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Pediatrics as a Career: A Toolkit for Medical Students

Guidance Across the Pre-Clerkship, Clerkship, and Post-Clerkship Phases

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Introduction

How to Use This Guide

This guide builds on ***Exploring Pediatrics as a Career: A Guide for Learners***, which introduces students to the breadth of pediatrics, its core values, and the diverse roles pediatricians play across clinical care, education, research, systems-focused work, and leadership. While that resource is designed to help students understand what pediatrics offers and why it may be a meaningful career choice, the present guide focuses on how students can intentionally explore pediatrics over time and prepare for a career in the field across the pre-clerkship, clerkship, and post-clerkship phases of medical school.

Medical students at any stage of training who are interested in pediatrics—whether they are just beginning to explore the specialty or actively preparing to apply for residency—can benefit from guidance that is both practical and reflective. This guide is intended for medical students from all medical education pathways, including both allopathic (MD) and osteopathic (DO) programs, and is designed to support thoughtful career exploration, professional development, and informed preparation for the residency application process. Its goal is to help students navigate the path to pediatrics while encouraging purposeful growth, meaningful reflection, and authentic engagement over time.

This resource was developed by the Council on Medical Student Education in Pediatrics (COMSEP) Medical Student Mentorship Workgroup as part of the Association of Medical School Pediatric Department Chairs' (AMSPDCs) Pediatrics Workforce Initiative. It reflects the collective expertise of educators, mentors, and advisors committed to pediatric medical education. The guidance presented applies equally to MD and DO students, who enter the same ACGME-accredited pediatric residency and fellowship programs and pursue identical board certification pathways. Drawing on shared advising themes and established best practices, the guide is designed to support students across the continuum of medical school as they navigate career exploration, skill-building, and residency planning. It is not intended to be read cover to cover in a single sitting, but rather to be revisited over time, with students returning to the sections most relevant to their stage of training, evolving interests, and individual goals. In this way, the guide is meant to complement ongoing mentorship, advising, and self-reflection, serving as a trusted resource to help students plan with intention, deepen their understanding of the field, and move forward with confidence toward a career in pediatrics.

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How to Build a Strong Pediatric Application

Big Picture (What Pediatrics Programs Actually Want)

Program Directors are looking for:

- Genuine interest in and advocacy for **children and families**
- Strong **clinical skills**
- Empathy, professionalism, and effective **teamwork**
- Evidence of **commitment** and follow thorough over time
- A clear, authentic **story**
- A developing professional identity grounded in pediatric values

Programs value quality over quantity

Academics (Foundation First)

Early focus on:

- Developing a strong foundation in core concepts (physiology, pathology, and pharmacology)
- Understanding the "*why" behind mechanisms and decisions*, not just memorizing lists or isolated facts
- Identifying and addressing gaps in knowledge and clinical skills early in training
- Recognizing how pediatric care differs from adult care as a key pre-clerkship skill that strengthens your approach to histories, physical exams, differentials, and management once you enter clerkships

During clerkships, focus on:

- Caring for children, adolescents, young adults, mothers, and caregivers whenever they appear in any rotation, and using those encounters to strengthen your understanding of development, communication, and family-centered care
- Building strong clinical habits such as organized presentations, clear documentation, thoughtful differentials, and reliable follow through
- Learning how different specialties approach diagnosis and management, and applying those lessons to pediatric thinking and problem solving

- Seeking feedback early and consistently to refine your clinical reasoning, professionalism, and bedside skills
- Paying attention to what resonates with you including the patient populations, clinical environments, and team dynamics that help shape your emerging professional identity

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Clinical Exposure (Start Early)

Get comfortable before clerkships:

- Standardized patient experiences (review your feedback regarding your interpersonal and communication skills in addition to "core" clinical skills of history and physical exam)
- Shadowing pediatricians (ask questions about what they are doing, why they chose pediatrics)
- Institution-initiated clinical encounters (e.g. assigned preceptors)
- Student-initiated clinical experiences (e.g. volunteering at student-run free clinics or community clinics serving children)
- **Seek out pediatric-related clinical activities when possible**

