GENERAL INFORMATION

**Q:** How many PGY-1 positions are available?
**A:** There are 36 standard, 4 Physician Scientist, 6 Primary Care, 4 Medicine-Pediatric, and 10 preliminary.

**Q:** Where do interns come from?
**A:** Our interns come from all over. The current class represents 31 different schools.

**Q:** By what criteria are Housestaff selected?
**A:** We look for applicants who value professionalism, teamwork and graded responsibility, who have a strong academic record, and a wide range of interests and excellent academic potential.

**Q:** What is the salary?
**A:** Next year’s salary has not been announced. The current PGY-1 salary is $51,084.

**Q:** How does the cost of living in Philadelphia compare to other larger cities?
**A:** The cost of living is 42% higher in New York, 38% higher in San Francisco and 17% higher in Boston. Philadelphia is very affordable.

**Q:** How many clinical training sites are there?
**A:** Three. The Hospital of the University of Pennsylvania (HUP), The Philadelphia Veterans Affairs Medical Center (PVAMC), and the Penn Presbyterian Medical Center (PPMC). Each site has a faculty site director, a Chief Resident and a coordinator.

**Q:** What type of communication devices are used?
**A:** All housestaff receive cell phones at orientation. We no longer use pagers. This has greatly improved the efficiency of our residents. In addition, certain rotations have Smart devices for texting with nursing and ancillary staff. This has led to greatly improved communication.

**Q:** How much time do I spend at each site as a PGY1?
**A:**
- HUP: 8 - 10 months
- PVAMC: 1 - 2 months
- PPMC: 1 - 2 months

**Q:** What is the program’s approach to duty hour reform?
**A:** The program takes adherence to the duty hour standards very seriously. All schedules have been designed to promote compliance. All interns work 8-13 hour shifts, 6 days a week. There is 1 day off in 7 on average over a given rotation with some rotations supporting golden weekends (Saturday/Sunday off). Their supervising resident may be on a rotation with extended shifts or may be working a 13 hour shift as well. 80-85% of interns work is assigned as day work. Interns will rotate through night shifts, 6 nights at a time.
time on various rotations. Duty hours are anonymously monitored by the Office Graduate Medical Education on a monthly basis. The program receives reports by rotations and can address any violations.

**Q:** What is the 6+2 scheduling model?
**A:** 6+2 is a block scheduling system. For most of the year, categorical interns spend 6 weeks in a row on inpatient services followed by 2 weeks in the ambulatory setting. This system simplifies scheduling, makes it predictable, avoids burnout, and separates inpatient from outpatient responsibilities. Furthermore, it increases intern camaraderie by creating intern cohorts that travel through intern year together. Since implementing this system, the program has been able to grant more than 90% of interns their first choice vacation.

**Q:** What is the breakdown of rotations?
**A:**

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<td>Ambulatory/Elective Blocks</td>
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<td>Jeopardy</td>
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*Neurology interns staying at HUP for Neurology will have 1 critical care elective per Neurology’s requirements.

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<th>A: Junior Resident</th>
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<td>Ambulatory/Elective</td>
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<td>Vacation</td>
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**Q:** How are my shifts distributed and when do I take admissions?
**A:** On the general medicine services, a team is 1 resident and 2 interns. Each shift starts at 7:00 a.m. The resident admits 12:00 pm-9:30 pm every 4 days. The resident stays overnight to finish up admissions received by the team and cross cover their own team’s patients. The primary interns admit from 12:00 pm-8:00 pm, leaving by 9:00 pm. On the third day of the resident call cycle, the team admits short call from 7:00
am-12:00 pm. Your intern service cap is 10. You cannot admit more than 4 patients in any shift.

On the specialty services, all residents and interns are on 13 hour shifts. Each specialty service has two teams of one resident and one intern. The teams alternate days with admitting duties. On the non-admitting day, interns leave when their work is done. The intern service cap is 8-10 patients depending on the service. You cannot admit more than 4 patients in any shift.

