds Ambulatory options, ended up not only with IM ambulatory but IM ambulatory in a less preferred month.

☐ Acting internship

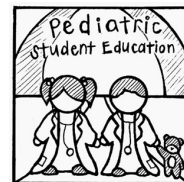
- ☐ 6 “spots” per block-->we expect to have no problems with all peds students getting a spot. If you feel really strongly about wanting a specific AI or a specific month, rank according.

☐ EM

- ☐ Everyone will get a block
- ☐ Rank blocks you would really like to keep open (vacation, specific elective, step 2) lowest

After the Anchor Lottery Tasks

- “Calm down period”
 - Typically 2w to allow the schedule to settle in and avoid rush decisions regarding trading
 - **Update your schedule on your career planning map and reshare! You should have a bit more clear plan for your LORs and electives**
 - If you are unhappy with your schedule and/or considering trading please
 - Don’t stress. You will be fine! Talking with the fourth years should help. All (including the ones who got their last choice or things they didn’t rank in the lottery) will tell you things will work out just fine.
 - Keep our office updated. At times we might hear of a student in peds who is interested in trading and/or a peds spot becoming open due to another reason.
 - **Adding a 2nd AI**
 - All students end up with a single Acting Internship through the anchor lottery. You can add a 2nd AI at any point after the anchor lottery by contacting the M4 coordinator. IF (and it’s a big IF) you would like to add a 2nd AI, **we recommend doing this now** both before both the elective lottery and before the rotations open up to visiting students.
 - ☐ **Priority scheduling.** There is site overlap between our acting internships and electives: floor acting internship overlaps pediatric hospital medicine; NICU CG AI and NICU St. Mary’s AI overlap Exploring neonatology. In scheduling we prioritize SLU Acting interns>SLU elective students>visiting students. However we would not “bump” an elective or a visiting student who is already enrolled. Secure your AI spot early
 - ☐ **Makes elective lottery easier.** That’s one fewer block you have to worry about submitting choices for
- “1:1 Trade” Period
 - Try to make the best of things
 - If things don’t work out and you continue to have a month you really want to trade
 - Let us know.
 - Let the OCA know



- ☐ Be as specific as you can. Eg. I'm scheduled for ambulatory IM in May. I would love to change to ambulatory peds in ANY month or less ideally to ambulatory IM after ERAS.
- ☐ The OCA knows about schedule changes from all students. Some students change their minds about residency options and need major schedule adjustments even in fourth year. Others might have life events or emergencies come up. Sharing your requests put you on the radar for trading options.

• Post anchor lottery

- After this point any changes to the anchor courses are really, really hard, require a really good reason, and discussion and approval from the OCA

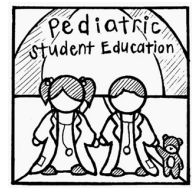
Elective Lottery Tasks

- ☐ Unfortunately “waitlist list only” courses are NOT available for enrollment through the lottery.
- ☐ **Courses with a maximum and minimum enrollment.** Since both courses include an asynchronous discussion they have both an enrollment minimum (4) and maximum (8) and will not be offered in blocks with fewer than 4 students. **If interested, contact the M4 coordinator with a ranked list of blocks.** Eg. If the course will end up being offered in your first choice block, great, you'll be enrolled. If it is not, you will be enrolled in your choice 2, etc.
 - ☐ [Pediatric Advocacy and Social Determinants of Health](#) (PED-433): 10/10/22;11/21/22; 2/6/23
 - ☐ [Navigating Family-Physician Conversations in the Pediatric Setting](#) (PED-427): 8/15/22; 11/7/22;1/9/23
- ☐ **Submit elective lottery choices before the deadline**
 - ☐ If you really want an elective, prioritize ranking in numerous blocks!



After the Elective Lottery (Add/Drop Period)

- ☐ **Wait list only direct patient care**
 - ☐ “Spots” in these depend on both faculty and resident schedule which is just not available at the time you are making your M4 schedule past June.
 - ☐ Look at [Learners on Pediatrics for “spot” availability](#) in the early part of the year. We “black out” weeks an attending is not available once they share their schedule and enter residents once the residency schedule is posted (~May for the following academic year). OASIS does not allow for an option of having a rotation be in the lottery for part of the year and waiting list for part of the year.
 - ☐ [Child Protection](#)
 - ☐ [Community Pediatrics](#)
 - ☐ [Dermatology](#)
 - ☐ [Genetics](#)



- ☐ [International Health](#)
- ☐ [Neuro-oncology](#)
- ☐ [Sedation](#) (*new elective planned. Not yet available*)
- ☐ [Sleep Medicine](#)
- ☐ **Add yourself to the waiting list as soon as the add/drop period starts.**
 - ☐ Schedule available (typically first part of the year; through June)-->you'll be enrolled right away
 - ☐ Schedule not yet available (typically July onwards)-->as soon as the faculty and/or resident schedule is created, we will contact you regarding blocks your elective is and is not available.
 - ☐ If you feel strongly about an elective, add yourself to waiting list in a couple of blocks.
- ☐ **Update your schedule on your career planning map and reshare! You should have a pretty clear plan for your LORs**
- ☐ 4w-->2w or 3w changes
 - ☐ Elective is listed as 2w or 4w. This means the course director is fine with either option. Can be changed to 2w just by contacting the M4 coordinator
 - ☐ Elective is listed as 4w. This means the course director felt the experience would be better as a 4w course. Changing to a 2w course might be possible but requires permission from the course director.
- ☐ You can add/drop electives up to 30d prior to the start of the rotation. **It's okay to make changes but please play nice.** If anytime in the year you no longer want an elective, please, please, please unenroll. We expect students to change their schedules as there are numerous potential reasons. At the same time you should want to make sure that "spot" you no longer want is available both to your M4 colleagues and to M3s as soon as you can.
- ☐ **Dropping within 30d window should be incredibly rare and due to extenuating circumstances**

Getting Ready for Post-Clerkship Year

Tips and Hints

- **Think of ALL fourth pre-match list rotations as very prolonged interviews**
 - Students often think of this when it comes to visiting rotations and AIs. It is just as true for your own program! You are much more "visible" as a fourth year than you were as a pre-clerkship or clerkship student
 - The good news is that this goes both ways. You are "trying on" a program (including ours) while the program is "trying on" your fit as a potential resident.
 - Asking for resident and faculty input regarding rotating students is common (and likely universal) practice among residency programs. They will potentially be working closely with you in the future!
- **Take the opportunity to shine**





- Aim for honors and make every day count especially in the pre-ERAS period
- Read site overviews and suggested individual study materials
- Personalize your rotations. Most fourth year courses include opportunities to personalize. Take the time to contact the course director ahead of time to discuss your specific interests and goals.
- **(As always). Prepare**
 - Re-review:
 - **Pediatric Success Tips:** Most of them apply to other clerkships and medical school success in general
 - **Core skills modules**
 - Inpatient skills prior to your AI
- **Expect to work harder than the interns** They are less interested in impressing supervising physicians so might not be going out of their way to for instance look up articles or teach the team! They are also nice people who were all in your shoes not that long ago meaning they will willingly give you the opportunity to shine, Eg. give you first choice for picking up interesting new admissions or consults
- Take third year students “under your wing.” This is not only the nice thing to do, but also something supervising physicians (and junior students) notice.

Key Points

- Post-clerkship block will be great!
- There is no such thing as a “bad” post-clerkship block schedule. At the same time there are things you can do to increase the chances of getting the schedule you want.
- **Rank more vs. fewer options ESP for ambulatory Peds**
- Apply to be a student chief



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It is going to be a great year!