Skills to build upon:

- History-taking
- Physical exam
- Oral presentations
- Clinical reasoning
- Patient management including osteopathic manipulative treatment for students trained in osteopathic medicine
- Documentation

The more you practice, the more confident you become, and that confidence makes it easier to take on new challenges, ask better questions, and keep learning

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Mentorship (Meaningful Connections)

Start earlier than you think by establishing relationships with:

- Office of Student Affairs Career Advising Team
- Pediatric-specific:

  - Pediatric faculty
  - Residents
  - Clerkship directors
  - Residency Program Director/Associate Program Director
  - Department of Pediatrics Chair
- Research or service/volunteer mentors

Why mentors matter - they can provide you with:

- Honest feedback
- Career guidance
- Letters of recommendation
- Support and sponsorship when it matters most

Click to explore:

- *NextGenPeds* – national mentorship program aimed at providing guidance, support, and networking opportunities to underrepresented in medicine (UIM) pediatric residency applicants
  (active on Instagram & X)

Service & Leadership (Show Your Values)

Pediatrics loves service — especially with kids.

Possible areas you could volunteer:

- Pre-participation sports and school physicals
- Camp counseling, including medical specialty camps
- Big Brothers/ Big Sisters
- Boys & Girls Clubs
- Community outreach with schools or organizations
- School/Community clinics for underserved populations

Get involved on campus:

- Pediatric Interest Group / Pediatric Student Association

- Medical school committees

Tips:

- Aim for a **leadership role**
- Stay involved over time. Be consistent

Depth beats resume padding.

Advocate for and Champion Child Health (Think Bigger Than Yourself)

❖ **Local, state and national levels**

Examples:

- Improving access to care and the systems that support child health
- Addressing social and environmental factors that influence child well-being
- Prevention efforts and child safety initiatives
- Supporting vulnerable pediatric populations through coordinated care and systems improvement
- Education, partnership, and community outreach

Join national organizations:

- American Academy of Pediatrics (AAP) – ~$25/year for student membership
    - Section on Pediatric Trainees = peer mentorship
    - Regional AAP chapters = high yield, low cost
    - Participate in AAP child health leadership and education days at the state level through local chapters and nationally in Washington, DC
- American College of Osteopathic Pediatricians (ACOP)
- American Medical Student Association (AMSA)
- American Medical Association (AMA)
- American Medical Women's Association (AMWA)
- Student National Medical Association (SNMA)
- Latino Medical Student Association (LMSA)
- American Osteopathic Association (AOA)
- Asian Pacific American Medical Student Association (APAMSA)

Early engagement at the systems-level reflects a commitment to systems-level care and sustained long-term interest in the field.

Research (Turn Curiosity Into Impact)

Good to know:

- What matters most: **follow-through and the skills you gained**
- All research is meaningful
    - Basic Science, Transitional, Clinical, Quality Improvement, Educational
    - Does not have to be pediatric-specific research
- **Very helpful to have when applying to:**
    - Academic pediatrics programs
    - Research-track or clinician-scholar programs
    - Programs with strong NIH, foundation, or education scholarship identities

Best practices:

- Choose something you're genuinely interested in
    - Need help finding a project?
        - Talk to your mentor(s)
        - Talk to other students who are already engaged in research
        - Approach faculty who deliver lectures that resonate with you
        - School's research infrastructure
- Stick with it long enough to produce a product
- Posters, abstracts and publications (bonus)
- Undergraduate research counts

If it's on your CV, you must be able to talk about it.

Teaching & Mentoring (Pay It Forward)

Pediatrics values educators.

