On March 19th, 29,890 senior medical students all over the world eagerly ripped open the envelopes which disclosed their fates for the next several years. Many will move to new states or even a new country, and 1.6% of these graduates will join the privileged ranks of our fellow Internist-Pediatricians in training in US Med-Peds programs.

According to match data provided by the National Resident Match Program (NRMP), Med-Peds programs across the nation offered a total of 354 PGY-1 positions in 79 programs. This year, 96% of those positions were filled; this is compared to a 90% fill rate in 2008.

After a few years of declining numbers of Med-Peds programs in the early 2000’s, the numbers seem to have stabilized, and word is that new Med-Peds programs are in the works. Allen Friedland, Med-Peds program director at Christiana Care System, finds this year’s numbers encouraging, saying, “Fewer unfilled programs and fewer open positions may lead to the creation of new Med-Peds programs in the near future.” As the role of the Med-Peds physician continues to be better defined and increasingly recognized, there is every reason to expect these numbers will continue to rise.

See page 13 for match data by specialty.

Janelle Clauser is a resident at Georgetown University and your NMPRA Secretary

CHARACTERISTICS OF MED-PEDS PRACTICES:
A study published by Drs Robert Fortuna, David Ting, David Kaelber, and Steven Simon

In a new study published in the March 2009 issue of Academic Medicine, Fortuna and colleagues present data collected from the National Ambulatory Medical Care Survey. This survey, performed from 2000-2006, followed over 9,000 physicians’ practices regarding age distribution and types of visits. As compared to providers in Internal Medicine, Pediatrics, and Family Medicine, Med-Peds providers maintained a high level of continuity of care. Med-Peds trained physicians saw a higher percentage of children than Family Physicians, but saw a lower percentage of adults over age 65 than either Internal Medicine or Family Medicine in this survey. The authors also collected data regarding geographic location, types of visits, and source of payment by specialty. See this month’s issue of Academic Medicine for the full article:

http://journals.lww.com/academicmedicine/pages/default.aspx
Dear Med-Peds Colleagues,

As we enter the spring, from a very cold winter, I wanted to wish everyone a warm welcome as we head into the home stretch of the end of our resident calendar year. For the interns, congratulations on surviving and to the fourth year residents, the light is at the end of the tunnel.

Best wishes to all those who have matched in Med Peds and good luck to all those still awaiting fellowship decisions this year! Whether entering residency or fellowship, we look forward to your continued involvement in NMPRA.

NMPRA has had many exciting accomplishments this year including an extremely successful national meeting in Boston, spectacular updates to our website, and a strong commitment to promoting Med-Peds to future residents as evidenced by our presence at the recent AMSA meeting. This is only the beginning for NMPRA!

Please be sure to check out our website for a summary of this year’s match. For those planning to apply for fellowship in the coming year, be sure to check out our up to date Med-Peds Fellowship Guide on our website. Not entering fellowship and need help looking for employment? NMPRA has the largest Med-Peds job board as well as the Med-Peds Job search guide to help you get started.

Again, NMPRA is only as strong as its members. WE NEED YOU!! Please plan to join us at our Northeast Regional Meeting in Delaware April 18th and mark your calendars and plan your vacation requests to join us for the 13th Annual NMPRA National Conference in Washington, DC on October 17th, 2009. This will be a monumental event as we celebrate 40 years of Med-Peds. This will be one event that you don’t want to miss. To ensure that you leave your mark in Med-Peds history, don’t forget to enter for one of our many award competitions including the clinical case competition, advocacy ward, and several others. See the website for further details.

WWW.MEDPEDS.ORG

I look forward to continuing to serve you as this year’s NMPRA president.

See you next quarter,
Jessica Wilson
PGY3 Medical College of Wisconsin
Like many of you, as a fourth year medical student I chose a combined residency in internal medicine and pediatrics as a comprehensive continuation of my medical training. I was drawn by a desire to learn to care for patients and their families from birth through adulthood.

