Rev. 10.24.22

FREQUENTLY ASKED QUESTIONS

(questions asked by applicants and answered by residents and program leadership)

What is your GME FMLA policy?

Our policy can be found here: GME Policies

For maternity/paternity leave, residents can sign up for two nonclinical paid electives that are designed for maternity/paternity leave (e.g. MKSAP month and newborn elective) plus a research month. They can also use vacation time.

How is scheduling between medicine and pediatrics reconciled given that they follow different scheduling modalities?

We do 3 month alternating blocks between medicine and pediatrics. Medicine rotations are 28 days, whereas peds rotations are one month. As you can imagine, this isn't an issue during the three-month period, but this can leave some down time during "switch" which is usually only a few days. This is generally handled by inserting some full MP clinic days or days off for REACH time! For example, one resident this year was on VA wards 8/31-9/27 for her four-week medicine block. She started peds heme/onc on 10/1. She was in clinic 9/28, 9/29, and 9/30. It's a nice way to incorporate some full clinic days!

The Peds program is considering a move to a X + Y schedule. Currently Medicine does 4 + 4. Our leadership is always working with the Categorical programs to make sure our schedules are considered with any big program changes.

How often is 24 hour call?

In general, there are more 24-hour call months during your first two years of residency. As of 2022-2023, Internal Medicine is moving to remove its last 24-hour call shifts. There continues to be call on Pediatrics. Based on resident feedback, Peds is working on reducing the number of 24-hour call months during second year, but this is currently a work in progress. One nice thing about most of the 24-hour call months is that if you aren't on call on a weekend, then you have the weekend off. Here is an outline of the 24-hour call months by PGY year:

- PGY-1:
  - Peds: Denver Health wards (every 4 days), NICU (every 5-6 days depending on number of residents on well baby), University Well Baby (every 5-6 days depending on number of residents on well baby)
  - IM: none
- PGY-2:
  - Peds: Heme/Onc (every 4 days), Pulm (every 4 days), PICU (every 5-7 days depending on time of year)
  - IM: none
- PGY-3:
  - Peds: NICU (every 5-6 days depending on number of residents on well baby)
  - IM: Denver Health MICU (every 4 days) - **going away in 2022-2023**
- PGY-4:
  - Peds: none unless you do Denver Health as your wards month
  - IM: none

Is there a night float system?

Yes, there are certain rotations where you will work a week of nights and cross-cover and/or admit patients. You will find this more on the Internal Medicine side since they have removed most 24-hour call. There are some Internal Medicine ward months where you might work swing shifts for a week, which is where you admit patients from 2pm-7pm and are usually done between 10pm-1am. Here are the rotations that have residents work a week of nights during that month:

- PGY-1:
    - Peds: Children's Hospital of Colorado Wards
    - IM: Denver Health Wards, University Wards, University MICU, Cards/CICU
- PGY-2:
    - Peds: None
    - IM: University MICU
- PGY-3
    - Peds: None
    - IM: University Wards, Denver Health MICU
- PGY-4
    - Peds: Children's Hospital of Colorado Wards Nights
    - IM: Denver Health Wards, University Wards

How often are parking and food paid for?

- Parking: covered at DH, UCH, VA, CHCO and Clinic
- Food:
    - Denver Health:
        - Medicine provides noon conference lunch, also have meal card to cafeteria and 24h Subway
        - Attendings usually treat residents to breakfast or lunch during the weekends
    - University:
        - Medicine provides noon conference lunch, also have money on ID to cafeteria for nights and weekends
        - Attendings usually treat residents to breakfast or lunch during the weekends
    - CHCO:
        - Peds provides breakfast for morning report and lunch for noon conference; money on meal card for nights
        - Attendings usually treat residents to breakfast or lunch during the weekends
    - VA:
        - Medicine provides noon conference lunch and nighttime meals in fridge
    - Med-Peds Academic Half Day
        - Breakfast sandwiches, coffee and snacks
    - Med-Peds Clinic
        - Lots of candy and snacks in the resident work room. Our attending restock on a weekly basis.