Examples:

- Peer tutoring
- Observed Structured Clinical Encounter (OSCE) coaching
- Small-group facilitation
- Mentoring junior students
- Pipeline/pathway or community programs

Teaching = communication + leadership

Networking (Yes, It Matters)

Focus on meaningful engagement and mentorship instead of mass outreach

Opportunities:

- Pediatric shadowing
- Conferences
- Workshops
- Local AAP, Pediatric Interest Group/Pediatric Student Associations, medical school events
- Local, regional, and national mentorship connections

Bonus:
Networking often results in **stronger letters of support** and **individuals who can speak on your behalf when it matters most**

Pro Tips (Read This Twice)

- Academics come first. Balance is key
- Programs want to see **commitment to pediatrics**, not perfection
- Quality matters more than quantity
- Research doesn't have to be pediatric-specific.
- Obtain mentors within and outside of your medical school

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What Matters Most at Each Phase of Medical School

Guidance for Pre-Clerkship, Clerkship, and Post-Clerkship Students

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Pre-Clerkship Phase: Explore, Engage, and Prepare

- **Explore pediatrics:** Shadow in pediatric clinics or hospital settings to appreciate differences in patient populations and continuity.
- **Join the Pediatrics Interest Group/Pediatric Student Association (or equivalent):** Attend panels, mentorship events, and networking opportunities to connect with residents and faculty.
- **Focus on academics:** Academic pediatric programs expect strong performance.
    - Begin building strong USMLE Step 1 (MD students) and COMLEX-USA Level 1 (DO students) study strategies now, while keeping up your grades.
        - **USMLE Step 1:** Pass/Fail
        - **COMLEX-USA Level 1:** Median score for Pediatrics ~535.
        - **For DO students:** Most Pediatric residency programs do not require USMLE. Review program requirements early using Residency Explorer and program websites, and contact programs directly if COMLEX score policies are unclear. Decisions about taking USMLE should be individualized and made with attention to potential financial burden.
    - Build strong study habits and foundations in physiology, pharmacology, and communication - skills highly valued.
    - If deficiencies occur, you can still overcome them by demonstrating improvement and growth.
- **Engage in service to community:** Pediatric programs highly value meaningful community engagement, particularly activities that support children, families, or underserved populations.
- **Engage in service to the university:** Take active roles in medical school or university-based service such as student organizations, committees, peer mentoring, tutoring, admissions, and curriculum initiatives. Pediatric programs value sustained involvement that demonstrates teamwork, leadership, and commitment to the academic community.
- **Research and scholarly involvement:** Research is considered in Pediatrics but not required to match. Choose projects that genuinely interest you - health disparities, chronic disease management, medical education, or quality improvement.
    - Aim for tangible outcomes such as a poster, presentation, or publication.

- **Seek mentorship and get involved nationally:** Connect early with faculty, near-peer (e.g., residents, fellows), and peer mentors in Pediatrics. Join organizations such as the American Academy of Pediatrics (AAP) national and regional chapter.
- **Begin reflecting on fit:** Reflect on what draws you to caring for children. Record meaningful experiences you may later reference in your personal statement.

Clerkship Phase: Perform and Reflect

- **Excel clinically:**
    - Strong clinical performance in Pediatrics is highly valued
    - Your **Medical Student Performance Evaluation (MSPE) Clerkship paragraphs** which describe your performance during clerkships should highlight **professionalism** and focus on *patient-centered care*, a **strong work ethic**, and **teamwork**.
- **Build relationships for letters:**
    - May obtain at least 1 strong letter of recommendation from Pediatric faculty during your Pediatric Clerkship.
        - The quality of the letter matters more than the writer's title.
        - To help the letter writers develop stronger letters, keep notes about your experience with them – types of patients, presentations you gave, and feedback they gave you
- **Reflect on your story:**
    - What aspects of patient care resonate most with you, including development, chronic disease management, preventive care, or population-level impact?
- **Mentorship check-in:**
    - By late clerkship, meet with your advisor(s) to assess competitiveness and plan for post-clerkship phase.
    - Continue involvement in local, regional, and national organizations.