An extra year of residency permits internal medicine and pediatric residents an extra year to decide on fellowship. As a second year resident, I decided I wanted to pursue fellowship training to focus on one aspect of care for this broad patient base. I yearned for a field where I could continue to care for infants and geriatric patients alike. It is important to choose a specialty which suits your overall career goals. For instance, it is important to know if you prefer hospital based care over outpatient practice or vice versa and if you wish to continue to care for adults and children throughout your career. Specialties like rheumatology, cardiology, pulmonology, gastroenterology and allergy and immunology allow for longitudinal care for patients from youth through adulthood. However, there are few programs that provide training for both adult and pediatric populations. Many programs will allow fellows to create their own medicine and pediatrics track which may involve an additional year or more of training or simply performing elective rotations on either the pediatric or medicine side. It is important to learn whether or not such training will provide you with the requirements necessary to sit for both adult and pediatric subspecialty boards if that is something that interests you. These same career goals led me to choose the exciting field of Allergy and Immunology.

During the application process, you will again need to request letters of recommendation from faculty members you have worked with during residency. Each program has its own requirements on the specific number of letters required. In general, it is a good idea to have a letter from your program director and a faculty member in the field to which you are applying.

Program directors in either pediatrics or internal medicine may also be helpful, but in general any faculty member with whom you have worked and you have a good relationship with would be acceptable.

As a dually trained and double board certified physician in both adult and pediatric medicine, Allergy and Immunology is a perfect match. These programs begin the application process 18 months prior to the start of the program and recruit both internal medicine and pediatric residents. During fellowship, it is required that fellows in training see both adult and pediatric patients and allergist are able to care for both populations upon completion of training.

Having the extra training in both specialties as a resident has prepared me perfectly for a career in the field of Allergy and Immunology. I am able to meet infants with eczema and food allergies and follow them into childhood and adulthood when they may develop allergic rhinitis or asthma. Since many atopic diseases are hereditary, I have the ability to care for adults with asthma whose children develop allergies as well. I am still able to fulfill my goals to care for the entire family and feel that as a specialist I have an excellent grasp on the management of allergic disease.

Fellowship has been a welcome transition following a demanding residency such as internal medicine and pediatrics. After four years, it is difficult to consider more years of training, but the daily rigors of fellowship are much different from residency. We have ample time to spend in the research laboratory creating and conducting research projects. This research time is well balanced with outpatient clinics and inpatient consults.

In the end, a combined residency will prepare you well for whatever you choose to pursue. As long as you are aware of your goals, the possibilities are endless with such comprehensive training!

Heather Rivera is an Allergy and Immunology fellow at the University of Virginia.
Despite the predominance of Med-Peds training programs in the central and eastern portions of the United States, California does have plenty of career opportunities for Med-Peds graduates to consider. In fact, there are more physicians living in California who graduated from a Med-Peds residency program than in any other state in the U.S. When searching for a job after residency, much depends on the type of career in which you are interested. The opportunities can range from small rural community health centers, to managed care, or even to large academic medical centers.

There are 691 health center sites spread across California, and they mostly serve lower socioeconomic status patients. These clinics offer excellent med-peds outpatient, and sometimes inpatient, opportunities in a variety of settings (rural and urban).

Go to www.nachc.com for details.

California’s health care system is heavily dominated by HMOs. In the past, it had been difficult for Med-Peds graduates to find a position in an HMO. However, a few of the larger HMOs have begun to hire Med-Peds trained physicians. Anecdotally, Med-Peds graduates have reported that a good way to start with one of these organizations is to get hired by one discipline (Internal Medicine or Peds) and then eventually start working in the other field as time progresses.

In terms of fellowships, there are examples of combined fellowships at some of the major California medical centers. For instance, both UCSF and UCSD have offered combined fellowships in endocrinology. Combined fellowships in other disciplines also exist and some California programs are open to the concept of starting combined fellowships even if there is not a Med-Peds residency training program at that institution.

