Curriculum

The General Pediatrics Residency Program teaches residents to provide exceptional patient care in diverse settings utilizing state-of-the-art equipment and techniques.
Training is primarily conducted at Cohen Children’s Medical Center, a hospital completely dedicated to the care of infants, children and adolescents. Residents also get clinical experience in community health clinics, pediatric private practices and on the frontline through our global health initiative. As part of Northwell Health, our residents leverage the resources of the largest health system in New York state, which includes access to a patient simulation center, leadership training through our corporate university and research opportunities at a nationally recognized medical research institute.

About Cohen Children’s Medical Center

Cohen Children’s Medical Center in New Hyde Park is a 202-bed hospital that opened in 1983 — the New York metropolitan area’s only hospital designed exclusively for children as a regional, tertiary care facility. Since its inception more than 30 years ago, Cohen Children’s has continually evolved to keep pace with a growing pediatric population.

In 2016, for the tenth consecutive year, U.S. News & World Report has ranked Cohen Children’s as among the nation’s best children’s hospitals. Currently, it is the pre-eminent children’s hospital on Long Island and the largest provider of pediatric services in the state of New York. Our vision is to become a national leader and be recognized for providing outstanding family-centered, quality-focused and academically based care while conducting research committed to finding cures and innovative treatments for childhood diseases.
To help fulfill our vision, we opened a state-of-the-art, five-story pavilion in April 2013. This expansion will further enhance the hospital’s national reputation for excellence in pediatric health care. The pavilion houses Long Island’s only freestanding emergency department dedicated exclusively to the care of children, a new pediatric intensive care unit (PICU), a state-of-the-art surgical suite, and 25 additional private patient rooms with sleeping accommodations for parents, as well as training facilities for our residents and fellows.

Complementing the principal teaching hospital, Cohen Children’s Medical Center at North Shore University Hospital in Manhasset has 40 neonatology beds. Residents will rotate to this institution for approximately one to two blocks during their three years of training.

The combined children’s medical center resources provide comprehensive medical, surgical, dental and psychiatric care. Cohen Children’s functions as a community hospital for local patients while fulfilling the role of tertiary referral center.

Our staff of specialists includes a full-time faculty of more than 160 general pediatricians and pediatric subspecialists, surgeons and surgical subspecialists, psychiatrists, dentists, nurse practitioners, psychologists, social workers, rehabilitation therapists, pharmacists and other health professionals and technical personnel. Our voluntary staff of more than 500 pediatricians also plays a significant role in preparing our residents for the hospital and office responsibilities of the general pediatrician.

Training program details

The general pediatrics residency program at Cohen Children’s is designed to prepare candidates to meet the demands of general pediatrics or specialized services in a private practice or academic setting. The course of instruction and clinical experience is based upon the increasing responsibility for the management of patients. The daily didactic program consists of morning report, clinical rounds and noon lectures by program directors, full-time faculty and attending pediatricians. The daily schedule also includes:

- Subspecialty conferences and lectures
- Multidisciplinary teleconferences
- Grand rounds
- Morbidity and mortality conference
- Journal club
- Pediatric board examinations preparation

The strong emphasis on academic and clinical skills is further enhanced by resident participation in pediatric research. All house officers have the opportunity to work with a research mentor of their choice. Many residents each year present their research at regional or national conferences, and publish their work in peer-reviewed pediatric journals.

Resident pathways

Each resident is assigned an adviser who serves as a guide throughout the three years of training. Your adviser will help you create an individual learning plan and unique curricula. To assist residents in developing an individualized curriculum to meet their career goals, we have created a number of pathways or tracts. These have been designed by the faculty and residents to create unique preparatory experiences for each year.
Traditionally tracts are selected by the residents prior to their PGY2 year. Although these pathways provide guidance, they are by no means restrictive, and residents can adapt them after consultation with their mentor and program director. These pathways can be discussed in more detail during your interview. The pathways currently offered include:

- General pediatrics
- Subspecialty pediatrics
- Critical care (PICU, NICU, ED)
- Hospitalist
- Global health

**Ambulatory experience**

Residents spend one half-day per week for three years in the pediatric continuity experience. During this time, residents gradually develop a pediatric “practice” for which they serve as primary physicians, facilitating a longitudinal experience.

