



**Pediatric Residency Program
The Department Of Pediatrics
University of Texas Medical Branch
Galveston, Texas**

Message from the Program Director

We believe that residency is ultimately about learning how best to make decisions that affect patients' health and welfare. The goal of the UTMB-Galveston Pediatric Residency is to develop competent and compassionate pediatricians with the skills needed for the practice of general pediatrics or for further subspecialty training and research. As a pediatric resident in our program, you will receive high quality, personal training focused on the unique and demanding health needs of children. We stress thoroughness in the gathering of information by careful examination of the patient, effective use of consultations, laboratory investigations, and reading.

Our Housestaff are taught by 74 pediatric faculty, several volunteer community faculty and a 4th year Chief Resident. Fellows in Neonatology, Infectious Disease and Allergy/Immunology also participate in teaching activities. Our graduates have pursued careers in private practice, academic medicine, public health and community medicine, and have achieved leadership positions in state and national organizations. Since the 1990s, approximately 70% of our residents have chosen primary care careers.

Our program offers four areas of strength:

Broad clinical exposure. Pediatric residents provide primary care to the children of Galveston County and surrounding counties. Patients treated on both the island and the mainland represent the full range of diagnostic and socioeconomic conditions. Pediatric residents provide tertiary care to children with complex conditions and receive exposure to subspecialty care services that is comprehensive, preparing residents to appropriately refer and collaborate.

Conscientious faculty supervision. Our entire faculty participates in teaching and is well known for its enthusiasm and commitment to resident and student education. Faculty members serve as superb role models. Although residents are given ample opportunity for independent thinking and growth, Faculty are readily available when needed.

Progressive levels of responsibility. Our program is designed to gradually increase each resident's independence in the care of patients. By postgraduate year three (PGY-3), residents are ready to take on considerable responsibility for independent patient care and for the teaching and supervision of lower level residents and students.

Special projects in critical thinking. At all levels of training, pediatric residents are encouraged to apply critical thinking to their medical decision making process and are encouraged to collaborate with members of the faculty. All residents complete a scholarly project in one of three ways: by performing hypothesis-driven research, writing and submitting a patient case report, or completing a significant literature review. Several of our residents have published peer reviewed articles and presented papers and posters at professional Regional and National meetings.

These strengths combine to make our Pediatric Residency Program a richly rewarding experience to anyone interested in the practice of medicine treating children and adolescents of all ages.

**Cassandra Pruitt, MD
Residency Program Director**

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TRAINING OPPORTUNITIES

Our program offers a range of clinical training in a variety of settings, including inpatient and outpatient settings, community-based settings, intensive and acute care, primary care and subspecialty care, and for ages ranging from pre-term infancy through adolescences.

Some unique features of our program include opportunities for residents in these:

- a busy Neonatology service with a neonatal intensive care (called Infant Special care Unit – ISCU), a transitional unit, and a newborn nursery.
- a multidisciplinary Children’s Asthma Program
- a telemedicine clinic for special needs children in distant locations
- a home-based 0-3 infant intervention program
- statewide outreach programs for children needing specialized care in allergy/immunology, cardiology, diabetes, endocrinology, gastroenterology, hematology, genetics, infectious diseases and nephrology.
- the state’s most active Poison Control Center, directed by a nationally known pediatric pharmacologist/toxicologist
- an outstanding diabetes patient education program.
- School Health Program, with consultation to Galveston County’s school districts.
- summer camps for children with diabetes, asthma, renal disease, and cancer expose residents to the medical and psychosocial aspects of pediatric care in nontraditional settings.
- international elective rotation opportunities are available in both in hospital and community-based pediatrics settings in various countries including Egypt and Nicaragua.

The First Year (Post-Graduate Year – PGY1)

As first year residents, pediatric interns learn the basic principles and practices of pediatric medicine through directly supervised patient care on the inpatient and outpatient clinical services. PGY-1 residents rotate on inpatient ward teams, in the Newborn Nursery and in the Neonatal Intensive Care Unit. The General Ward Team exposes residents to a wide variety of general inpatient acute pediatric problems while the Chronic Care Special Services Unit provides training in the management of acute and chronic illnesses for chronically ill or disabled children. Residents participate in daily work rounds and teaching conferences with attendings during each of these rotations.