Start by contacting individual Med-Peds residency and fellowship directors in California for more information about jobs or fellowships. They are often invaluable resources in their regions.

Aaron Lehman, Sonny Lee, and Lori Wan are currently practicing in Med-Peds in San Diego, CA.
The following is an interview with Gitanjali Srivastava about her recent job search as a young Med-Peds physician. She completed her Med-Peds residency training at Mount Sinai Hospital in New York in 2007 and is currently working in a Med-Peds private practice in the New Hampshire area.

1.) How did you start your Job search?

When I started my job search, I really did not have an idea of what I was looking for or what specifically I wanted. I further did not know the distinction between academic practices, private practices, hospitalist positions, though I was familiar with what each encompasses in the general sense. I started first with a location. If you have a location or general regional area sorted out of where you intent to settle for either the next 2 years or next several years, it narrows down your search tremendously. Then, I started searching journals, either NEJM, or Annals, or physician recruitment companies online, to help me locate a job in that location. Feel free to sign up with any physician recruiter - the service is absolutely free to you and comes in handy!

2.) How many positions did you apply for?

I applied for at least 10 positions in mid to late Spring of 2008 (about 8 months after I finished residency). The positions varied from hospitalist positions to academic to federal positions to private practice med-peds, from the East to West Coast. My job search was complicated by the fact that I had not narrowed my search by location. If I had been able to, it would have been a lot easier. But in hindsight, I actually have no regrets, because I was able to learn for myself what I was looking for when it came to jobs.

3.) What factors did you think were important to know about each job position?

I encourage you to diversify the type of job you apply for, because you learn so much on the interview trail. Not only can you see the difference between various practices, but you actually develop a list of things which specifically you are looking for in a job, which you may not know initially. You also get a sense of various lifestyles and careers which can develop during your interview trail and you get a deeper sense of which direction your career should be headed. Factors which were important included: salary (of course), lifestyle (I did not want to work too many nights or weekends or too many calls), collegiality (whether you can get along with your partners, and whether these were the type of people you can “hang out” with or invite over for dinner), flexibility/adaptability of everyone in the practice (for instance, if you have a small child and he/she becomes sick, are your partners going to step in or will it be a problem?), and whether the job could be a stepping stone in your career.

4.) How did you decide on taking your current position?

I encourage you to go on a second interview once you’ve narrowed your choices between 2 (or maximum 3) places. You will FORGET what you interviewed the first time around, because you will start to confuse yourself with various other jobs. My current position actually required a second interview. My first interview went very well, and I was so excited with everything I saw: a great Med-Peds practice (if that is indeed important to you) where the ratio actually was 50-50 adult/peds; a great group of med-peds physicians who genuinely cared about their patients, trained at major hospitals, and also placed emphasis on quality of life, happiness, & family life; an extremely supportive, enthusiastic staff; an opportunity to see both outpatients and inpatients in both adults & peds; an administration which was supportive of my future career goals if they were to change (i.e. if I wanted to add a teaching role in the future, would that be do-able or would the administration say no?); and an opportunity to interact with specialists from major academic medical centers. After I finished an interview trail, I was left deciding between a practice in Denver, CO versus my current practice in the Boston suburbs versus another phenomenal practice where my lifelong mentor who was retiring wanted me to take over. I almost wished I did not have any options because it was a really hard choice. As soon as I finished my second interview, though, it just made it so easy!

For more information about finding a job as a Med-Peds resident, review the job search guide at
http://www.aap.org/sections/med-peds/MedPedsJobSearch.pdf

You can also look at job postings on the NMPRA website which is regularly updated: http://www.medpeds.org/residents/jobs.htm

Feel free to contact us if you have any questions on your job search!