By following the same children over several years, residents learn the natural history of disease, normal growth and development, common problems of raising children, sibling and parental interaction, and long-term management of chronic diseases. The panel of patients includes well babies and children, children with chronic illnesses (such as asthma, failure to thrive and diabetes) and behavioral and school problems such as learning disabilities. Residents learn to interact with ancillary health personnel including nurse clinicians, social workers, psychologists, nutritionists and the visiting nurse service. Residents act as primary pediatricians responsible for the patient.

Residents work closely with a full-time teaching faculty member, formulating a diagnostic and therapeutic plan for each patient. Daily lectures, bedside teaching and inclusion in divisional research projects are the hallmarks of the learning experience.
Enhanced primary care experience

Primary care pediatrics is the foundation for the effective care of all children and their families. That’s why we provide extensive training in primary care so our residents develop specific knowledge, skills and attitudes in order to understand and manage the primary care problems and needs of children and families. Our program provides enhanced experiences in primary care and urban health care for children and their parents, including underserved populations.

During their second and third years of training, residents may elect to have a full day of continuity clinic. There are two options for this continuity clinic experience. First, residents may choose the hospital-based clinic under the direct supervision of Cohen Children’s full-time faculty; or they may choose to be placed in one of the carefully selected private practice sites in our Private Pediatricians Residents Education Program (PPREP), with one designated practicing pediatrician as their mentor for two years.

In addition, residents may elect to spend a four week “block” rotation in a general pediatric ambulatory practice or in a pediatric “private practice” in order to experience the full work day responsibilities of the office pediatrician.

Graduates have successfully obtained superior private practice and hospital-based positions in the geographic areas of their choice.

Pre-fellowship training

Cohen Children’s Medical Center offers 13 subspecialty fellowship programs. Because of the size of the center, most of the programs have a large number of subspecialty faculty members who provide a comprehensive range of expertise and the critical mass necessary to stimulate the decision-making skills of the residents.

Residents have the opportunity to elect four-week block rotations in the subspecialties of their choice. During these rotations, residents are instructed in a “core curriculum” designed by the faculty to provide them with the training in the most common issues confronted in each field. In addition, residents who plan to continue on to fellowship training may choose a specific mentor in that field at any time during residency.

They also have the opportunity to pair up with a subspecialty pediatrician on an ongoing research project, or one of their own choosing. Finally, pre-fellowship residents may choose to spend one half day per week during their second and third years in a subspecialty clinic in order to expand their knowledge of the field, and to enhance their credentials for applying to a fellowship program.

Residents seeking subspecialty training have been very successful in securing positions in the subspecialty program of their choice, both at Cohen Children’s Medical Center and at renowned institutions throughout the country.
**General rotations**

**PL-1 training year**
The first year of the program (PL-1) is designed to provide a broad introduction to pediatrics. The trainee (with supervision) undertakes direct responsibility for the care of assigned patients. Rotations include pediatric medical and surgical units, adolescent unit, urgent care center, emergency medicine department, child development center, newborn nurseries and the neonatal intensive care units of Cohen Children’s.

Although patient responsibility is of utmost importance, there is time for reading, attendance at teaching conferences and specialty rounds. Inpatient units are set up so that the trainees work as members of a team consisting of medical students, residents, chief residents and attendings. PL-1 residents are responsible for approximately six patients on any unit. Two PL-1 students are under direct supervision of one senior resident. Specialty consultations are available at all times with specialty fellows and full-time faculty.