In the ICU’s, residents take extended call with interns on day and night shifts. Admission caps are lower.

**Q: When are my days off?**
**A:** All housestaff get 1 day off in 7 when averaged over a rotation. These days off are preset in the online schedule such that you know your days off for the year so plans can be made in advance for your time off.

**Q: What is “jeopardy”?**
**A:** Jeopardy is our sick call system. People assigned to jeopardy must keep their phones on and be prepared to work on 1 hours notice.

**Q: Do attending rounds occur daily?**
**A:** Yes. Rounds consist of bedside presentations, didactics, and evidence-based medicine. They last 2-3 hours.

**Q: What are Interdisciplinary Care Rounds?**
**A:** These rounds occur Monday through Friday on each unit for 30 minutes. They include nursing, housestaff, social work, clinical resource management and pharmacists. They are designed to facilitate patient flow by assisting with discharge planning. In oncology, discharge planners are assigned to resident teams and are completely integrated.

**Q: How does the program teach quality improvement?**
**A:** Quality Improvement (QI) is taught in a variety of activities and forums. All QI activities are supervised and evaluated by faculty with training and interest in quality and safety.

As an intern, you will complete a project involving evaluation of the care you deliver to your panel of continuity outpatients and you will develop a plan to improve that care.

As a resident you will be involved in the QI activities your continuity practice has chosen to address in their practice, while you are on your “firm” rotation. The nature of resident involvement depends on the status of the project at a given time of year, but may include activities as diverse as process mapping, root cause analysis, patient education, dissemination of practice improvement tools, team-building or post-intervention data collection.

All residents receive clinical data about their own panel of outpatients in semi-annual face-to-face feedback sessions with a clinic preceptor. This resident-specific and practice-specific data helps residents and faculty generate action plans and learning objectives for the upcoming half-year.

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Q: Does the program have a patient safety curriculum?
A: Yes. One of the Assistant Program Directors is one of HUP’s Patient Safety Officers. She plans and implements the curriculum. One resident report each month is used to teach basic safety concepts around real cases that represent errors or near misses. Didactic content is included in the ambulatory curriculum. A robust M&M occurs as part of Grand Rounds 6 times per year. Residents are involved in all aspects of these conferences and also participate in Root Cause Analyses.

Q: Are there required ambulatory rotations?
A: Yes. During intern year there are 12 weeks of ambulatory rotations divided into ambulatory block rotations, elective rotations, and firm rotations.

Ambulatory Block Rotations: All but preliminary interns participate in ambulatory block rotations. Highlights include:
- A standardized curriculum of interactive talks and seminars on physical diagnosis, screening and prevention, common outpatient illnesses, the patient-doctor relationship, ethics, medical informatics, and critical appraisal of the literature.
- Selected clinics in medical and non-medical office-based specialties.
- An increased amount of time building a patient panel in their own continuity practices.
- Individual practice-based learning projects. Interns are expected to identify an area of improvement for their outpatient practice, develop a chart abstraction tool, abstract their charts, develop and implement an action plan and then repeat the audit in the spring of year 2.
- Simulated training in procedures at the Penn Simulation Center.
- Standardized patient experience to improve communication skills.

Ambulatory Elective Rotation: Interns choose from a variety of clinical experiences.

Firm Rotations: Each PGY 1 and 3 has one, and each PGY 2 has 2 required firm rotations designed to solidify their ambulatory skills. The experience is designed to provide an immersion in the practice with a focus on acute medicine, phone triage and quality improvement.

Each resident participates in a quality improvement project designed to address practice based and systems based learning. What is done during this time depends on progress made to date on the project including: summarizing work to date (from last year’s audit, ABIM practice improvement projects), achieving consensus on targets for Firm QI, gathering a multi-disciplinary team to work on the QI project, identifying process issues that could be targets for modification to help achieve goals, interviewing stakeholders to gain a better understanding of the issues, collecting baseline data etc.