Gitanjali Srivastava (AAP/ACP Med-Peds Executive Committee resident representative 2005-2007): geet5sri@gmail.com

Jackie Meeks (AAP/ACP Med-Peds Executive Committee resident representative 2007-2009): Jacqueline.P.Meeks@uth.tmc.edu

Continued on page 13
History

“Literacy for End-of-Life” is a project targeting children and families who face terminal illness, life-altering experiences including acute injuries, and fetal demise. The project created a comprehensive palliative care library at West Virginia University’s Children’s Hospital with age-appropriate resources for individuals coping with end-of-life issues. This program gives families a library of tools to answer questions surrounding death and the grieving process and help address feelings of guilt, anger and loneliness.

Resources

Fogg & Mills Memorial Library

Gavin Fogg was born in Philippi, WV and lived his life with uncanny wit and wisdom. Gavin was born with Epidermolysis Bullosa; progressive issues with malnutrition, pain and infections required around the clock care from Gavin’s family. Gavin was interested in politics and took an active role in state and local campaigns.

John Mills lived in Gary, WV and was primarily cared for by his loving grandparents. John was diagnosed with an anaplastic oligodendroglioma at age 8 and endured numerous surgeries and cancer therapies, eventually succumbing to complications at age 13.

Collection: Comprehensive (~700 titles)
Media: Books, ages 2-20
Location: WVU Children’s Hospital

Morgan Grace Memorial Library

Morgan Grace was silently born and died on October 28, 2007. She came and went in an instant, taking with her a lifetime of hopes and dreams. She was loved and cherished by her parents and family.

Collection: Perinatal Loss (~140 titles)
Media: Books, ages 2-20
Location: WVU Hospital – Ruby Memorial

Outreach

Emergency Outreach – California Wildfires

In October 2007 wildfires devastated southern California communities. Literacy for Life recognized this loss of life and home and purchased over 300 copies of six titles (English and Spanish), including stories about loss of environment/home, family pets and death of loved ones. Literacy for Life collaborated with Children’s Hospice & Palliative Care Coalition of California, San Diego Hospice and the San Diego Children’s Hospital to coordinate delivery of books to shelters and temporary housing locations.

In Development

Literacy for Life Lending Library

In order to ensure that families will have direct access to our resources, Literacy for End-of-Life will create the lending library through the help of the Health Sciences Library at WVU, allowing families to leave the hospital with the chosen title and return it via Health Sciences Library system.

Mountaineer Books – Outreach Program

This program is essential to incorporating the Literacy for End-of-Life principals into the mainstream community, using bibliotherapy to promote literacy and increasing resource availability. By creating a relationship with the public school districts via the West Virginia Board of Education, Literacy for Life resources can be offered and utilized outside the healthcare setting. We feel strongly that every child will one day encounter the reality of death, sorrow or grief. By providing elementary educators with a small collection of books and teaching plans we can empower them to identify the signs and symptoms of a child who is suffering and use these books to open conversations with students.

Joshua Dower practices in Morgantown, WV
ATTENTION SECOND YEAR RESIDENTS!

The Med-Peds Section is looking for a current second year resident to serve as the resident representative for the AAP/ACP Med-Peds Section Executive Committee. This position is a two year commitment that will start in October 2009 and end in October 2011. The Med-Peds Section is dedicated to promoting and enhancing the practice of physicians trained in both specialties. The Section is also committed to advocacy, education, improving communication, and research related to the practice and training of physicians in combined Internal Medicine and Pediatrics. The resident representative responsibilities include developing and promoting activities to address the needs of medical students interested in Med-Peds, residents and fellows in training programs, and Med-Peds physicians who are within 5 years of completing their residency training. For more information, please contact Jackie Meeks (current resident representative) at Jacqueline.P.Meeks@uth.tmc.edu or visit our section website at: http://www.aap.org/sections/med-peds/

CLINICAL CASE COMPETITION

Med-Peds Clinical Case Competition at the 2009 AAP NCE meeting in Washington, D.C. sponsored by the Med-Peds Section. We will start accepting abstracts during the Spring. However, now is the time to start thinking of cases that you think would be interesting to both internist and pediatricians. Submission details will follow.