**Year 1**
First-year residents rotate through the following areas:
- Inpatient general pediatric medical and surgical floors – 5 blocks
- Emergency department – 1 block
- Well newborn nursery – 1 block
- Neonatal intensive care unit -2 blocks
- QI/community medicine -1 block
- Elective – 2 blocks

**PL-2 training year**
During the PL-2 year, a major block of time is devoted to selective and elective subspecialty rotations. The PL-2 resident will be training specifically to develop a greater sense of confidence and depth of knowledge in preparation for the supervisory and teaching responsibilities of the PL-3 year. A significant amount of time is spent on electives, in intensive care and hematology/oncology units, and in the emergency department.
Year 2
Second-year residents assume greater responsibility in supervising junior residents and students. They rotate through the following areas:
- Inpatient medicine – 2 blocks
- Pediatric intensive care unit – 1 block
- Neonatal intensive care unit – 1 block
- Emergency department – 2 blocks
- Behavior and development – 1 block
- Hematology - oncology – 1 block
- Electives – 3 blocks
- Individualized curriculum – 1 block

PL-3 training year
In the PL-3 year, residents play a major role in the supervision and teaching of junior house staff, medical students and ancillary personnel. This includes management of the pediatric and adolescent unit, intensive care units and nurseries. Ample time is provided for elective training and research, which assists residents with future career choices and subspecialty training in areas of major interest.

The electives are under the supervision of the full time faculty, researchers and fellows who participate directly in patient care, education and research and serve as career role models for trainees.

Year 3
Third-year residents assume even greater supervisory responsibility in the following areas:
- Inpatient medicine – 3 blocks
- Pediatric intensive care unit - 1 block
- Neonatal intensive care unit – 1 block
- Emergency department – 1 block
- Electives – 2 blocks
- Individualized curriculum – 4 blocks

Chief residents
Chief residents are responsible for the supervision of the entire house staff at the children's hospital. There are three (PL-4) chief residents at the children’s hospital. The chief residents are chosen for their clinical excellence, organizational ability and leadership qualities. Their diversified and complex responsibilities include resident assignments, arranging conferences, and liaising with the faculty, administration and nursing staff.

Their most important role is that of clinical and didactic mentor for the medical students and house staff. The chief residents have an opportunity to see all the complex pathology and guide the residents in the investigation and management of patients. This experience has served as an excellent foundation and stepping stone for careers in either private practice or academic medicine.
Core resident rotations

Inpatient medicine rotations
Care of children with both medical and surgical problems is provided on the medical units. These units include two medical/surgical units and an adolescent unit. Tertiary care of children with hematologic and/or oncologic disease is provided on the hematology-oncology unit. Increasing resident responsibility and supervision of junior residents and students occurs according to resident capabilities. Supervision is provided by full-time hospitalists, program directors and chief residents.

Neonatal intensive care unit
Tertiary and “quaternary” care for preterm and term newborns with both medical and surgical problems, inborn and transferred, are provided in the neonatal intensive care units at Cohen Children’s Medical Center and North Shore University Hospital (approximately 50 beds each). The Katz Women’s Hospitals at Long Island Jewish Medical Center and North Shore University Hospital together handle 14,000 births each year. A full team of attending neonatologists, fellows, nurse practitioners and residents cover each NICU 24/7.

There are several opportunities for performing procedures under supervision. Residents are invited to attend weekly division lectures on neonatology, maternal-fetal medicine, and mortality and morbidity. Specific resident teaching sessions occur twice daily and didactic materials are provided as cases, lectures and texts in lecture and electronic formats. Residents attend high-risk deliveries along with neonatology fellows and other team members.

Family-centered rounds and medical care are paramount. A complete range of subspecialty consultative services is readily available. The division assists residents in their certification for neonatal resuscitation through the Neonatal Resuscitation Program of the American Academy of Pediatrics and American Heart Association through didactic materials and special simulation experiences.