How long is orientation and is it paid for?

Interns do get paid $50/day with the first paid day being GME orientation and the subsequent days for badging, et.c (Total up to $250 per orientation). Orientation is usually from around June 10th to 23rd. Basecamp (where actual clinical duties start) is around June 23rd to July 4th. However, as a result of being paid for basecamp and starting residency a week earlier than many other programs in the country you automatically get the week of June 23rd off at the end of your intern year but this is unpaid time.

How much vacation and time off do you get?

We have 4 weeks off. In the intern year this includes 3 weeks of vacation that we can schedule during non ICU/ward months. The 4th week is split between 5 days around the Christmas or Thanksgiving holiday and then two flex days (scheduled by the program or resident). We also have 1 week of unpaid vacation at the end of our intern year. As a PGY2, 3 and 4, we get 4 weeks of vacation. If you are traveling for a conference or other educational activity, your time away can be excused by using days from one of those vacation weeks.

In addition to vacation, we also get 2 built in wellness health half days when we rotate on Peds. These can be used to schedule doctor's appointments or do other things to support personal wellness. When we are PGY 2-4s, we also get to take advantage of the 5 days the Peds program gives residents (it doesn't count as a vacation!) Finally, during our Med-Ped ambulatory months we get REACH days that we can use for wellness.

What is a positive of being a new program? Any negatives?

Being a newer program has allowed for innovation and strong resident involvement since the beginning. Even though the program has gotten older, this emphasis on resident leadership and input has not gone away. No real negatives. The Med-Peds reputation is super strong on both sides and that really started with the first class of residents. While we have only graduated a total of 20 residents, this group has gone on to pursue a wide range of successful careers including in primary care, hospital medicine, adolescent medicine fellowship, ID fellowship, PICU fellowship, pulm/crit fellowship, peds cardiology fellowship, and EIS fellowships. Lynne Rosenberg will be our first Med-Peds graduate to be an Internal Medicine Chief Resident!

What efforts are taken to recruit students who identify as underrepresented minorities? Are there any barriers to recruiting residents of color?

Dr. Venci , the Med-Peds leadership team, and the residents all desire to have a diverse residency program. We know that in order to do this, we all must make it a priority, meaning it needs to be stated in our mission and aims (it is!), be discussed as a program, and be carried out with intentional actions. We value and want diversity in our program and always use a holistic review when screening for applicants to interview at our program. We do not place higher value of step 1 or 2 scores over personal and professional experiences and we are intentional in our efforts to reduce bias in our screening, interviewing and selection process. In addition, we are continuously working on efforts to educate residents and attendings about bias, racism and stigma, with the goal of creating a welcoming and supportive learning environment for all residents. If anyone has additional questions, they can reach out to our APD, Dr. Carolina Gutierrez (class of '20) who continues to be actively involved in our residency program, focusing on diversity, equity and inclusion work. Her email is: Carolina.Gutierrez@dhha.org.

As far as barriers, we recognize that students want to practice in a place where they feel supported and can receive mentorship. Dr. Venci feels strongly that between the large Anschutz Medical Campus and Denver Health, there is a strong, supportive community available for ALL residents. However, she does continue to recognize the importance of recruiting more diverse faculty to her program, as well as other residency programs on campus. She is committed to this

effort and is working with other leaders on campus to identify opportunities to make this happen. She is part of the MPPDA Diversity and Inclusion Taskforce and works with other Med-Peds Leaders across the country to find meaningful ways to increase, support, and celebrate diversity in medicine. Many of our residents are active members of MARC (minority + allied resident counsel) and DIPC (diversity in pediatric committee) where they connect with other residents, fellows, and faculty seeking ways to engage with other diverse members of our medical community. In addition, Dr. Venci and the whole Med-Peds leadership team are committed to finding you the mentorship you need to be successful both professionally and personally. They are committed to you and your goals. If you have additional questions, you can always reach out directly to Dr. Venci: Julie.Venci@dhha.org.

What changes have you made to the screening and selection process to improve diversity and reduce bias?