- Each resident on the firm rotation will participate in team-based care including:
- **Phone medicine:**
  During one of the two weeks, residents are responsible for taking after hours and weekend call for the practice. A core curriculum in phone medicine is reviewed, and the firm attending does daily reviews with each resident to insure comfort and facility with phone management.

- **EPIC (outpatient EHR) Inbox management:**
  Residents are responsible for the Ambulatory Resident Pool in EPIC for their firm with the goal of developing co-practice skills. This pool will contain: Calls from (and regarding) firm patients cared for by all interns and residents on wards, elective, ICU, ER, and vacation; Labs and studies for firm patients cared for by residents on ICU, ER, and vacation; Abnormal labs for firm patients which have not been addressed by the primary resident within 1 week of being “resulted”; Other calls and/or results for firm patients whose doctors are “Out of Office,” at the discretion of the firm nurse or ambulatory attending.

- **Firm Mailbox management**
  Residents are responsible for the Ambulatory Resident Mailbox for their firm with the goal of developing co-practice skills. This mailbox will contain forms from patients in the firm which require MD attention or signature as well as US or inter-office mail for residents who are on vacation or the unit. Forms should be handled according to the Forms policy. Urgent labs or other requests should be handled to completion.

**Q: How is the curriculum organized?**

A: The blueprint for the curriculum has been created by the Curriculum Committee made up of Core Faculty from each specialty of Internal Medicine. These individuals create the curriculum based on what they feel is most important for a general internist to know about that specialty. Each specialty has a list of key articles that represent cutting edge research, as well as landmark papers that are available to residents through our residency portal.

**Q: What is the conference curriculum?**

A: An integrated conference curriculum provides interns and residents with broad exposure to the principles and competencies of general internal medicine. The purpose and format of each conference is slightly different to provide residents with diverse learning venues. In addition, a variety of both clinical and basic science conferences are held throughout the week in all of the specialties. The weekly conferences include:

**Resident report: (12:00 - 1:00 p.m - Monday, Wednesday, and Thursday)**
This is the highlight of the curriculum. It is a didactic, patient based conference held 4 times a week. It is run by the chief residents with faculty support. There is equal emphasis on inpatient and outpatient cases. Multiple formats are used including intake, formal case
presentations and clinical skills sessions. Integrated here are a physician scientist and a patient safety series.

**Intern report: (1:15 - 2:15 p.m. - Monday, Wednesday, Thursday)**
This is similar to resident report but is focused for interns. It is run by the chief residents and occurs twice a week with equal emphasis on inpatient and outpatient cases. Interns are expected to hand off their pagers to residents during intern report.

**Management conference (12:00 -1:00 p.m. - Friday)**
This is a combined intern and resident conference highlighting core management topics given by selected faculty.

**Grand Rounds: (12:00 - 1:00 p.m. - Tuesday)**
This is the premier didactic conference for the entire Department showcasing topics by departmental, regional and national faculty. The formats include formal lectures, panel discussions of controversial issues, and CPC's and M&M's presentations by senior residents. These conferences are webcasted from HUP to PPMC and are available online after the event.

**Tuesday didactic sessions: (8:00 – 11:45 a.m.). For residents and interns in elective and/or firm rotation**
These conferences are devoted to inpatient and outpatient management topics presented by core faculty. These sessions are more advanced, case-based discussions aimed at the resident level.

**Pre-clinic conference (1:00-1:30 p.m. on clinic days)**
Residents and faculty meet for 30 minutes before the session begins for a resident-led, faculty supervised case-based discussion of a common ambulatory problem.

**Nighttime Intern series (11:30 p.m. – 12:00 a.m.)**
These conferences are taught by the Senior resident in house. They focus on teaching scripts designed to highlight management issues.

**Night Float report (7:30 – 8:00 a.m.)**
This is an intake report for all interns and residents on the night shift. Faculty are assigned to facilitate. The Chair of Medicine is a frequent facilitator.