Post-Clerkship Phase: Residency Strategy & Preparation

- **Meet with your advising team/mentor(s):** Review your competitiveness with your advising team including an overview of your academics, USMLE Step 1 and 2/COMLEX-USA Level 1 and Level 2-CE results, volunteering/service, leadership, teaching/mentoring, and research.

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- **Exam scores:**
    - **USMLE**
        - **Step 1:** Pass.
            - If applicable, check Residency Explorer and TexasSTAR (available for purchase by your institutions only) for individual program first-time pass expectations.
        - **Step 2:** Median score for Pediatrics 247 according to 2024 Charting Outcomes for MD students and 241 according to 2024 Charting Outcomes for DO students.
    - **COMLEX-USA**
        - **Level 1:** Median score for Pediatrics 535 according to 2024 Charting Outcomes for DO students.
        - **Level 2-CE:** Median score for Pediatrics 534 according to 2024 Charting Outcomes for DO students.
    - Most Pediatric residency programs do not require USMLE. Review program requirements using Residency Explorer and program websites, and contact programs directly if COMLEX score policies are unclear. Decisions about taking USMLE should be individualized and made with attention to potential financial burden.
    - ➢ Programs also value context, growth, and fit over perfection.
- **Schedule Acting Intern (AI)/Sub-Internship (Sub-I) Rotation early:**
    - This isn't always feasible at every school, and that's fine.
- **Select electives strategically by considering the following factors:**
    - Alignment with your academic and professional interests
    - Opportunities for increased exposure in areas where you wish to gain additional experience or address specific developmental needs
    - Electives that capture your curiosity and offer distinctive experiences unlikely to be available again
    - Confirmation of elective availability during your preferred scheduling block
- **Decide carefully about Away Rotations:**
    - Optional - Not required!
    - Best reserved for applicants targeting specific programs or regions.
        - Use Letters of Recommendation from these programs strategically

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- Keep in mind, these are audition rotations!
    - It may potentially hurt you if you do not perform at an exceptional level
- AAMC Visiting Student Learning Opportunities (VSLO) program: https://students-residents.aamc.org/visiting-student-learning-opportunities/visiting-student-learning-opportunities-vslo
- Possible funding visiting rotations for underrepresented in medicine (UIM) allopathic and osteopathic students can be found here: https://www.appd.org/careers-opportunities/urim-opportunities/

Application Essentials

Personal Statement:

- Provide insights into who you are beyond what is outlined in your ERAS application
- Tell **your** story
- Avoid cliches (e.g., "I've always loved kids") unless you explain why that is true and support it with specific examples
- Address gaps honestly and with a growth mindset
- Keep it to one page
- Get multiple rounds of feedback from mentors (for content) and someone who is good with grammar (for proofreading)
- Do NOT use AI
- Check program requirements for any specific criteria

Letter of Recommendation (LoRs):

- 3-4 strong LoRs that speak to your clinical abilities and highlight qualities valued by Pediatrics
    - Compassion and empathy
    - Strong communication skills
    - Teamwork
    - Adaptability
    - Supporting patients and families beyond the bedside

    - Commitment to lifelong learning
- 1-2 should from Pediatric faculty
- Acting Internship (AI)/Sub-I letters and post-clerkship electives > clerkship letters
    - Do not stress if unable to get AI/Sub-I LoRs due to a later rotation after applications are due
- Check with school's website if a Department letter (sometimes called a Chair's letter) is required (usually not required)
- Request a meeting and provide letter writers with:
    - CV
    - Personal statement
    - Specific examples (patients, projects, presentations, experiences, feedback) from your time working with them
    - Prior evaluation form written by them

Building your CV/Application:

- Maintain consistency across your CV, ERAS entries, and MSPE Notable Characteristics.
- Showcase your commitment to Pediatrics

Program Selection:

- Most pediatric applicants apply to:
    - Up to 20 programs for MD applicants
    - Up to 30-40 programs for DO applicants
- More if:
    - Academic challenges
    - Couples matching
    - Advised to do so (i.e. applying to many competitive programs)
- **Choose programs that match your portfolio and your values.**
- Familiarize yourself with **key academic and residency application metrics for pediatrics, including:**
    - AAMC CiM Specialty Profiles

    - NRMP Charting Outcomes, individualized for MD and DO applicants
    - NRMP Match Data
- Useful Resources:
    - **Residency Explorer Tool**
    - **Texas Star** (if available through school) – self-reported data from recently matched applicants
    - **FREIDA database** for residencies or fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME)
    - The American Academy of Pediatrics (AAP) website
    - Program websites:
        - Verify other resources
        - Check application requirements
    - Recent match results from your medical school to guide your planning
    - FuturePedsRes
        - Organization dedicated to guiding pediatric residency applicants through the recruitment season.
        - Offer webinars and informational sessions.
        - Online platforms include: Instagram and YouTube

Regions & Signaling:

- A way to tell programs: "I'm genuinely interested."
- Signals ≠ guaranteed interviews
- **High-yield strategy:**
    - **Signal programs that excite you most and align closely with your skills and interests**
    - Signal programs within your geographic preference
    - **Use all available signals**
- **Per AAMC guidance:**
    - Signal your **home institution**
    - Signal programs where you completed **away rotations**

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Couples Matching:

- Often need to apply to a larger number of programs compared with students applying solo
- Adjust based on:
    - Your partner's specialty competitiveness
    - Geographic limitations
- Start planning **early**
- Coordinate strategy with **both advising teams**

Pediatric Residency Application Platform:

- Applications are currently submitted through ERAS
- Programs review applications as soon as ERAS opens
- Submit applications prior to deadline
- *Late applications = missed opportunities*

Interview Process and Preparation:

- Most programs utilize Thalamus to manage interview process
- Most applicants: 12-14 interviews
- More if:
    - Couples matching
    - Targeting highly competitive programs
    - Have red flags on your application
- Rolling invitations start in **October**
    - Respond **promptly**. Spots fill **fast**
    - **Consider using a separate email address for the application process** to reduce the risk of messages going to spam or quarantine folders, or getting lost in your inbox
- Peak interview months: November/December
    - Avoid clinical rotations during this timeframe

- Stay organized by keeping track of the following in one easy-to-find place, such as a spreadsheet and your calendar:
    - Dates
    - Time zones
    - Program formats
- **Interview advice**
    - **Mindset:**
        - Show enthusiasm
        - Come prepared
        - Participate actively
        - Maintain professionalism
    - Attend and participate in virtual socials and meet and greets before the interview (these are a part of your interview too!)
    - **Remember the interview:**
        - Starts when you log on/arrive
        - Ends when you log off/leave
    - For further preparation, see to AAMC Careers in Medicine
    - **Mock Interviews**
        - Highly recommend doing at least one mock interview (formal if available at school/informal if needed)
        - Helps with:
            - Camera and microphone setup
            - Common questions
            - Answer structure
            - Nervousness
    - **Questions to Ask Programs (Have These Ready)**
        - **Aim for at least 3 per interview**
            - Good questions:
                - Can't be answered by the website

        - Reflect genuine curiosity and interest in that specific program
        - Avoid controversy
        - Examples:
            - "How do residents get feedback when struggling?"
            - "How are residents involved in quality improvement or supporting patients and families beyond clinical care?"
    - *You can reuse questions — just tweak them*

Post-Interview Communication (Keep it Simple)

- What is Okay:
    - Thank-you note (optional)
    - Brief updates with new information (e.g., awards, publications)
    - Specific questions that cannot be answered on the program's website and/or were not addressed on interview day
- Many advisors recommend letting your top program know of your intention to rank them #1 after all interviews are completed
    - May or may not be beneficial, but does **not hurt**
    - **Only send to your #1 program!**
    - Do not expect a response from the program (No response ≠ no interest)
- ***Respect the program's guidelines for post-interview communication***

