Welcome

We appreciate your interest in the Pediatric Training Program at the University of Utah. Our program has a proud tradition of camaraderie among housestaff, faculty, staff and community practitioners. This tradition, along with academic excellence and our commitment to training pediatricians for successful careers in primary care or pediatric subspecialties, make Utah an outstanding choice for residency training.

We continue to be in the midst of an exciting period in Utah pediatrics. One of the most dynamic economies in the nation has led to a growing state and an expanding patient base. An innovative residency curriculum provides opportunities for a variety of career paths. To these are added: a state-of-the-art, freestanding, children’s hospital on the University campus; continuous growth in the size and excellence of our faculty; and integration of community pediatrics and our academic mission. We encourage you to visit Utah and experience first hand our genuine excitement about our residency program.
Dear prospective pediatric residents,

Thank you for your interest in the Pediatric Residency Program at the University of Utah! We are thrilled that you are considering our program. Primary Children’s Hospital is an extraordinary place to work and the residency program surpassed all of our expectations. The University of Utah Pediatric Residency Program provides a highly engaging, challenging and supportive learning environment with high standards for excellence in education.

Primary Children’s is a wonderful place for residents to train. Due to its large catchment area, our Pediatric Residency Program offers ample exposure to both common and rare pediatric disorders in conjunction with incredible clinical teaching in both inpatient and outpatient settings. The unique location of Primary Children’s Hospital in the center of the Intermountain West allows us to care for children from the 5 surrounding states and beyond. Additionally, the program offers an innovative and personalized residency curriculum, numerous research opportunities, and the opportunity to work on advocacy projects locally, nationally, and internationally. Whether you are looking for a career in academic pediatrics, private practice, international pediatrics, or choose to pursue further subspecialty training, you will leave prepared to start a successful career.

We hope that you notice how happy the residents in this program are. We feel that this has much to do with the friendly, collegial, and supportive environment in which we work. We are privileged to work with an intelligent and hard working group of people who strive to get the most out of each and every patient encounter while still enjoying life outside of residency. Furthermore, the abundance of outdoor recreational activities that Salt Lake City has to offer is unparalleled. Residents enjoy a multitude of activities outside of work, including skiing, hiking, mountain biking, summer concerts in the park, festivals, sporting events, farmers markets and much more. We work closely together day in and day out and develop life-long friendships along the way.

Thank you again for considering our program and congratulations on choosing a career in Pediatrics! Please feel free to contact us at any time with questions and we will be happy to help in whatever way we can. We wish you the best of luck on the interview trail and can’t wait to meet you in Salt Lake City!

All our best,

Caitlin and Erin
Overview

The Pediatric Residency Program at the University of Utah is a three-year program, accredited by the Accreditation Council of Graduate Medical Education, leading to certification in General Pediatrics by the American Board of Pediatrics.

Our philosophy

Whether your ultimate objective is to be a primary care pediatrician or to enter subspecialty training, our program will provide you with the tools to meet the rapidly evolving challenges in pediatric health care. If you are excited by the process of education and experiential learning, we believe that our program provides you with enjoyable and rewarding opportunities!

Over the past several years we have created new programs and rotations which span general pediatrics, subspecialty pediatrics, global and rural health, advocacy, as well as clinical and bench research. Excellence in resident education has always been our most important priority. Our faculty members are truly committed to teaching; “mentorship” is the term that best describes our educational philosophy. Our curriculum provides residents with progressively independent patient care responsibilities during their training and fosters close working relationships between residents and attendings. Basic skills are emphasized, so that residents who complete our program are both competent and confident, regardless of their pediatric career paths.

We expect to produce general pediatricians, physician scientists, and subspecialists who will improve the health of future generations of children. Our educational environment promotes collegiality and teaches residents how to function as members of interdisciplinary teams.
Our Residents

Because of our commitment to high-quality teaching, we attract residents who value education and enjoy the educational process. Residents in our program represent medical schools from throughout the nation. Our residents are selected to ensure a cohesive group who enjoy and support each other and the program.