**Service didactics**
Just about all services have 30 minutes of didactics in the mornings or afternoons four days a week.

**HUP FACTS**

**Q: How many people are on a team?**
A: There are 11 floor teams: 3 on Oncology (2 liquid and 1 solid tumor oncology), 3 subspecialty (1 GI, 2 ID/Renal, 2 pulmonary) and 4 general medicine teams. The general medicine and liquid teams are made up of one attending, one resident, two interns (sub-

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Interns often substitute for interns) and 1 third year medical student. All other teams are made up of 1 attending, 1 resident, 1 intern and a student.

**Q: Are there non-housestaff covered patients?**
A: Yes. There are 3 non-teaching services (NTS): Cardiology, Oncology and General Medicine. The total number of patients managed by non-teaching services is about 120/day.

**Q: What is the patient mix?**
A: 1/3 have no UPHS provider, 2/3 have UPHS providers. Our patients come from the surrounding West Philadelphia area, which is a very diverse inner city population, the region of the Delaware Valley and many states in the Mid-Atlantic region.

**Q: Are there private attendings?**
A: No. Each service has 1 attending for a 2 week block. The entire department rotates on the same schedule. For example, the pulmonary division has 1 faculty member on general consults for each 2 week block. Any pulmonologist admitting a patient will do so to that attending and service. Thus, there is only 1 pulmonary attending for all general pulmonary admissions.

**Q: What are the hospitalist services?**
A: We have had hospitalists since 1999. They staff the Martin Service – named after a beloved Program Director at Penn. There are 16 hospitalists, four of whom are on service every month. All of the unassigned admissions and admissions from many of the general medicine practices are admitted to this service. These individuals are the teaching attendings as well as the attending of record for their services.

**Q: What systems are in place at HUP to support duty hour reform?**
- Web-based patient identification and sign out system.
- 24-hour blood culture, phlebotomy and IV services.
- Dedicated clerical support to make post discharge appointments.
- Telemetry transport services.

**Q: What type of technology is available at HUP?**
A: HUP has the following resources:
- Wireless network throughout hospital
- Wireless computer on wheels for each team to improve efficiency
- Sunrise Electronic Order Entry System
- Clinical Portal called Medview to pull all clinical systems into one user friendly portal
- Online discharge summaries
- Outpatient EMR
- Access to the School of Medicine biomedical library
- Up-to-Date clinical resource
- The Department of Medicine is actively engaged in creating pilot applications for iPads and iPhones.

**VA HOSPITAL (PVAMC) FACTS**

**Q: Where is the VA Hospital located?**
A: An 8-minute walk across campus from HUP.

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Q: How do the facilities compare to the HUP facilities?
A: There is an 8 story clinical addition that houses all of the outpatient clinics, a MICU, and a nursing home.

Q: How much time will I be spending there?
A: On average, each intern and each senior resident spend 1 month per year at the VA.

Q: How does the VA support work hour reform?
A: The teaching service does not admit overnight. The interns leave and the resident, who is on call fourth day stays overnight for cross cover of existing patients.

Q: What are the differences between HUP and PVAMC?
- There are 2 inpatient teams composed of 1 attending, 1 resident, 2 subinterns, and 1 3rd year student.
- Housestaff have more autonomy.
- Ancillary services include 24-hour phlebotomy and IV teams.

Q: What is the Intensive Teaching Service (ITS)?
A: The inpatient service at the VA was remodeled in July 2012 to be the site of our new ITS. The experience has been designed to optimize the senior residents’ opportunity to teach and supervise students. A teaching curriculum is embedded in this rotation with the goals of enhancing bedside teaching, feedback and evaluation. It consists of 3 medicine teams, each with a dedicated attending, 1 resident and 2 sub-interns (or 1 resident and 1 intern during the months without sub-interns). Each team is on long-call every third day from 8am-10:30pm. There is a NF resident and intern that cross-over for the day teams from 9:30pm-10:00am, so there is no overnight call. Each team is capped at 12 patients.