Outpatient experiences include rotations through the UTMB Primary Care Clinics and the Pediatric Emergency Room. The Health and Development rotation is designed for the resident to improve knowledge of normal development and skills for well-child visits and anticipatory guidance. The Adolescent Medicine block includes outpatient experiences in the UTMB, the Juvenile Justice Center, and in school-based health clinics. Throughout the year, residents spend at least one half-day per week caring for continuity patients that residents enroll in their continuity care panels and follow throughout three years of training.

INPATIENT

General Inpatient	General Inpatient	Inpatient Chronic Special Care	Newborn Nursery	Neonatal ICU	Neonatal ICU
Weekly ½-day Continuity Practice					
Resident Scholarly Project					

OUTPATIENT

Pediatric ER	Pediatric ER	Surgery Specialties Selective (3-weeks) Vacation (1 week)	Adolescent Medicine	Health & Development	Outpatient General Peds (urgent care) (2 weeks) Vacation (2weeks)
Resident Scholarly Project					
Weekly ½-day Continuity Practice					

OTHER

Core Elective
Weekly ½-day Continuity Practice

The Second Year (Post-Graduate Year – PGY2)

During the PGY–2 year, two three-month blocks are devoted to intensive experience in outpatient care and community pediatrics. Residents participate in a structured curriculum covering continuity care, and various other essential elements of primary and secondary pediatric outpatient care. Diverse clinical settings are used for the resident to put education into action, all under the supervision of experienced faculty clinician-educators. Residents on this block also participate in specialized multidisciplinary clinics for the evaluation of suspected abuse and neglect, AIDS/HIV, and a variety of selected subspecialties including pediatric dermatology, asthma and psychiatry.

Our unique School Health and Community Pediatrics Program offers PGY–2 residents additional educational experiences serving as a school consultant and physician liaison with one of our local school districts. This program introduces residents to school and community health issues and shows them how to consult with community organizations and services that deal with child health (systems-based practice).

PGY–2 residents also receive supervised experience in neonatal and pediatric intensive care, serve as the supervising resident in the Newborn Nursery, and cover the inpatient team for chronically disabled and technologically dependent but stable patients.

The remainder of the year is devoted to electives, continued participation in continuity care clinics, and the development and implementation of resident scholarly projects.

HOSPITAL

General Inpatient Day Float	Newborn Nursery	Neonatal ICU	Pediatric ICU	Emergency Room Night Shifts (4 weeks)
Weekly ½-day Continuity Practice				
Resident Scholarly Project				

OTHER

Elective	Elective	Vacation (3 weeks)
Weekly ½-day Continuity Practice		
Resident Scholarly Project		

OUTPATIENT

Behavior & Development	Moderate Sedation-Anesthesia Selective (2 weeks)	Child Abuse (2 weeks)	Continuity Clinic	Continuity Clinic	Continuity Clinic
			Pediatric ER Night Shifts Pediatric Dermatology/AIDS-HIV/Asthma		
School Health					
Resident Scholarly Project					
Weekly ½-day Continuity Practice					

The Third Year (Post-Graduate Year – PGY3)

During the third year, the residents' education program focuses on specialized patient care, and the teaching and supervision of junior residents and medical students. The third-year resident rotates as a supervisor on inpatient Ward teams, the Pediatric ER, the Neonatal Intensive Care Unit and the Pediatric Intensive Care Unit. Residents supervise in the outpatient primary care clinics and function as the night float inpatient ward admitting resident.

There is considerable time in this year for electives and subspecialty rotations. Options include endocrinology, gastroenterology, hematology/oncology, nephrology, neurology, infectious diseases and cardiology.

Resident special projects are completed in the spring of the third year and presented at the Annual Resident Research Forum.