In 2018, when Dr. Venci became the Program Director, we did a complete review of how we approach recruitment and made important changes to ensure an unbiased and transparent screening and selection process. During our screening process, we don't include pictures of applicants. We only look at the step score as pass/fail (the actual step score doesn't impact an applicant's score). We have removed additional points for AOA and med school. We have added points for experience, including any hardships an applicant may have faced. We also recognize and value all students who identify as URiM or bring diversity in other ways, such as low socioeconomic background, first to attend college, LGBTQ+ and race/ethnicities not included as URiM. Our interviewers only see an applicant's CV and personal statement; they do not see applicants' letters of recommendations since they can be biased. Since we have made these changes, the number of URiM students invited to interview has increased by 50% and continues to increase every year. This year, almost half of invited applicants fall into the categories listed above. We are now focusing more effort into making sure all of our training programs, medical campuses, and learning environments are inclusive places where learners thrive. Dr. Venci is now the Chair of the GME DEI committee and plans to make this work a priority. Drs. Venci, Gutierrez, Manning, and all of our residents know that diverse doctors make our program, our hospitals, and patient outcomes better. We all aim for that and will continue to take action to achieve this goal.

How does wellness differ on medicine versus peds given the difference in schedules?

There are a few more 24-hour calls on the peds side , but they make up for it with weekend days off. If you are on call on the weekend, you are there 24h. However, if you aren't on call on a weekend, you're OFF. So you end up with lots of weekend days off, which some people actually like better than the traditional schedule on medicine wards (4 days off in the month). We do NOT have the same 4+4 system that medicine does, but Dr. Aaron Manning has been working on modifying the schedule to limit the number of service months in a row (particularly for our interns).

Reimbursements for tests, licenses and trainings. Additional funds?

Interns need to have ACLS done before starting intern year but the program pays for renewal after the second year. Pediatrics pays for PALS both in the intern year and after second year.

Step 3 is not reimbursed.

Residents have a training license that is $10 and not reimbursed.

Residents do get $200 in GME education funds and $150 from Internal Medicine that they can spend each year. The $200 rolls over each year but the $150 does not.

Do you have to like camping, mile long hikes, skiing or snowboarding in order to hang with co-residents?

You do not have to enjoy hiking, camping, skiing or snowboarding to get along with this crew of residents! Here are a few of the other things we enjoy doing together: board games, movie nights, park picnics, dog play dates,

knitting/crocheting, gardening, local breweries and dining (especially ice cream). And if you want to dip your toes into camping/hiking/climbing/skiing/snowboarding, there are residents who would love to lend you their gear / show you the ways!

What are the winters like?

Winter in Denver, Colorado is beautiful and pretty mild! From November to March, the temperature in Denver ranges from the 20s-50s°F and we typically get about 2-10 inches of snow per month. Given the average high temperature in the 40s°F and over 300 days of sunshine, the snow typically melts the next day, so lots of outdoor spaces can stay open year-round. If the city gets a lot of snow, then they are equipped with snowplows to clear the highways and major streets. There are lots of residents who never drove in the snow until they moved to Colorado and find it very doable. The mountains are chillier and get a lot more snow, which typically sticks for the winter season and gives folks lots of opportunities to participate in outdoor winter activities if they are interested.

Do you feel more allied/get along with one set of categorical residents over the other?

Shared experiences on your rotations will bring you close to your co-residents, no matter their program affiliation. We all really like each other and tend to spend a lot of time with the Med-Peds crew, but also have friends in both categorical programs. We attend the same social events and we share group chats / slack channel with the categoricals on both sides, so you will never feel left out (in fact, you may find your social calendar is a bit too full at times). We are well respected by both categorical programs and treated like other categorical residents, and Lynne Rosenberg is going to be our first Internal Medicine Chief Resident.

How are significant others, kids supported by the program and other residents?

As a non-medical spouse, I have always felt supported by the program and other residents. While many things about residency can be challenging, the camaraderie, inclusivity, and positivity of the program have made things so much easier. My spouse and I have had a number of major life events during residency, including buying a house, getting married, and having our first child. My wife’s co-residents have always been there for us, from throwing us an engagement party, to hosting a baby shower, to providing a meal train after our daughter was born. I can’t imagine being part of a more perfect community during residency and beyond.