Visit this webpage to view our current residents:

http://medicine.utah.edu/pediatrics/pedsresidency/residents/current_residents.php

Currently, graduates of medical schools from nearly 30 states are represented in the residency program. All are attracted by the pursuit of pediatric education and quality research experiences, as well as an extraordinary, high-quality of life in Salt Lake City and access to some of the most amazing natural wonders in the United States.

Residency Class 2015
Medical Schools

Australia - 1
Grenada - 1

Including M/P, TB, Ped Neuro
Training Programs

We offer four formal training programs: The Categorical Pediatrics Program, which trains well-rounded pediatricians capable of doing general pediatrics or entering fellowships; An Internal Medicine/Pediatrics Program leading to board qualification in medicine and pediatrics; a Triple Board Program leading to board qualification in pediatrics, psychiatry and child psychiatry; and a Child Neurology Program that leads to board qualification in pediatrics and neurology (with specialization in Child Neurology).

Pediatric residents interested in engaging in a research project may apply, with a faculty mentor, for committed time for research during the PL-2 and PL-3 years. Every attempt is made to balance the needs of each individual with the training requirements.

Residents with interests in child advocacy, public policy, global and rural health or related areas can pursue these activities throughout their training.

The Categorical Pediatrics Program

The categorical track provides the skills necessary to be a superb pediatrician capable of entering private practice or beginning fellowship training. Rotations on pediatric subspecialties ensure a comprehensive education as well as opportunities for residents to seriously consider subspecialty fellowship programs at the conclusion of their residency. The longitudinal outpatient experience is up to two half-days per week and may be taken in a University Clinic, South Main Clinic, Teen Mother and Child Program or the office of a private practitioner.
Pediatric Pathways

Our program provides you with numerous, flexible opportunities to fulfill your career objectives. As part of our mentoring program, we have created pediatric pathways and templates that can serve as guides for you and your mentor as you create an individualized learning plan. These pathways and templates encompass all facets of pediatrics and provide you with suggestions on how to select schedules and electives that will enable to achieve your career goal. These career trajectories are categorized according to the following paths:

<table>
<thead>
<tr>
<th>General Pediatrics Ambulatory</th>
<th>General Pediatrics Hospital Medicine</th>
<th>Subspecialty/Research</th>
<th>Global/Rural/Underserved Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotations and electives that provide skills for careers in ambulatory pediatrics in academic or private settings</td>
<td>Rotations and electives that provide skills for careers as hospitalists</td>
<td>Rotations and electives that prepare you for fellowship training</td>
<td>Rotations and electives that enable you to gain skills in serving the underserved</td>
</tr>
</tbody>
</table>

Because we recognize that career goals may change as you move through residency training, our flexible pathways and templates enable residents to select electives from any of the pathways as they create their curricula. More than 30 different elective rotations are currently available to the residents in our program. Examples include: practice management, surgical subspecialties, outpatient gastroenterology and nutrition, radiology, rural pediatrics, and many others. Our program offers several longitudinal elective experiences that can continue through your entire residency training, including the longitudinal sedation elective, Spanish immersion curricula, and a certification program in Global/Rural and Underserved Health.
Training Schedule

Required numbers of rotations:

<table>
<thead>
<tr>
<th>Inpatient Units (general Pediatrics/Subspecialty)</th>
<th>PL-1</th>
<th>PL-2</th>
<th>PL-3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Baby Nursery</td>
<td>1</td>
<td>1</td>
<td>0-1</td>
<td>2-3</td>
</tr>
<tr>
<td>PICU</td>
<td>0-1</td>
<td>1</td>
<td>1</td>
<td>2-3</td>
</tr>
<tr>
<td>NICU</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Complex Inpatient Subspecialty (Oncology, Cardiology, ID, Renal, GI)</td>
<td>1.5</td>
<td>2.5</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Behavior &amp; Developmental Pediatrics</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Ambulatory Adolescent</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Advocacy</td>
<td>0.5</td>
<td>0</td>
<td>0</td>
<td>0.5</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ambulatory Subspeciality (Neurology, Endocrine, Pulmonary, Psychiatry, Renal, Cardiology, Child Abuse)</td>
<td>1</td>
<td>0.5</td>
<td>2</td>
<td>3.5</td>
</tr>
<tr>
<td>Elective</td>
<td>1</td>
<td>3.5</td>
<td>4</td>
<td>8.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Experience (Continuity Clinic)</th>
<th>PL-1</th>
<th>PL-2</th>
<th>PL-3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longitudinal Outpatient Experience</td>
<td>Two 1/2 days per week during outpatient rotations. One 1/2 days per week during inpatient rotations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional 2nd 1/2 day can be used for advocacy or research</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional 2nd 1/2 day can be used for advocacy or research</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching Resident (supervisory inpatient rotations)</td>
<td>0</td>
<td>3.5</td>
<td>4</td>
<td>7.5</td>
</tr>
</tbody>
</table>