JOIN THE MED-PEDS SECTION OF AAP!

Did you know that the Med-Peds Section has a "Job Search Guide" specifically for Med-Peds residents/trained physicians? Did you know that the Med-Peds Section can help you find a mentor who can help you with career goals/plans? The Med-Peds Section exists to serve YOU! As an AAP resident member, the Med-Peds Section (as with all other AAP sections) normally charges residents $10 for section membership. However, for a limited time the Med-Peds Section will be waiving resident membership dues.

Be Involved. Join now for FREE! To join, go to the Med-Peds Section website at:

http://www.aap.org/sections/med-peds/

Just click on the "JOIN" tab. You can return the completed application form via fax/email/mail. For more information, feel free to contact Jackie Meeks at: Jacqueline.P.Meeks@uth.tmc.edu or David Kaelber at david.kaelber@case.edu
That dreaded time of the year is rapidly approaching with the W-2, 1099 and other confusing tax forms piling up on your desk. Because of all the fine print, check out www.irs.gov for all the rules. However, here are some basics to help understand your taxes without having to have an early end to a future political appointment.

**Definitions** A deduction is something that reduces your taxable income. So the less income, the less you pay in taxes. A credit is something that reduces your taxes you owe. Some credits are refundable meaning if you owe $100 in taxes but have $1,000 in credits, you get $900 as a refund. Some are nonrefundable meaning you would not get any refund, just wouldn’t owe anything. Adjusted gross income (AGI) is total income minus certain qualified deductions that everyone can take including student loan interest, moving expenses, health savings account, self-employment taxes and a few others.

**2009 STIMULUS PLAN** There are many new items that might benefit you with the new bill signed into law. Do pay attention to income cap limits or phase-outs, dates and types of qualified purchases and how that money would return to you before counting on it!

**Home Purchases** Those of you who are in the market for your first house will likely qualify for a 10% of purchase price tax credit up to $7,500. This credit is refundable when you file for taxes the next year. The home must be purchased from Jan 1—Aug 31, 2009. Of course, the other major and regular tax benefit, the mortgage interest deduction, also applies. So for those on the fence about buying, this is a huge thing to consider. See my previous issues of the Med-Peds Perspective for articles about my arguments for and against buying. AGI cap $75,000 ($150,000 married).

**New Car Purchases** The sales tax you pay on the car will now be tax-deductible. This is only valid on new cars bought starting from February 17 2008 for one year and likely require that you itemize your taxes (i.e. if you claim the standard deduction, you might not receive this deduction.) AGI cap $125,000 ($250,000 married). Stimulus Credit Most residents should qualify for the $400 refundable tax credit ($800 for married couples) for 2009 and 2010. This money would come when you file your taxes or if you change your withholdings from your paycheck. AGI cap $75,000 ($150,000 married).

**Moving Expenses** If you moved to a new residency program or a new job after graduation, you can deduct your expenses (including mover fees, truck rental, mileage) in the initial steps when you “adjust” your income so everyone is entitled to this deduction. Requirements include moving within 1 year of the new job, to a new home closer to the new job and at least 50 miles plus the distance between your old home and old job.

**Student Loan Interest** If you make less than $70,000 ($145,000 married) and paid student loan interest, you can deduct this amount during the adjustment steps in your taxes. This can also include any origination fees (up to 3% of the loan) or payment of interest during a loan consolidation from tax year 2008 for a max of $2,500. Check out the details of your loan statements for these fees (they may not be reported on your tax forms).

**Educational Credits** The lifetime learning credit is for 20% of the first $10,000 of qualified 2008 expenses for your education (40% if you were in the Midwest disaster area), AGI cap $58,000 ($116,000 married). This credit nonrefundable.

**Business Deductions** For those that itemize their deduction (using Schedule A, the process that homeowners use to deduct their mortgage interest), you can deduct any expenses such as medical books, journals, license and board exam fees, society memberships, lab coats, scrubs, cell phones, electronic equipment used for medical purposes, mileage between worksites, and conference travel and expenses.