PENN PRESBYTERIAN MEDICAL CENTER (PPMC) FACTS

Q: Where is PPMC?
A: A 10-minute walk through campus from HUP.

Q: How much time will I spend there?
A: Approximately 1-2 months per year as an intern; 2-3 months as a resident.

Q: What services are there?
A: General Medicine, Acute Care for Elderly (ACE), CCU.

Q: What is the admitting/shift schedule?
A: The General Medicine system is identical to HUP.

The CCU has 4 interns and 3 residents. The residents take extended call every third night. Interns are on 13 hour shifts.

The ACE unit has 3 residents who take extended call every 3rd night.

Q: Are there non-housestaff covered patients?
A: Yes; there is a large non-teaching service for periprocedure Cardiology patients and for private specialty and general medicine admissions. Housestaff do not cover these patients at night but provide emergent care when necessary.

Revised 8/2013
Q: What is the ACE unit?
A: The ACE unit is the Acute Care for the Elderly unit is the core of our geriatric curriculum. Each second year resident spends 2 weeks on this rotation. There is a strong emphasis on interdisciplinary team management and care. The Geriatrics faculty are the attendings for this rotation.

OUTPATIENT CONTINUITY PRACTICE

Q: Where will I practice?
A: Housestaff practice in groups at one of three sites: PVAMC, 3701 Market Street or Penn Center for Primary Care. You will practice as a member of your firm for three years.

Q: When will I practice?
A: There are no outpatient practice responsibilities during ICU rotations, liquid oncology, night float or vacation. Housestaff on ward rotations practice in the afternoon to insure adequate continuity on the inpatient services. Clinic is on Day 3 or 4 of your call cycle. When on an inpatient rotation, clinic is reduced to 2 times/month. Residents on elective have at least 5 half days every two weeks. This allocation of clinic has been designed to address the competing inpatient and outpatient priorities experienced by residents on busy inpatient services.

Q: What is the faculty to resident ratio?
A: At most the faculty to resident ratio is 1:3, though it is often 1:2.

Q: What is a firm?
A: Those residents that practice at 3701 Market Street belong to one of 4 firms that are run by a faculty firm chief with 2-3 core faculty preceptors. Each resident has their own panel of patients within the practice that they keep throughout the three years of residency. Residents attend their practices one to two half-days a month when on a call rotation and then 2-3 times a week when on elective rotations. Each PGY 1 and 3 has one, and each PGY 2 has 2 required firm rotations designed to solidify their ambulatory skills learned in residency. The experience is designed to provide an immersion in the practice with a focus on acute medicine and quality improvement.

EMERGENCY DEPARTMENT

Q: What percentage of ER patients are admitted to medicine?
A: The HUP Emergency Department treats over 80,000 patients per year. Although the patient population comprises an undifferentiated sample of the medical problems managed by academic emergency departments, the acuity level is considerably higher than many other such departments and accounts for 35% of all admissions to HUP.

Q: What is the ER experience like?
A: Emergency Medicine is a separate Department. Medical Housestaff play a critical role in evaluating and triaging all types of patients who present for care.

Q: How often do I work in the Emergency Department?
A: Each PGY2 and 3 resident spends 2 weeks in the ER.

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MENTORING/WELLNESS

Q: Is there an advising program?
A: Yes, interns are assigned in groups to key selected faculty. They meet regularly to discuss various topics both within and outside the workday. There is an intern retreat in the fall where the entire class gets together for a night and the following day. By the end of the internship, career path dictates the choice of faculty mentors.

Most residents end up with multiple mentors including research, career and life mentors. The Clinical Investigator Toolbox elective jump starts the research mentoring process in July of the second year. All PGY2 residents meet with their primary Program Director in the summer. A major focus of that meeting is identifying career mentors.