Newborn nursery
Residents are responsible for newborns in the nurseries of Katz Women’s Hospitals at Long Island Jewish Medical Center and North Shore University Hospital, which together handle 14,000 births each year. A pediatric nursery hospitalist supervises each nursery and rounds with residents daily. The hospitalist will supervise resident-family interactions and discuss cases and didactic material during each rotation. Under the supervision of the neonatology fellow or hospitalist, residents also have the opportunity to attend high risk deliveries and develop their resuscitation skills.

Pediatric intensive care unit
Tertiary care for children with both medical and surgical problems is provided in the 25-bed pediatric intensive care unit (PICU). This state-of-the-art unit was opened in April 2013. Each year, the PICU cares for more than 1,700 patients, including those who are transferred from more than 60 hospitals in the tristate area via our dedicated pediatric transport program. Specialized care, including complex cardiothoracic surgery, extra-corporeal membrane oxygenation (ECMO) and other lung rescue techniques, is taught. Cohen Children’s Medical Center is a designated pediatric trauma center and is the largest pediatric trauma care provider in the state. Many patients with traumatic injuries are cared for in the PICU. Critical care medicine faculty and fellows provide supervision of care in the PICU 24 hours a day. Bedside teaching, a monthly lecture schedule and medical simulation are the cornerstones of the resident educational experience in the PICU.
Emergency department
Care of children with urgent, emergent and life-threatening medical and surgical problems is provided in our urgent care center and emergency department. Currently over 40,000 patients are seen annually. Supervision is provided 24/7 by board-certified pediatric emergency medicine faculty. A new state-of-the-art emergency room opened in April 2013 - it is one of the largest (37 beds) pediatric emergency rooms in the Northeast.

Behavioral and developmental pediatrics
Developmental and behavioral pediatrics (DBP) is a required experience in all pediatric residency programs. The primary goal of the DBP rotation is to enhance the knowledge and skills needed to evaluate and care for children with developmental, learning and behavioral problems in a primary care setting. The Division of Developmental and Behavioral Pediatrics delivers comprehensive diagnostic and therapeutic services for children who present with a wide spectrum of variation in development and behavior.

Residents will partner with DBP faculty and fellows as they see patients for initial evaluations and follow-up visits and will participate in the developmental assessment of high-risk NICU graduates. Residents will also take several “field trips,” which may include trips to an early intervention program, special education preschool, chronic care hospital for children and school for the deaf. They will also participate in Project DOCC, which is an opportunity to learn about the special care needs of children who have chronic illnesses and that of their families from the parents’ perspective. On the last day of the rotation, each resident will give a mini journal club-type presentation.

Community medicine
Elements of the community medicine rotation include teaching students in elementary schools, attending a court case to witness our “child protection” team provide testimony in cases of child abuse, spending time at a speech and hearing center, visiting a WIC center and teaching mothers at a foster care agency.
Hospitalist medicine/teaching elective
This rotation allows residents interested in a career in hospitalist medicine to gain a comprehensive view of the responsibilities of a pediatric hospitalist. The resident will explore the role of a hospitalist in quality improvement efforts, evidence-based medicine and procedural skills. In addition, the resident spends time learning the skills necessary to become an effective teacher. The curriculum includes didactic sessions on small group teaching, PowerPoint presentations, teaching with minimal time and the delivery of effective feedback.

Global health
As our world becomes more globalized, it is important that our program provides training in caring for globally mobile populations, both domestically and internationally. The Cohen Children’s Global Pediatrics Program was developed in 2013 to provide opportunities for global health education. Highlights of the program include:
- Global health curriculum, using didactic lectures and problem-based learning
- Simulation labs to emotionally and clinically prepare residents for pediatric care in resource-limited countries
- Specialty clinics, including pediatric TB, travel medicine, and ambulatory infectious disease clinics
- Clinical overseas rotations at established international partner sites in Dominican Republic, Kenya and India
- Formalized global health track for residents interested in specializing in pediatric global health

The mission of the global health tract is to improve health and well-being for children and families living in medically underserved communities in low and middle-income countries through global partnerships and program development in the key areas of clinical service, education and research.