HOSPITAL

General Inpatient	Inpatient Chronic Illness-Special Needs	Hematology/Oncology Selective	Pediatric ICU	Neonatal ICU	Neonatal ICU	ER
Resident Scholarly Project						
Weekly ½-day Continuity Practice						

HOSPITAL

Night Float Admitting Resident	Night Float Admitting Resident

INPT/OUTPT

Teaching & Team Management
Weekly Continuity Practice

OUTPATIENT

Subspecialty Elective	Subspecialty Elective	Subspecialty Elective	Vacation (3weeks)
Resident Scholarly Project			
Weekly ½-day Continuity Practice			

TEACHING/LEARNING CONFERENCES

Conference	Time	Participants
Chief's Morning Report	Monday–Thursday	Faculty, chief residents, housestaff, students and in-patient attendings
Work and Teaching Rounds	Daily	Team residents, attending faculty and students
Grand Rounds	Weekly–Friday	Chairman, full-time and guest faculty, Chief residents, housestaff and students
Core Curriculum Conferences	Monday and Tuesday: Noon Friday: 1:00pm-4:30PM	Full-time faculty, associate faculty, chief residents and housestaff
Resident Team-Based Learning & Board Review Sessions	Weekly–Wed	House staff and faculty facilitator
Housestaff Meetings	Monthly	Program director, chief residents and housestaff
Resident Council	Monthly	Program director, chief residents, and elected housestaff representatives
Continuity Team Meetings	Monthly –Thursday	Housestaff and Continuity Practice faculty team leaders
Journal Club	Monthly	Chief residents, housestaff, and faculty

OTHER LEARNING OPPORTUNITIES

Core Curriculum Conferences. All relevant pediatric topics are covered during a recurring 12-month curricular cycle via a wide range of educational experiences, including case-based conferences, didactic lectures and outside readings.

Subspecialty Block Rotations. Required subspecialty rotations during the PGY-3 year are organized so that the housestaff assumes direct care responsibility for subspecialty patients in clinic and on wards, in close consultation with the subspecialty faculty.

Chief Resident. Residents who wish to gain substantive experience in administration, interpersonal relations, educational scholarship and, above all, teaching may apply during their PGY–2 or 3 year for a chief resident position after completion of their categorical residency training.

Scholarly Projects Curriculum. Our program's scholarly projects curriculum is designed to enrich the academic experience of our residents. Under supervision of a faculty mentor, over the three years, the resident must do one of these: hypothesis-driven research, patient case report, or significant literature review. Scholarly projects are presented at an Annual Resident Research Forum during the spring of the PGY–3 year.

Camps. Pediatric residents may complete electives while serving as camp physicians and counselors at a number of summer camps.

Asthma Camp. Camp RAD (Reactive Airway Disease) is a one-week program designed to teach self-management skills and prevention strategies to children with asthma.

Diabetes Camp. More than 200 children and adolescents attend this one- or two-week overnight camp to learn about diabetes and develop skills to independently manage their disease.

Rainbow Connection. This is a one-week summer camp for pediatric patients with blood dyscrasias or malignancies and their siblings. House staff work with nurses and counselors to handle acute medical problems, supervise chemotherapy and monitor lab results.

International Electives. Pediatric residents are encouraged to schedule international electives during their PGY-2 or 3 year that will expose them to the practice of pediatrics in medically underserved areas. Presently, international electives are available in Egypt and Nicaragua.

STIPENDS & BENEFITS

Annual Salaries. House staff salaries are:

	Effective 9-1-09
PGY-1	\$44,168
PGY-2	\$45,500
PGY-3	\$47,179
PGY-4	\$48,950

Health Insurance. Medical, dental, and life insurance are provided to all residents, and families can be added at a nominal cost. Vision and accidental death and disability insurance may be also added at a nominal cost.

Retirement Program. All residents participate in the UT System's Optional Retirement Program (ORP). Of the resident's gross monthly salary, 6.65 percent is deducted for contribution to the ORP, and the state of Texas matches 8.5 percent. Deposits may be withdrawn when the resident leaves the UT System.