Q: Is there career counseling?
A: Yes, there is extensive counseling by the Program Director, Chair and Division Chiefs of each subspecialty. There are also identified faculty in each division for this purpose. Residents get help with preparing their CV’s and personal statements.

Q: Is there a wellness program?
A: There is a longitudinal Self-Care Curriculum for Interns with the goal of teaching various self-care strategies and more importantly, normalizing self-care as an expectation of residency training and beyond.

There are four sessions distributed longitudinally throughout intern year, delivered during Ambulatory Blocks. Sessions are usually mixed didactic/experiential and include:

1. Self-Care Strategies Session – This session utilizes Nominal Group Technique (individual brainstorming then group sharing) to review concrete self-care strategies in both physical and emotional domains. Interns are given a handout with contact numbers of local PCPs, GYNs, urologists, dentists and mental health professionals and told they are expected to find their own health teams and are given four (program leadership approved) ½ days a year, to be taken during their ambulatory blocks, that they can utilize for their own health appointments.

2. Physician Impairment Session - This mostly didactic session is aimed at helping interns identify warning signs of distress, burnout and disability. Emotional and physical health resources will again be provided with the session materials.

3. Awareness Exercise Session - This is a guided self-reflection exercise explores the factors in each participant’s lives (at work and outside of work) that are draining and sustaining.

4. Emotion Handling Session - This is a mixed didactic/interactive session reviewing communication strategies to use with patients who are expressing emotions like anger, anxiety, grief, etc. The session is then transitioned to discussing and normalizing the complex emotions that interns themselves experience during their daily encounters and emotional handling strategies are reviewed.

Q: Are interview skills taught?
A: There is an annual program for junior residents to practice interview skills with senior faculty.

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Q: Is there a “scholarly requirement”?
A: Yes. Each resident in the categorical and the primary care programs must complete a scholarly project in order to graduate. Scholarship is broadly defined and includes reviews of clinical topics, original work resulting in abstracts or manuscripts, laboratory experience and community service.

Q: How does the program support resident research?
A: The program has created a two week course for junior residents entitled the Clinical Investigator Toolbox. It is designed to teach the basics of research design, principles of informed consent, working with the IRB, etc. Speakers include faculty from across the School of Medicine to provide diverse exposure to careers in academic medicine. Each resident identifies their research interests and then the course directors match those interests with various faculty. Residents subsequently meet with identified faculty to further define their interests and select a research project.

The program will pay for any resident to travel to a regional or national meeting to present their work. We will also help you with your posters.

Q: How productive are the residents?
A: Very productive. Over the last two years they have published over 60 peer-reviewed manuscripts. Please review the program bibliography at http://www.uphs.upenn.edu/internal-medicine-residency/PDFs/bibliography.pdf

Q: Are there research electives?
A: Yes. Research electives are available to all trainees within the three year program. The amount of time available is based on the research goals.

Q: Is there a Research Pathway?
A: Yes. It is possible to enter the ABIM Research Pathway after two years in the standard program followed by a clinical fellowship and three years of research. It enables those with physician scientist aspirations to differentiate a year earlier. This decision is usually made during the fall of the PGY-1 year. Those in the pathway become members of the William Osler Society in Medicine, which serves as a forum for gatherings around research meetings, visiting speakers and provides time and opportunity for mentoring. http://www.abim.org/certification/policies/research-pathway-policies-requirements.aspx

Q: What is the Healthcare Quality and Leadership Track?
A: This track is designed for individuals wishing to pursue advanced training in healthcare quality and leadership. Residents apply in the spring of internship and begin in the PGY2 year. The track has an annual 2 weeks of core didactics and monthly seminars. Residents are also active members of the Unit Based Clinical Leadership teams. http://www.uphs.upenn.edu/internal-medicine-residency/our_program/tracks_hql.html

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INTERNATIONAL PROGRAMS

Q: What is Penn Medicine at Botswana?
A: In 2003, the Department of Medicine and the School of Medicine entered into a collaborative agreement with the government of Botswana and the Gates Foundation to develop an HIV care program for the citizens of Botswana. We now have an inpatient firm at Princess Marina Hospital in Botswana that includes two full time faculty, residents and medical students. One senior resident each month rotates there to be a part of the firm.

