**Residency Program Highlights**

**The past:** Graduates of the class of 2017 left at the end of June to begin the next phase of their careers, whether in practice, fellowships, or as an MUSC Chief Resident (in both Pediatrics and Internal Medicine). Our graduates entered general pediatric practices locally (3), and in Greenville, El Paso, Annapolis, Nashville, and Burlington, Vermont. Fellowship programs in Cardiology (MUSC), Neonatal-Perinatal Medicine (Cincinnati, Duke), Hematology-Oncology (Sloan Kettering), Pediatric Hospitalist Medicine (Cincinnati), Rheumatology (Baylor, MUSC), and Pediatric Critical Care (Cincinnati) all welcomed MUSC folks. We are very proud of each of them and know they will represent our program well.

**The present:** The academic calendar started anew in July, and with it came the largest and most geographically diverse group of interns the MUSC Department of Pediatrics has ever seen. From the more than 1300 applicants, 22 new interns joined one of the four residency programs (Categorical Pediatrics, Primary Care Pediatrics, Medicine-Pediatrics Combined Program, and Child Neurology) associated with our department. The six men and sixteen women represented 22 different medical schools and 17 states from coast to coast.

**The future:** The near-simultaneous construction and openings of the new Shawn Jenkins MUSC Children’s Hospital and Children’s Health Ambulatory Campus in North Charleston offers exciting opportunities and challenges for our innovative graduate medical education programs. Assuring the inclusion of small and large conference spaces, supporting state-of-art educational technology tools, balancing service and education, and importantly, maintaining the camaraderie among the house staff for which our program is known, are all priorities as we move forward with these new clinical facilities.

In response to these priorities, the expansion of our campus footprint, and increasing clinical demands, our program will move away from the traditional “noon conference” format to that of an “academic half day” in July of 2018. During this weekly 3.5 hour period, all residents will be excused from clinical responsibilities so they can actively and mindfully participate in their educational endeavors. No, they will not be sitting in a classroom listening to lecturers talk at them for three hours: we envision an active learning environment wherein topics ranging from wound suturing to medical ethics, from evidence-based medicine to the business of medicine, and from developing effective presentations to personal finance will share the time with the traditional didactic clinical curriculum.

Surveys of our residents indicate that > 90% of them are in favor of this major change in our educational format. The challenges are obvious, but publications from an increasing number of pediatric and internal medicine programs make it clear that this is a more effective approach to graduate medical education as demonstrated by both objective (in training exam scores) and subjective (satisfaction by both faculty and house staff) measures. It is time to shake things up!