Second looks (Optional, Not Required)

- **What they are:**
    - Applicant-centered visits
    - Help *you* decide fit
- **Key facts:**
    - **Optional**
    - Offered after interviews

- Does **not** affect rank lists (APPD guidance). Most programs will offer second-look opportunities only after they have submitted their rank list (i.e., they cannot change their rank list at that point)

- **Attend only if:**
  - It would truly change your rank order

Pediatric MATCH Platform: NRMP

- Final ranking occurs through NRMP
- The match is a binding contract
- Building your rank list:
  - **Golden rule:** Rank your programs based on true preference
  - Define your non-negotiables early:
    - Location/partner needs
    - Program size
    - Patient population/acuity (NICU/PICU)
    - Call schedule
    - Parental leave
    - Salary & cost of living (factor in benefits when looking at salary)
    - Visa support (if applicable).
  - How to Judge "fit":
    - Use resident interactions to assess (best assessed when faculty are not present):
      - Support & Wellness
      - Program culture
      - Teaching quality
  - Evaluate training quality
    - Board pass rates
    - Fellowship match support
    - Career paths of recent grads
    - Mentorship structure

    - Opportunities in your areas of interest (e.g., PEM, NICU, systems-level care, and research/QI).
- Check-in with mentors:
    - Review your list with your advising team before submitting
    - Why this matters:
        - Ensure alignment with your goals
        - Reality check on competitiveness
        - Identify cognitive bias or red flags
        - Clarify uncertainty between similar programs
        - Increase confidence before submission
    - **Final Strategy Tip**
        - Rank **all acceptable programs**
        - Don't drop a "safety" if you'd be happier there than unmatched
        - The algorithm favors honesty
        - *Best outcome = best fit, not highest prestige.*

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Fourth Year Timeline

Key Milestones	Approximate Timeline
Apply to away rotations (optional) through VSLO	Typically late winter to early spring of the year preceding application submission
Submit fourth-year schedule	Typically late winter to early spring of the year preceding application submission (see school-specific deadlines)
ERAS Application opens	Early June of the application year*
Letters of Recommendation (LoRs)	Formal requests typically begin in June of the application year
Applicants may begin submitting ERAS application	Early September of the application year*
NRMP registration opens	Mid-September of the application year**
ERAS applications released to programs	Late September of the application year* - aim to have 2-3 LoRs available by this time
Schools release MSPE	Typically early October of the application year*
Program interviews	October – January of the application year Peak interview months: November - December
NRMP standard registration closes	Typically late January of the application year**
NRMP rank order list (ROL) submission opens	Early February of the application year**
Second looks (optional for programs & applicants)	February of the application year
NRMP registration & ROL submission closes	Early March of the application year**
NRMP Match Week	Typically the third week of March**
Match Day	Friday of Match Week at 12:00 PM ET

*Date determined by AAMC
**Date determined by NRMP

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Fourth Year Recommended Advising Timeline

Advising Topic	Recommended Timing
Discuss the need to complete away rotations (optional)	January–March/April of the year preceding application submission
Review fourth year schedule	February–March of the year preceding application submission
Review your competitiveness including academics and portfolio (CV)	Late winter to early spring of the year preceding application submission
Review and finalize your Notable Characteristics	Late spring to early summer of the year preceding application submission
Begin discussing your personal statement, ERAS application, letters of recommendation, and strategy (including contingency or Plan B options)	Late spring of the year preceding application submission through early summer of the application year
Review your MSPE and further refine your application strategy (including number and types of programs to apply to)	July–August of the application year
Participate in mock interviews and interview preparation	July–September of the application year
Final review your personal statement, ERAS application, letters of recommendation, and overall application strategy prior to ERAS submission	August–September of the application year
Review interview offers and assess whether additional steps are needed to increase interview opportunities	November–December of the application year
Review your rank order list and address questions to best prepare for the MATCH	January–February of the application year

You have support!
Reach out to your mentors and advisors for guidance.

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