**Self-employment Deductions** A 1099 is any other income that isn’t from your normal work, including moonlighting. The drawback is that you often have to pay self-employment taxes but then also can deduct any associated business expenses directly from this income (including all the expenses listed above).

**File electronically for FREE!** If you make less than $56,000 AGI, you can file free by going to irs.gov and clicking ‘freefile’. Companies like TurboTax have free programs for federal taxes.

**Records** Having the actual receipt or scanned electronic version of receipts is important. Credit card statements can be very helpful as well. Mileage must be recorded in some way (I do an excel spreadsheet). You must keep these records for 7 years.

**CONFUSED??** The best thing is to sit down and read through all the publications that apply to you and understand the basics. This will help you understand what you can do now and in future plans. It helps to learn what is also needed for record keeping and what receipts to keep. There are lots of programs that can help discover lots of these deductions and help you do all the paperwork.

As always, neither I nor NMPRA are tax, legal, or financial experts. We advise that each individual obtain and verify their own legal and financial advice before making any decision based on the information provided.
Christian Care Health System and the National Med-Peds Residents' Association Presents:

Northeast Med-Peds Meeting
Saturday, April 18th, 2009

Register now! Register now! Register now! Register now!

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 A.M. – 8:15 A.M.</td>
<td>Jennifer Pelli Packard, MD</td>
<td>Registration/Breakfast</td>
</tr>
<tr>
<td>8:30 A.M. – 8:40 A.M.</td>
<td>Jennifer Pelli Packard, MD</td>
<td>Welcome</td>
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<tr>
<td>8:40 A.M. – 9:00 A.M.</td>
<td>Allen Friedland, MD</td>
<td>State of Med-Peds Address</td>
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<tr>
<td>9:00 A.M. - 10:00 A.M.</td>
<td>Kimberly Bates, MD</td>
<td>Keynote speaker: How to Be a Young Med-Peds Leader</td>
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<tr>
<td>10:00 A.M. - 10:15 A.M.</td>
<td>Robert Heinle, MD</td>
<td>Break/ Snack</td>
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<tr>
<td>10:15 A.M. - 11:10 A.M.</td>
<td>Robert Heinle, MD</td>
<td>Pulmonary Pearls for the Med-Peds Physician</td>
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<tr>
<td>10:15 A.M. - 11:10 A.M.</td>
<td>Brendan Kelly, MD</td>
<td>Misunderstood Physical Diagnosis Findings</td>
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<tr>
<td>11:20 A.M. - 12:15 P.M.</td>
<td>Pixie Plummer, MD</td>
<td>Developmental Disabilities Pearls for the Med-Peds Physician</td>
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<tr>
<td>11:20 A.M. - 12:15 P.M.</td>
<td>Carl Gartner Jr., MD</td>
<td>Pediatric Puzzlers</td>
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<tr>
<td>12:15 P.M. - 1:15 P.M.</td>
<td>Kierstin Leslie, MD</td>
<td>Lunch</td>
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<tr>
<td>1:15 P.M. – 1:30 P.M.</td>
<td>Kierstin Leslie, MD</td>
<td>NMPRA Update</td>
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<tr>
<td>1:40 P.M. – 2:35 P.M.</td>
<td>Daniel Elliot, MD</td>
<td>Making Performance Improvement Worth It</td>
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<tr>
<td>1:40 P.M. – 2:35 P.M.</td>
<td>Allen Friedland, MD</td>
<td>Med-Peds Residency -- Is It for Me?</td>
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<tr>
<td>2:45 P.M. – 3:40 P.M.</td>
<td>Kimberly Bates, MD</td>
<td>HIV for the Primary Care Practitioner</td>
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<tr>
<td>2:45 P.M. – 3:40 P.M.</td>
<td>Lenny Feldman, MD</td>
<td>Consultative Conundrums</td>
</tr>
<tr>
<td>3:45 P.M. - 4:00 P.M.</td>
<td>Jennifer Pelli Packard, MD</td>
<td>Closing Remarks / Snack</td>
</tr>
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</table>
Conference Registration
There is no registration fee!!