Vacation and Paid Leave. Residents receive three weeks of vacation yearly. In addition, schedules are arranged to allow for several work-free days at the Christmas/New Year's holidays. Paid sick leave and family leave are also available as appropriate.

Professional Liability Insurance. Malpractice insurance is provided by UTMB. Coverage is limited to the residents' activities as UTMB housestaff members.

Meals on Call. Meal cards are provided for residents on weeknight and weekend overnight call, and may be used at any of the in-house meal facilities at UTMB, as well as the on campus Starbucks.

Education Stipend. Pediatric residents receive an annual educational stipend towards the purchase of books, pda's, and other educational materials.

Coats. The department provides residents with white coats.

Library, Photocopying, Computers. A clinical librarian is available to assist with literature searches and obtain articles. Residents have access to photocopying and fax machines located in the Pediatric Education offices. Computers are available in the pediatric library. The Moody Medical Library is a premiere library with access to digital databases and full-text articles.

Resident Lounge. Located within the Children's Hospital, the resident lounge provides computers, individual lockers, mailboxes, a refrigerator, a microwave oven, a television and a DVD/VHS for resident use. Additionally, individual sleep rooms are available along with TV/DVD/VCR and exercise equipment on the 12th floor John Sealy Hospital.

OTHER INFORMATION

Faculty Advisors. Shortly after entry into the training program, residents are paired with a faculty advisor for discussing evaluations or personal issues, as well as for guidance in career planning and professional development.

Social Committee. The residents and the program coordinators plan activities to bring residents and their families together throughout the year. These include beach barbecues, seasonal parties, and 'get-togethers' at the end of rotations. Resident retreats free from work duty and patient care responsibilities are held off site in the spring and fall of each year.

Night Call. Residents are on call every fourth night on average. Backup call systems are in place for each training level, and there is only limited call during the PGY-2 ambulatory block rotations. Residents have at least three call-free months during their three years of training, and residents receive an average of one full day off per week during all rotations. A Night Float System is used during the PGY-1 and PGY-3 year to help cover the inpatient services. The UTMB Department of Pediatrics complies with the ACGME Duty Hours regulations.

Resident Council/Graduate Medical Education Committee. The Department of Pediatrics' Resident Council, composed of the chief resident and two residents from each training year, participates in the design and evaluation of the educational curriculum for residency training. The chief resident and two additional members from the council serve as housestaff representatives on the department's Graduate Medical Education Committee.

Certification. Residents are required to be certified in Pediatric Advanced Life Support (PALS) and Neonatal Resuscitation. Training is provided during residency.

Evaluation. The residents are required to take the yearly pediatric In-Training Exam. After each rotation, Faculty evaluate resident competencies within the ACGME-specific domains using an on-line evaluation system. The Program Director uses these evaluations to document resident competencies for the purposes of promotion, graduation and ABP credentialing at the completion of residency. Also after each rotation, residents evaluate faculty competencies.

APPLICATIONS

Application Requirements

1. All residency program applicants must apply via the ERAS (Electronic Residency Application Service) Program available through U.S. medical schools.
2. International Medical Graduates must be ECFMG and CSA or Step 2 CS Certified, before permitted to apply through the ERAS Program available through ECFMG.

Deadlines: Applications for PGY-1 positions are accepted from Sept. 1 to Dec. 31st for appointment beginning July 1. Interviews are scheduled from October to January.

Nondiscrimination: UTMB- Galveston, in accordance with federal and state laws and regulations, does not discriminate on the basis of race, color, national origin, gender, sexual orientation, age, religion, disability or veteran status in any of its policies, practices and procedures. This includes, but is not limited to, admissions, employment, financial aid, educational services, access to facilities and services. The university is committed to developing and implementing affirmative action strategies with respect to minority individuals, women, veterans and persons with disabilities. The university employs only persons eligible to work in the United States.

Reappointments : The Department of Pediatrics is not obligated to continue any candidate's training beyond the first year. Residents are reappointed if their performance evaluations indicate that they are appropriately competent for their level of training, expectantly capable of successfully completing the residency-training program and attaining certification by the American Board of Pediatrics.

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