Goals and objectives
- To strengthen clinical education and training of global practitioners, with a focus on clinical management in resource-limited settings
- To promote bidirectional learning within clinical care and research activities between faculty and trainees at Cohen Children’s and international partner institutions
- To improve health service delivery at international partner institutions through quality improvement initiatives and implementation science research
- To increase the number of U.S. pediatricians pursuing careers in global health, specifically in low-income, resource-limited countries
International country sites

La Romana, Dominican Republic - This elective includes a combined outpatient and inpatient experience. Through established partnerships with the local health government, Direcccion de Salud de Area de La Romana y Guaymate, residents work at:

- Clinca Batey Los Cocos, the only health center serving one of the largest bateyes (impoverished towns near sugar cane fields, inhabited by families of Haitian migrant farm workers) in La Romana
- Hospital Provincial Francisco A. Gonzalvo, the main government hospital for the province, serving mostly low-income families. Residents will work in the emergency room
- Orfanato Ninos de Cristo, a private orphanage with over 100 girls. Residents provide routine pediatric screening at the orphanage and urgent care

Thika, Kiambu County, Kenya - This elective includes a combined outpatient and inpatient experience. Through an established partnership with 2020 Micro Clinics Initiative and Kiambu County Health Management Board, residents work at:

- Thika Level 5 Hospital, a 300-bed government hospital with a census of 90 pediatric inpatients and 80 newborns daily. Residents work in both the pediatric inpatient ward and newborn care unit
- Ng’enda Health Center, a large health center located in Kiambu county. Thirty to 40 children are seen at this health center daily for sick visits and additional children are seen for vaccinations, growth monitoring, HIV and TB care

Chennai, Tamil Nadu, India - This elective includes both outpatient and community health experiences. Through established partnerships, residents work at:

- St. Thomas Hospital, a 200-bed multispecialty mission hospital with a network of primary health care centers. Residents will work in the evenings at various primary health care centers
- Perinatal Research Foundation (Nesa Vidhya), a local non-governmental organization devoted to identification and management of children with, and those at-risk of developing, developmental delays. Residents will work on selected community health initiatives involving health education and clinical evaluation, as outlined by the foundation

All electives have assigned clinical preceptorship/supervision from local pediatricians or family medicine physicians.
Overview of global pediatric program components

Didactic component - Monthly global health conferences by core faculty of the Global Health Pathway will be provided over a recurring 18 month period to introduce participants to relevant global health topics, including immigrant and refugee health, maternal and child health, communicable disease/tropical medicine, travel medicine, tropical dermatology, malnutrition, newborn care and ethical considerations for overseas fieldwork.

Simulation exercises - Residents within the global health track will participate in simulation-based learning at the Northwell Health Center for Learning and Innovation. The simulation sessions will be based on the Simulation Use for Global Away Rotations (SUGAR) curriculum provided by the Midwest Consortium of Global Child Health Educators.

Overseas fieldwork - Residents will have two to four weeks of protected time for clinical training in the field during PGY2 and PGY3 years, respectively. Presentation of rotation at a resident educational conference is mandated upon return.

Local global health related electives – Electives include pediatric TB clinic, outpatient infectious disease clinic and travel medicine clinic.

Overview of global health track components

In addition to the activities listed above, global health track residents will also participate in the following:

– Coursework - The 14-week long course “Introduction to Global Health” is offered annually through Hofstra University’s Master in Public Health Program, and is a requirement prior to departure for field placement. The course is a comprehensive, preparatory class that introduces participants to core global public health concepts, such as globalization, disaster preparedness and disease control, environmental health issues, health system strengthening, maternal and child health, and public health interventions targeting tuberculosis, HIV and malaria.