Sample rotation schedule:

<table>
<thead>
<tr>
<th>Block 1</th>
<th>Block 2</th>
<th>Block 3</th>
<th>Block 4</th>
<th>Block 5</th>
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<th>Block 7</th>
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<th>Block 10</th>
<th>Block 11</th>
<th>Block 12</th>
<th>Block 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>PL-1</td>
<td>NICU</td>
<td>NS/CHILD ABUSE</td>
<td>ED</td>
<td>WARDS</td>
<td>ID</td>
<td>SELECTIVE</td>
<td>NS/ADVOCACY</td>
<td>WARDS</td>
<td>ADOLESCENT</td>
<td>WBN</td>
<td>PICU or WARDS</td>
<td>CARDS</td>
</tr>
<tr>
<td>PL-2</td>
<td>PICU</td>
<td>ELECT</td>
<td>HEME/ONC</td>
<td>ELECT</td>
<td>ELECT/NS</td>
<td>B&amp;D</td>
<td>GI</td>
<td>WBN</td>
<td>WARDS</td>
<td>ELECT</td>
<td>ED</td>
<td>RENAL</td>
</tr>
<tr>
<td>PL-3</td>
<td>ELECT/NS</td>
<td>NEURO/PSYCH</td>
<td>WARDS</td>
<td>ELECT</td>
<td>ENDO/PULM</td>
<td>ED</td>
<td>URGENT CARE</td>
<td>WARDS</td>
<td>ELECT</td>
<td>PICU</td>
<td>ELECT</td>
<td>WARDS/ELECT</td>
</tr>
</tbody>
</table>

B&D = Behavior and Development
ED = Emergency Department
GI = Gastroenterology
ID = Infectious Disease
NS = Night Shift
PICU = Pediatric Intensive Care Unit
NICU = Primary Children’s NICU
WBN = Well Baby Nursery
SELECT = Selective (established electives)
ELECT = Elective
Roles of our Residents by Level of Training

PL-1

The PL-1 functions as the patient’s primary care physician and assumes full responsibility for their patients under the supervision of a senior resident and the attending physician. The PL-1 is responsible for the continuous care of his/her patients, order writing, daily communications with the attending physician and the family, as well as discharge planning.

PL-1s are assigned to the general inpatient rotations, PICU, and the emergency department at PCH. Each rotation provides a broad experience in both general and subspecialty pediatrics. PL-1s have rotations in the NICU and the Well Baby Nursery at the University Hospital. Hospitalized patients at all sites are considered teaching patients. The PL-1 is directly supervised by a senior resident and faculty attending on each inpatient service. Subspecialty rotations in the first year include cardiology, child abuse, infectious diseases, and adolescent medicine as well as an elective month that enables PL-1s to tailor their training to their career goals.

PL-2

The PL-2 assumes an increasing level of responsibility for patient management with the gradual introduction of teaching and team supervision at the University Hospital and PCH. The required subspecialty rotations during the second year are organized so that residents serve as consultants and care providers. The PL-2 completes consultations under the direction of the faculty and attends subspecialty-specific rounds and conferences. Subspecialty rotations in the second year include gastroenterology, nephrology, behavior and development, as well as an inpatient hematology/oncology rotation. The PL-2 also rotates through the PICU, the emergency department, and the NICU at PCH. There are several elective opportunities during the PL-2 year. PL-2s also have the opportunity to supervise family medicine residents and medical students who rotate on a unique team in which third-year medical students function like interns.