Conference Name: Northeast Med-Peds Meeting 2008
Conference Date: Saturday, April 18, 2009
Location: John H. Ammon Medical Education Center

Christiana Care Health System and the National Med-Peds Residents’ Association

4755 Ogletwon-Stanton Road
Newark, Delaware 19718
Phone: 302-733-2313
Fax: 302-733-4339
Email: jpackard@christianacare.org or afriedland@christianacare.org

Attendee Information

Name: 
MD or DO: 
Date (m/d/y): 
Medical School (if student): 
Med-Peds Program (if resident or faculty): 
Office Location (if Attending): 
State: 
Contact Phone: 
Email: 

☐ I will need hotel accommodations for Friday, April 17

Status:
☐ Medical Student
☐ Resident
☐ Academic Faculty
☐ Attending Physician

See www.medpeds.org for more info on hotel discounts, location, and speakers!
Mark your calendar!

Start putting together your submissions for:

- Clinical Case Competition Award
- Advocacy/Community Service Award
- Onady and Schubiner Awards

See [www.medpeds.org](http://www.medpeds.org) Residents section for more information

Deadline June 1st, 2009
**WHAT’S NEW AT NMPRA?**

![Check out our website for more information about:](www.medpeds.org)

- 2009 officer elections
- National Conference October 2009
- Upcoming Regional Meetings
- Jobs board
- 2009 Advocacy and Clinical Case Competition
- Discounts on car rentals, software, and more
- Medical resources including free PDA downloads
- Join NMPRA now, get your pin free!

To celebrate NMPRA’s new international grant which it will be offering for the first time next year, The Perspective will have a quarterly focus on international rotations. If you have done an international rotation and would like to write an article for publication in The Perspective, contact:

**secretary@medpeds.org**

Other topics are welcome, as well as announcements and information pertaining to the Med-Peds community.

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**HAVE WEB EXPERIENCE? WANT TO GET INVOLVED?**

NMPRA is looking for residents interested in helping with web updates. Any level of experience welcome!

Commitment would likely be a few hours a month.

Contact **secretary@medpeds.org** for more information.
5.) Any advice on signing a contract?

Yes, negotiate. Please feel free to negotiate your salary. The beauty of being on multiple interviews is that you have an idea of what other places offer you and you can bargain. Avoid "noncompete" clauses, which basically state that if you were to leave the job, you cannot practice in that area, city, or within a certain mile radius. Imagine if you do not like the job you signed up for and you are forced to leave the city! It has happened to job-seekers before, so read everything in detail. Ask for a sign-on bonus and for re-location expenses. Please note that sign-on bonuses are taxed and relocation expenses are not, but you have to provide receipts for relocation expense reimbursement.

6.) In hindsight, would you have done anything different with your job search?

No. I was extremely burned out, exhausted, stressed out from my (final) fourth year in residency. In hindsight, I loved the fact that I took the summer off after the completion of my residency to set my life in order, breathe, take a break, study for boards, etc. Then, I was able to work as an interim hospitalist for almost a year, until going on the interview trail to look for an ideal job. When I was ready, I was really able to concentrate on an ideal job search and had the experience of a hospitalist and knew what practices entail. I could take my time sorting out what I was looking for and what was important from a personal & professional standpoint. Office based practices actually loved the fact that I worked as a hospitalist. If you are looking for a good transitional year after residency, I would recommend hospitalist work or work locum tenens or at an urgent care center. After residency, you are best trained for hospital medicine. However, working as an attending versus working as a resident are two entirely separate roles. Regardless of whether the job you join is permanent or transient, you will find that any experience is priceless in building confidence, knowledge, and developing your career.