– Research mentorship - All participants will work closely with an assigned faculty mentor within the core Global Pediatrics Program to develop a rigorous educational or research project for implementation during the fieldwork experience.

– Overseas fieldwork - Residents will have 12 weeks of protected time for clinical training and completion of an educational or research project in the field during their final year. Trainees are required to have both a U.S. based and international mentor and to conduct their project at one of the Cohen Children’s Global Pediatrics Program partner sites. Presentation of project outcomes, a written abstract, or publication of study findings is expected upon return.

– Evening symposiums - Track residents will participate in and lead symposiums on timely global health topics four to six times each year.

– Key skills development labs - Due to human resource shortages, all professionals will receive training in key skills needed in resource-limited settings.

  • Specific electives in pediatric emergency medicine, orthopaedics, radiology and infectious disease will be prioritized for opportunities to strengthen skills in: trauma evaluation and resuscitation, newborn resuscitation, laceration management, intubations, portable ultrasound use, orthopaedics practicum including splinting, laboratory identification of common parasites, regional block anesthesia, etc.
Summary of global health clinical service achievements

<table>
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<th>Amount</th>
<th>Global health activity as of</th>
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<tr>
<td>24</td>
<td>Number of residents that have participated in Cohen Children's global health-sponsored international rotations</td>
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<tr>
<td>1564</td>
<td>Number of patients in partner countries served during Cohen Children's global health-sponsored international rotations</td>
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<tr>
<td>92</td>
<td>Number of local health professionals in partner countries who have received training and/or mentorship through Cohen Children's global health-sponsored international rotations</td>
</tr>
<tr>
<td>8</td>
<td>Number of students (medical and public health) that have participated in Cohen Children's Global Pediatrics Program-sponsored research projects</td>
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</tbody>
</table>

Summary of global health research

Abstracts


Vyas M, Lantum HM, Marouf L, Uwemedimo OT. Evaluating Adherence To IMCI Treatment Guidelines And Associated Factors Among Mid-Level Healthcare Workers In Rural Kenya. Abstract 755333. Pediatric Academic Societies Meeting, May 2014


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A day in the life

7am - 8.30am – **Inpatient unit teaching rounds**
Teams consisting of first-year residents, senior residents, acting interns and third-year students are instructed by a hospitalist or chief resident during morning teaching rounds. In depth discussion of differential diagnoses and management options are the focus of resident/student case presentations during these rounds. Each patient is discussed in detail and a care plan is created using evidence-based medicine as a guide. Interns and students are prepared to discuss their patients during family centered rounds.

8:30am - 9am – **Morning report**
Morning report is a case-based conference centered on a recently admitted case. Patients are presented by the resident/student who admitted the patient and discussed by the program director or senior faculty. All residents and students on the inpatient units are required to attend. During elective time, the day starts with morning report.

8:30am - 9am – **Board review (PGY3 residents Monday and Thursday)**
This conference is taught twice a week by the pediatric program director. Topics centered in the American Board of Pediatric Curriculum are reviewed in depth.

9am - 11am – **General pediatric care and family-centered rounds**
This time is spent by house officers on patient floors providing care to their assigned patients. Residents work as part of a multidisciplinary team to care for the patients on family-centered rounds. Although these rounds are directed by a senior resident, a hospitalist or chief resident will be present to provide guidance and support.

12pm - 1pm – **Teaching conferences**
The noon lecture series, a strong didactic component of resident education, is composed of a mix of case conferences, lecture sessions, board review and journal clubs. Faculty members from general pediatrics, subspecialties and other disciplines present topics in a variety of formats.

6pm – **Sign-out**
Patient progress is discussed with the team and then signed out to the residents on call.

Tuesdays 12pm - 1pm – **Gemini Video Conferencing Program**
The Gemini Video Conferencing Program began in 1973 as a way of sharing interesting medical cases with general pediatricians throughout the community. Over the years, the demand for the program has spread and is now broadcast to a number of pediatricians, hospitals and residency training programs located on Long Island. Senior residents have the opportunity to present the history and physical findings of a case and prepare a discussion under the tutelage of a faculty mentor.