PL-3

During the PL-3 year, residents gain extensive experience as teachers and supervisors, serving in this capacity in the neonatal intensive care units and on the general pediatric wards. Subspeciality rotations in the PL-3 year include neurology, psychiatry, endocrinology, and pulmonology. Ample elective time allows for research opportunities and supplemental educational experiences tailored to each resident’s career path.
Special Programs

Internal Medicine/Pediatrics Combined Program

The combined Internal Medicine/Pediatric Training Program at the University of Utah is an exciting four year program designed to train physicians who are competent in both pediatrics and internal medicine. The clinical and research relationships between our two departments, the interest in combined training, and a commitment to increasing our primary care base make this program an ideal alternative to traditional family medicine training. With this program, we can educate clinicians and academicians, the so-called "bridging" subspecialists, who can care for both adults and children.

The first year of this program is divided into alternating blocks on internal medicine or pediatrics. Rotations throughout the last three years (PGY-2, 3 and 4) are organized such that every third month is an ambulatory/subspecialty rotation which combines both internal medicine and pediatric experiences of a general or subspecialty nature. When feasible, related internal medicine and pediatric experiences are scheduled together to facilitate a cohesive education.

There are two half-day clinics each week for all four years with med/peds preceptors at the University of Utah Health Care Network Clinics.

The Triple Board Program

The University of Utah is one of the original U.S. institutions that participated in a model program designed to train child psychiatrists with a strong foundation in pediatrics. The program integrates twenty- two months of core pediatrics, eighteen months of general psychiatry, and eighteen months of child psychiatry over a five-year curriculum. Physicians completing the program are board qualified in pediatrics, psychiatry, and child psychiatry. The continuity clinic experience for triple board residents has a strong emphasis on behavioral pediatrics. One half-day each week is spent in continuity clinic, and the other half- day each week is spent attending child psychiatry conferences. The close collaborative relationship between the faculties of the Department of Pediatrics and the Department of Psychiatry underscores the commitment of both departments to this program.

The Child Neurology Program

The Department of Pediatrics, in conjunction with the University’s Department of Neurology, reserves one PL-1 position yearly in a track designated for individuals who commit to entering our Pediatric Neurology Program. Physicians completing this sequence will be board qualified in both pediatrics and neurology (with special qualifications in child neurology). This program provides two years of pediatric training in sequence with a year of adult neurology, a year of pediatric neurology and a year of neuroscience that includes electrophysiology (EEG/EMG/evoked potentials), neuropathology, neuroophthalmology, neurogenetics and neuroradiology. Numerous research opportunities in pediatric neuroscience exist, including developmental neurobiology, epilepsy, stroke, neuroimaging and neurogenetics. Students with strong academic orientations are encouraged to apply.
Conferences and Education

Attending Ward Rounds

Daily a.m.
• Family centered rounds

Morning Conference

Monday, Wednesday, and Friday (8:15 a.m.)
• Students, Residents and Selected faculty
• Coordinated by the chief residents
• Cases presented by residents
• Advocacy and triple board conference once per month

Board Prep/Task Trainer Tuesdays

Tuesday (8:00 a.m.)
• Topic review by chief residents
• Procedure training

Noon Conference

Daily (12:00 p.m.)
• Students, Resident and Faculty
• Topics in primary care pediatrics, pediatric subspecialties, practice management, ethics and medical informatics;
• Morbidity and Mortality Conference - monthly conference provides an in depth education regarding pathophysiology, management, outcomes, and quality
• Resident Town Hall Meeting (every 6 weeks with Program Director)
• “Doc to Doc” - monthly conference with discussion among residents and faculty
• Journal Club - monthly with residents and faculty
• Interesting case conference - monthly with residents and faculty

Intern Lecture Series

Friday (11:00 a.m.)
• Specific topics for the first-year residents
• Provides case-based teaching that explores communication skills, use of clinical tools and resources, professionalism, and learning styles

Grand Rounds

Thursdays 8:00 a.m. (September - May)
• Distinguished lectureships
• Visiting professors

Education in Progress

Thursdays 8:00 a.m. (July - August)
• Residents and Faculty - summer series dedicated to education theory and practice

All subspecialty divisions have numerous conferences for fellows and faculty. Residents can attend these conferences while on rotations or if they have a special interest in a subspecialty.
Longitudinal Outpatient Experience

Local pediatricians are closely allied with the department’s teaching program as members of the Division of Community Pediatrics and choose to admit their patients to Primary Children’s Hospital.