Can you describe what the resident experience in the transitional care clinic is like?

As residents, we have an opportunity to participate in two clinics that address different transitions of care. One is a pediatric to adult transition clinic that is for patients with complex medical conditions that developed in childhood, also called the "adult special care clinic". The other is for transition of patients from inpatient to outpatient care after a recent admission. The adult special care clinic was started by one of our recent alumni and is located within the Children's Hospital, embedded within the clinic where these patients have often gotten care most of their life. In addition to general primary care within this clinic, there is an emphasis on transitioning these patients to adult specialists, to the adult hospitals during admissions, and empowering patients (when they have the intellectual capacity to do so) to take ownership of their care and rely less on their parents for their medical needs when appropriate. This currently isn't a formal elective, but we have dedicated time in this clinic during our clinic months and it is an option during custom elective months. The second clinic, the discharge transition clinic, is located at Denver Health and serves to see patients soon after a complex discharge if they need follow up before their PCP is available or if they don't have a PCP. The focus in this clinic is to do appropriate follow up needed acutely and plug them into long term care if that is not already established. This is a dedicated elective that you can do for 1 month. Both are areas that need improvement within our systems and it's great to explore different models for how this can be delivered.

In addition to the Med/Peds leadership team, do you feel that you are supported by the University of Colorado as an institution? Do you have a resident union?

The University as a whole is very supportive of all training programs on campus. We have access to several support resources through the University including mental health resources, fitness center discounts, and financial resources. We do have a housestaff association that represents trainees in all programs across GME. There are representatives from each program that meet to discuss areas for improvement within the training environment that are GME wide rather than program specific. Leadership within the association then advocate to appropriate Graduate Medical Education, University, Hospital administrators, and other related parties to make changes asked for by trainees. They have been very involved in salary changes, COVID vaccine distribution , and COVID response/ schedule changes. We're lucky to have so many layers of support and opportunities to advocate for change. There are opportunities for residents to be involved in this committee if interested.

What are your board pass rates?

100% in both IM and Pediatrics! We receive such an excellent, diverse training experience so feel confident and ready to take both boards when we graduate.

How is your health insurance?

In general, we have fantastic health insurance at the University of Colorado. One thing they changed this past year is that you are required to have a PCP and a PCP referral is required for specialist appointments. Most residents have a PCP through the University of Colorado and have no issues getting the care they need. Here are what our deductible and premium rates looked like for 2021/2022:

- Overall deductible: $250/single or $750/family aggregate
- Premium rates:
    - Resident only: $10.00/month
    - Resident + Child(ren): $28.00/month
    - Resident + Spouse: $30.00/month
    - Resident + Family: $43.00/month

Here is the GME website that goes into a lot more detail about our health insurance:
https://medschool.cuanschutz.edu/graduate-medical-education/CUGME-benefits/benefits#ac-health-insurance-0

How do residents learn medical Spanish if they wanted?

Residents who are interested in improving their Spanish fluency, can do so in different ways.

The most helpful way is to use a Career Focused Education Block (CFEB) on the Pediatrics side for dedicated Spanish studying. There are several medical-focused Spanish textbooks that can be helpful resources, depending on the person's Spanish proficiency level to start. In our Med-Peds Google Drive, we offer recommendations for books, online resources (e.g. podcasts) and courses that residents can use throughout their training. Some of these resources have been purchased by the program and others can be bought by the resident with educational funds. Time on the CFEB elective could be used in combination with in-person clinical opportunities in primary clinic or in the community to practice Spanish speaking and listening skills. There are free Weekly webinars for learning Spanish through Common Ground International Language Services, so you can also join these as your clinical schedule allows throughout the year. There are lots of free podcasts too - Discover Spanish, Learn to Speak Spanish, etc. that residents can use when driving to and from clinic. There are also opportunities that allow residents to rotate with the hospital interpreters.