Fridays - 8am-9am – **Grand rounds**
Grand rounds are weekly educational programs on various topics of importance in pediatric practice. They include presentations on current clinical material of diagnostic and therapeutic interest.
Frequently asked questions

Listed below are some of the questions that previous applicants have asked us about our program. The answers we have provided are meant to open up further discussion. We encourage you to get a complete and accurate understanding of our program so you can make the choice that’s right for you.

Which hospitals does the program use as training sites?
The majority of the residents’ training takes place at Cohen Children’s Medical Center. There are additional rotations to Cohen Children’s Medical Center at North Shore Neonatology Unit (1-2 blocks).

What is the continuity clinic like?
Residents will establish a panel of patients in our Housestaff practice. In your practice, you will be supervised by full-time, general pediatric attendings. As an intern, you will be paired one-on-one with a faculty member. As you gain experience as a PGY 2 and PGY 3, you will become part of a group practice of approximately six residents supervised by three faculty members.

Do you offer a second half day of ambulatory experience?
We offer all our PGY2 and PGY3 residents the opportunity to have an additional half day of ambulatory experience. This can be in the continuity clinic, a private practitioner’s office or in the subspecialty of your choice. The opportunity to spend a half day in a subspecialty clinic for two years is a very unique experience offered only by a handful of programs throughout the country.

What pediatrics fields do your residents pursue after their residency training?
Approximately 75 percent of our residents go on to train in subspecialty fellowships. The other quarter pursue jobs in private practice, training program continuity clinics (in roles such as hospitalists), or careers in public health.

Do you have a mentorship program?
Each PGY1 resident will be assigned to an adviser. These advisers will guide you through your three years of training. They will help you create individual learning plans and unique curricula. You will also be assigned a mentor at the beginning of your second year to help you prepare for the next stage in your training if you wish to pursue a fellowship.
Frequently asked questions (continued)

Do you incorporate patient simulation in your training?
Our program utilizes the largest patient simulation center in the country to train residents in a multidisciplinary fashion. Some examples of the courses the residents attend are:
- Pediatric resuscitation
- Pediatric procedure training
- Neonatal medicine
- Pediatric clinical scenarios
- Pediatric communication skills

Do you have a Global Health Tract?
In response to a number of resident requests, a Global Health Tract was created in 2010. This tract includes a series of seminars provided by both full-time and guest faculty, journal clubs and online educational modules. This tract includes the opportunity to travel to the Dominican Republic, Kenya or India. Residents who chose not to be in the “tract” can elect to spend an international month in these sites during their PGY3 year.

Will I have the opportunity to do research?
Scholarly pursuits by residents are highly encouraged and supported. Each year, Northwell sponsors an academic day in which residents throughout the health system compete for awards. In addition, Cohen Children’s Medical Center has its own annual resident/fellow research day. And a significant number of residents present at national conferences each year.

By the beginning of a PGY2 year, most residents have selected a mentor to help them with their scholarly work. In addition, many residents may elect to take a “research month” to pursue in-depth scholarly activity during their PGY2 and PGY3 years.

If a resident’s paper is accepted for presentation at a national meeting, the program will pay the resident’s reasonable travel expenses.

What is a typical “on call” schedule?
Intern schedules are based on a night shift schedule. While on the inpatient units, NICU or term newborn rotations, a resident is assigned to work three weeks of days and one week of nights.

Most senior residents’ call in the NICU, PICU and inpatient units is based on a night shift system as well. Seniors are assigned approximately four to six weeks of night shifts per year. While on an inpatient rotation, to maintain continuity of care, there are no calls. While on elective, residents average two to three calls per month.

Are there call-free months?
In the past, the program has been able to grant call-free months to PGY3 residents. Otherwise, there are many months where senior residents only have two to three calls.