Continuity clinic sites provide opportunities that are compatible with residents’ interests and career goals. Clinic sites include private offices, the South Main Clinic, the Teen Mom Clinic, the University General Pediatric Clinic, the network pediatric clinics of the University of Utah Health Care and Intermountain Healthcare. After the first year, residents can apply to substitute an approved research or advocacy experience for one of their clinic half-days.

The clinics are “mentor-based” and are organized so that the residents work in clinics in tandem with their preceptors. The relationship between the residents and their preceptor lasts throughout the residency. Each year residents in our program compete successfully for C.A.T.C.H. (Community Access to Child Health) grants from the American Academy of Pediatrics.

Research opportunities for residents

Faculty, fellows, residents, and students conduct research in many areas of basic and clinical science. NIH, CDC, and foundation grants support these activities. Our flexible schedule encourages resident participation at the bench or in clinical settings. Each year several residents participate in research activities which lead to presentations at national meetings and publications in peer-reviewed journals. The department pays the travel expenses when work is presented by residents at scientific meetings.

Many of our residents have gained national recognition for their work and have won prestigious awards for their research conducted during their training.

The residency program had 5 research projects presented at Pediatric Academic Societies 2013 and 3 at other national meetings. Several residents have manuscripts in progress or accepted for publication.
Global, Rural & Underserved Certificate Program

The Global, Rural & Underserved Certificate Program provides unique experiences for pediatrics, internal medicine-pediatrics and triple-board residents at the University of Utah. The program goal is to instill a comprehensive understanding of health issues for children across the globe by providing educational opportunities for pediatric residents at the University of Utah.

These opportunities include:
- Four Corners Region, Utah: Clinical Pediatrics
- Uinta Basin, Utah: Clinical Pediatrics
- Kumasi, Ghana, West Africa: Clinical Pediatrics
- Kumasi, Ghana, West Africa: Community Health
- Spanish Language & Clinical Pediatrics in Guatemala
- Gujarat, India: Clinical Pediatrics
- Baglung, Nepal: Clinical Pediatrics

Advocacy

The rotation in Advocacy and Community Pediatrics is designed to prepare residents for their roles as advocates for children. Residents will have the opportunity to learn from community-based organizations and pediatricians. The rotation can be designed to meet special interests of the resident.

Both the ACGME and AAP have stated that training in community pediatrics is an important (and mandatory) part of pediatric resident training. The AAP Policy Statement, “The Pediatrician’s Role in Community Pediatrics,” notes that “the major threats to the health of American’s children – the new morbidity arise from problems that cannot be adequately addressed by the practice model alone” and further asserts, “It is especially important now for pediatricians to reexamine and reaffirm their role as professionals in the community – as community pediatricians – and prepare themselves for it, just as diligently as they prepare for traditional clinical roles.” This rotation assists residents acquiring the skills to meet these mandates.
Medical Students

Our Pediatric Clerkship program consists of third and fourth year medical students from the University of Utah, School of Medicine. It offers an opportunity for our residents, students and faculty to function as part of clinical care teams. Our residents also gain supervisory experience by precepting medical students on these certain inpatient rotations. For example, our Glasgow team is comprised of third year medical students who are overseen by 2nd and 3rd year residents and cover the entire hospital, generally patients of a lower acuity.

Quality Improvement Education

The residency quality improvement (QI) curriculum includes both instruction on QI principles and successful implementation and completion of a QI project for every resident. Residents learn QI terminology, methodology and data through didactic lectures, web-based modules and readings. Residents apply QI knowledge by performing a QI project, as an active team member or a project leader.

