How does night shift work?

Night float is done at both of our hospitals, at Valley Children’s Hospital (VCH) as a first and second year and at Community Regional Medical Center (CRMC) in your first year and in your third year. Night shift starts at 6:30pm on Sunday night and goes through Thursday night. Sign out is at 6:30pm at both places, and you sign out at 6:30am the next morning. However, the night team at Valley Children’s stays for morning report several mornings per week and for Journal club/M&M/or Case Conference on Fridays.

Overall, a senior resident is paired with an intern and we work collaboratively on taking care of the patients on our team as well as efficiently admitting new patients to the hospital. As an intern you are given autonomy to make decisions, however the Senior Resident is always accessible in-person to ensure excellent patient care.

At VCH, we are primarily responsible for admission and for continuity of care of the patients on Resident Service.
At CRMC, we are responsible for the care of NICU patients on Resident service, managing the patients on our Pediatrics acute care floor, providing pediatric consult service to trauma/burn surgery teams for pediatric patients on their services, and we serve as the Pediatrics experts to the ER Physicians for any Pediatrics patients.

**How many "Golden Weekends" do you have?**

Golden weekends are a phenomenon when you would work a 24 to 30 hour call on Thursday night, giving you a post call day on Friday, then Saturday and Sunday off.

Our program really maximizes weekend days and weekends (as opposed to random weekdays) off. As an intern, on inpatient months (wards, NICU, newborn), you usually work 2 weekends, and have the other 2 weekends off. During night shift, you get every weekend off. During other blocks (child development, clinic, subspecialty), your weekends off will vary.

**How many months of inpatient floors do you work as an intern?**

Each intern will spend approximately 6 months on the inpatient services. This includes the Inpatient Wards at VCH and CRMC, Newborn Service at CRMC, NICU at CRMC, and Night Services at CRMC and VCH.

**Are 12 residents per class too much, too little or just right?**

According to us, it’s perfect! Not so big that you don’t know all of your classmates, but small enough that everyone feels like family and we all look out for one another. Having 12 residents per class makes each cohort large enough to adequately take care of the different pediatric facilities/ services and at the same time small enough to get to all know each other well.

**What is the ancillary staff like?**

Our pediatric nursing staff is regularly recognized for excellent in pediatric nursing, and we enjoy working with such dedicated and passionate staff. Our NICU nurses, respiratory therapists, and physical therapist, as well as our Charge Nurses are outstanding, and enjoy having residents in our Level 3 NICU. We work together with our social workers, case managers, and pediatric care techs as a team taking care of our patients. Our child life specialists are hugely important in making the hospital experience more pleasant for our patients by providing preparation and distraction for painful procedures, company when they are homesick, and games and activities when they are bored.

**How flexible is scheduling?**

With more residents, there are more people to share coverage. Flexibility is good, but also depends on your flexibility! How does the Back-Up system work? Every day there are one to two residents per class on who are on 'back-up' call in case an emergency prevents one of your colleagues from being at work. While it is rare that the back-up residents are called in, the back-up resident should be available to work within two hours notice. If called in, the next day’s schedule may need to be adjusted by the chiefs. Back up is paid back during the year.

**How many NICU blocks do you work?**
Approximately 2.5 blocks of full time NICU, however when you are on night float at CRMC, you get plenty of experience with resuscitations and high risk deliveries.

**Can you start or expand a family during residency?**

Many of our residents are great mothers and fathers. Our program is very family friendly.

**What types of research opportunities are available to residents?**

We have a strong research program, called the Resident Scholars program. Residents are required to perform a research project. Residents do a wide range of projects, from quality improvement/public health projects, to retrospective reviews, to even bench work if you are so inclined. We are supported, and encouraged to present at local, regional, national and international meetings.

**What do your residents do upon completion of residency?**

Depending on the year, approximately one-half to two-thirds of our residents go into private practice, general pediatrics, or inpatient general pediatrics (hospitalist work) while the rest go on to fellowship positions in every subspecialty. Please check out our “graduated resident list” to see where some of our graduates are doing their fellowships.

**How do you like living in Fresno?**

We all spend time together as Residents either going out to eat, movies, exploring Yosemite, Sequoia National Park, Kings Canyon National Park or the various other national parks nearby, or taking a nice 2 hour drive to the Central Coast or 3-4 hour drive to Napa Valley, Los Angeles, San Francisco, and Monterey. Fresno is a great central location that is laid back and relaxing. Fresno, although situated in the middle of a predominantly agricultural region of California, has all of the basic amenities offered by a major city, including a university, downtown, shopping malls, and broad range of restaurants. With little traffic, it is easy to get around. The many farmers markets spice up the experience of produce shopping. We have our own Broadway in Fresno for the musically inclined, The Grizzlies for the sports fans, and multiple farmer’s markets for the food-lovers.

**What is your patient population like?**

The patient population spans a broad socioeconomic and ethnic spectrum, with many opportunities for providing care to a Latino population and to the underserved. We have a very large catch area, spanning from the San Joaquin Valley and foothills down toward north Los Angeles, so we see a variety of pathology, including the most rare and exotic. Our patient population is mostly underserved due to the economic climate of the Central Valley of California, as well as Hispanic and Spanish speaking, however our patient population is as varied as the spectrum of disease that we see.

**Do the residents hang out together outside of work?**

Yes! We make it a point to stay connected and to find opportunities to spend time together, whether it within our cohort, with our Continuity Clinic group, or with the entire program as a whole, or with other residents from other programs at UCSF Fresno. We are fans of mass texts, especially when it comes to invites for last minute dinners out, or movie nights—but also like to plan the occasional escapes to the
beach or the city on overlapping weekends off. For any additional questions, please feel free to contact any of our residents.