Q: What is the Global Health Track?
A: Individuals interested in serving the global community as a career path can apply to the Global Health Track as part of the categorical application process or as interns. The track can accommodate up to four people each year. The curriculum begins in the PGY2 year with a core month of intensive course work in community health. International immersion experiences substitute for elective time in the 2nd/3rd years. Please see http://www.uphs.upenn.edu/internal-medicine-residency/our_program/tracks_global_health.html

LIVING IN PHILADELPHIA

Q: Where will I live?
A: Most residents live across the bridge in Center City. A few live in nearby suburbs or West Philadelphia (University City). Please see the extensive housing list compiled by the Office of Off Campus Housing for a review of neighborhoods and popular buildings. Please click link to Office of Off Campus Housing - http://www.business-services.upenn.edu/offcampusservices/?p=graduate_guide/individual_building_profiles

Q: What about transportation to and from work?
A: The hospital supplies parking or commuter passes to all housestaff. If parking is desired, the value of the commuter pass is applied to the cost of parking. Those rotating at PPMC can park on-site if they choose the parking option.

Q: What is there to do outside of work?
A: Philadelphia is a multi-cultural city with something for everyone. There are museums, parks, theaters, a renowned orchestra, the waterfront and much more. Philadelphia also has a wide variety of restaurants for every budget - with several nationally acclaimed five star delights. Please click link to the Philly Fun Guide - http://www.phillyfunguide.com/

Q: How do the housestaff get to know each other?
A: Through rotations together - especially their ambulatory medicine months. Each ambulatory group sponsors a party each month for the rest of the program. There are monthly happy hours as well and special social events each month.
OTHER AMENITIES

Q: How will I eat?
A: Debit cards for meals are provided by the Office of Graduate Medical Education. Rotations requiring greater than 60 hours/week receive a monthly benefit. Lunch is served at Resident Report, Intern Report, and Management Conference. Philadelphia is noted for its excellent and affordable restaurants.

Q: Are white coats available?
A: The Department provides 2 long white coats to all housestaff. Free laundering is available through the department. We provide 3 white coats; 2 in intern year and another one in 2nd year

Q: Are scrubs available?
A: Yes.

Q: Are lockers available?
A: Yes.

Q: Are there program sponsored social events?
A: Yes. There is a very active social committee that sponsors 1-2 events/month.

Q: Is there a retirement plan?
A: You can contribute to a 403B but there is no matching.

Q: Does the program support professional society membership?
A: Yes. The program pays for an Associate level membership for all senior residents for the American College of Physicians. The program buys MKSAP for all senior residents.

Q: Does the program support regional/national conference attendance?
A: Yes. The program will pay the associated costs for any resident presenting original research at a meeting.

AFTER RESIDENCY

Q: What do most of your residents do after completing the program?
A: A large portion of our residents go on to train in a subspecialty fellowship, including general medicine fellowships. Increasingly, we are seeing more of our residents enter general medicine practice. http://www.uphs.upenn.edu/internal-medicine-residency/our_program/graduates.html
Unique at Penn

- Outstanding breadth of clinical training at 3 sites
  - HUP: A university-based tertiary care referral center
  - PPMC: An academic community hospital
  - PVAMC: A Veterans Affairs medical center
- Extensive Career Counseling
- Clinical research training course
- Tremendous research opportunities plus research support (Department of Medicine ranked #3 in NIH funding)
- Diverse and closeknit housestaff from a wide range of backgrounds.
- Active social committee
- Penn Medicine at Botswana
- Large non teaching services to enable housestaff to focus on the more interesting and complex cases
- Global Health Track
- Integrated patient safety curriculum
- Extensive conference curriculum
- Days off scheduled up front for the year