Career Mentoring Program

The structured resident mentoring program provides residents in the Department of Pediatrics at the University of Utah with valuable faculty guidance on their career development, scholarly activities, leadership opportunities, and maintaining a healthy work/life balance. In addition, mentors assist with building a personalized learning plan and curriculum for residents. Early in their first year, interns meet with an advisor who assists them in choosing a faculty career mentor. All faculty members participating in this program are trained and invested in mentoring residents.
After Residency

One of the most frequently asked questions by applicants is whether our graduates obtain positions in private practice or enter fellowships. The answer is a resounding, “YES!” Over the last ten years, our residents have entered private practice from Connecticut to California and fellowship training programs throughout the United States. Many graduates hold faculty positions in Departments of Pediatrics throughout the United States.

Graduate Career Paths (since 2003)

- Private Practice Pediatricians
- Fellowship Training
- Academic Pediatric Positions

Post Residency Training Programs

Fellowships, both research and clinical, are available for those who wish additional training after completion of residency. All applications for fellowship training should be requested directly from the sponsoring division.

Cardiology
Susan Etheridge, M.D.

Child Abuse
Antoinette Laskey, M.D., MPH

Critical Care
Michelle Schober, M.D.

Emergency Medicine
Joyce Soprano, M.D.

Endocrinology
Carol Foster, M.D.

Gastroenterology
John Pohl, M.D.

Genetics
Dave Viskochil, M.D., Ph.D.

Infectious Disease
Anne Blaschke-Bonkowsky, M.D., Ph.D.

Hematology/Oncology
Michael Engel, M.D.

Neonatology
Con Yost, MD

For more information about the fellowships we offer, please contact:

Pamela Carpenter
Manager
801.587.7436
pamela.carpenter@hsc.utah.edu
Salaries & Benefits

Salaries (2015-2016)

<table>
<thead>
<tr>
<th>Level</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>PL-1</td>
<td>$53,617</td>
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<tr>
<td>PL-2</td>
<td>$55,531</td>
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<tr>
<td>PL-3</td>
<td>$57,670</td>
</tr>
<tr>
<td>PL-4</td>
<td>$60,423 (Med/Peds &amp; TripleBoard)</td>
</tr>
<tr>
<td>PL-5</td>
<td>$62,426 (Triple Board)</td>
</tr>
</tbody>
</table>

Paid Leave

Paid leave includes three weeks of vacation annually. All PL-1s have two weeks off during the year and a third week of vacation at the end of the PL-1 year. In addition, each resident receives four or five days off at either Christmas or Thanksgiving annually. Residents receive paid maternity and paternity leave.

Insurance

Residents have their choice of health insurance plans. Premium costs are shared between the University Hospital and the resident for health coverage for the resident and family. Group dental insurance for the resident and family is available. Group term life insurance in the amount of $25,000 is provided at no charge. Additional life insurance, up to $350,000, may be purchased by the resident. Malpractice insurance is covered by the hospital for professional activities that are approved components of the training program. Disability insurance is also provided.

Meals and Housing

Meals are provided to residents for shifts and call by PCH. Breakfast is provided daily at morning conference, and lunch is provided each day at noon conference. Overnight accommodations are available in the hospitals for on-call residents.

Education and Licensing

All residents have an $1,100 education fund to be used over three years for meetings, books, journals, and other educational materials. Utah medical license fees, and medical license renewal fees on are paid by the University Hospital. Residents are encouraged to participate in individual research projects and attend scientific meetings. Up to five days of educational leave per year may be taken with program director approval.

Other Benefits

Other benefits such as reduced tuition, bookstore and athletic event discounts, and use of recreation facilities are available to all residents.

*All residents have access to networked computers and e-mail.* The Department of Pediatrics and the School of Medicine provide preventive, consultative, and referral services to residents through the Employee Assistance Program.
Primary Children’s Hospital

Primary Children’s Hospital ranks among the best children’s hospitals. Located in scenic Utah, everything in the hospital is focused on providing the best care for children. For more than 90 years, they have been committed to helping children, families, and communities across the western United States.

Our program provides an outstanding mix of primary, secondary, and tertiary patient care experiences. Primary Children’s Hospital and the University of Utah Health Sciences Center serve as the referral centers for a geographic area spanning all or part of six states. Because few pediatric subspecialists in this region practice outside the University Department of Pediatrics, most children in our region with complex medical problems are referred for evaluation and consultation by our residents and faculty. Sophisticated pediatric and neonatal air and ground transport systems brings children with acute, life-threatening illnesses to our facilities from as far as 500 miles away.

Primary Children’s Hospital (PCH), adjacent to the University Hospital, continues to expand to meet the growing needs of the Intermountain West (Utah and portions of Idaho, Wyoming, Nevada, Montana and Colorado). The children’s hospital is easily accessible from the University Hospital and School of Medicine through a glassed walkway, facilitating ready exchange between faculty clinicians, researchers, and residents. State-of-the-art equipment, sophisticated laboratory services, and the supportive staff of the children’s hospital create a superb educational environment for our residents. A new ambulatory care tower, recently opened in the fall of 2014, provides new clinics and space for our educational programs.

Visit their website here: http://intermountainhealthcare.org/hospitals/primarychildrens/Pages/home.aspx

14,916 inpatient services admissions
36,939 Emergency visits
173,499 pediatric outpatient visits
500 NICU admissions
2,150 PICU admissions
Sophie’s Place at PCH

Annie, Intermountain Therapy Dogs

Emergency Department Waiting Room, PCH

Ronald McDonald Family Room, PCH

Utah Jazz Players and Cheerleaders visiting PCH patients

Annie, Intermountain Therapy Dogs
University of Utah Health Care

The University of Utah Hospital in Salt Lake City, Utah opened its doors in 1965. It has since grown from a single hospital to an extensive health care system that includes four hospitals and 10 neighborhood health centers staffed by 1,000 board-certified University of Utah physicians trained in 200 medical specialties.

The University of Utah School of Medicine combines excellence in teaching, research, and clinical expertise to train tomorrow's physicians for the rapidly changing world of medicine. With a faculty of more than 1,000 physicians and researchers and 22 clinical and basic-science departments, the School of Medicine is widely recognized for interdisciplinary research in the genetics, cancer, biomedical informatics, infectious diseases, and other areas of leading-edge medicine. More than 600 residents and fellows train in the University of Utah programs.

Our categorical pediatric residents spend two months in the well baby nursery at the University of Utah where they learn the principles of neonatal resuscitations, and newborn care. In addition, our residents rotate through the University of Utah Neonatal Intensive Care Unit.

The University General Pediatric Clinic is one of the longitudinal outpatient sites offered to our residents. This outpatient clinic is located within the University of Utah Hospital.
U of U football is part of the PAC-12 conference

The University of Utah Hospital is part of a medical complex that houses PCH, the Moran Eye Center, the Huntsman Cancer Institute and the School of Medicine

The Utah Transit Authority is an integrated system of innovative, accessible and efficient public transportation services that included light rail to the hospital complex
A wonderful place to live

Salt Lake City a vibrant, safe, family-friendly city and its surroundings offer exceptional educational, recreational, and cultural opportunities. The climate is one of the best in the country: sunny and dry, with moderate temperatures. Located at the foot of the Wasatch Mountain Range, the city hosted the highly successful 2002 Olympic Winter Games.

Some of the best skiing and boarding in the world is minutes from the medical center. Residents can purchase season passes at a reduced cost. In addition, there are plenty of places to snowshoe and cross country ski.

Salt Lake City is a recreation oriented community, with county supported recreation centers. The University and the city have amateur and professional sports teams, including collegiate gymnastics, basketball and football, professional basketball (the Utah Jazz), soccer (Real Salt Lake), hockey (the Grizzlies), triple-A baseball (the Bees), as well as world cup ski racing.

Biking, trail running, and hiking are readily accessible. Salt Lake has city planning that includes bike paths, allowing for road biking in spectacular scenery. Zion, Bryce, Canyonlands, Arches, Yellowstone, and Grand Teton National Parks are all within a 4-6 hour drive.

Salt Lake City offers many cultural experiences, including a symphony, ballet and modern dance companies, professional theatre and opera companies, summer outdoor concerts, and the Sundance Film Festival.

Our International airport, with many direct flights to coastal cities, is only twenty minutes away from the most anywhere in the Salt Lake Valley.