HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA
INTERNAL MEDICINE RESIDENCY PROGRAM
2015-2016

FREQUENTLY ASKED QUESTIONS

Thank you for your interest in our residency program! We are thrilled to work with outstanding interns & residents while they explore career options, provide superb clinical care, and help us to refine and develop our training program. The program combines strong inpatient and outpatient clinical experiences with individualized elective time that allows each resident to have a unique, personalized training. We hope these FAQ's will begin to answer some general questions about the program, and we hope to have the opportunity to answer more questions in-depth during an interview day.

GENERAL INFORMATION

Q: How many PGY-1 positions are available?
A: There are 34 categorical, 4 Physician Scientist, 6 Primary Care, and 10 preliminary.

Q: Where do interns come from?
A: Our housestaff come from all over – the current group of residents & interns represents over 40 different medical schools.

Q: By what criteria are Housestaff selected?
A: Our program is built on a shared commitment to outstanding patient care, and the desire to nurture the careers of an exceptional group of young physicians. Our primary goal is to identify a group of interns who will be valued team members and additions to the Penn family. We look for applicants who value professionalism and teamwork, and who are eager to embrace increasing amounts of patient care responsibility. Our residents have a strong academic record and a wide range of interests with excellent academic potential.

Q: What is the salary?
A: Next year’s salary has not been announced. The current PGY-1 salary is $53,664.

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?

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A: All housestaff receive iPhones at orientation. This has greatly improved the efficiency of our residents, as well as communication with all providers.

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, and encourages open and honest reporting at regularly scheduled meetings. All schedules have been designed to promote full compliance. Housestaff are expected to log their duty hours in MedHub – the institutional GME management system. The program can generate reports by rotations and promptly address any violations.

Q: What is iCOMPARE?
A: Our program is participating in iCOMPARE, a national, randomized trial that seeks to study patient care and educational outcomes in two different regulatory models: the duty hours regulations as implemented in 2011, and the duty hours regulations as implemented in 2003. Dr. Bellini is one of the lead investigators in this trial. Our program was randomized to the 2003 (“intervention arm”) regulations.

The most obvious implication of this is that interns are permitted to work extended (>16 hour) shifts in our program for the 2015-16 and 2016-17 academic years. Other duty hours regulations (i.e. <80 hours per week, at least 1 day off in 7) remain in place and are unchanged. We are excited to be part of this important trial, and happy to have the opportunity to be creative in our scheduling.

Q: What is the 6+2 scheduling model?
A: 6+2 is a block scheduling system that applies to our categorical interns & residents. Interns and residents spend up to 6 weeks in a row on inpatient services, followed by 2 weeks (called Interactive Learning Modules-ILMs. This system simplifies scheduling, makes it predictable, avoids burnout, and separates inpatient from outpatient responsibilities. We feel that it increases housestaff camaraderie by creating cohorts that travel through the year together. It helps ensure outpatient continuity by making our resident providers available to their patients at regular intervals.

This year (2015-16) is our first year implementing the 6+2 model for all residents in the program. We have used this model for several years for intern scheduling, and the feedback was strongly in favor of expanding to include upper year residents.

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

| MICU | 4 weeks |

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* Inpatient medicine rotations include general internal medicine (VA, Penn Presbyterian, or HUP) and subspecialty medicine (HUP) rotations.

** Preliminary interns are not required to participate in the ambulatory curriculum, and typically opt to use most of this time as elective. Some preliminary interns are required to use a small portion of this time for other non-call rotations, as determined by their future programs.

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Q: What are the basic team structures on ward rotations?
A: On general medicine services at HUP and PPMC, a team is made up of 1 resident and 2 interns. We take advantage of the flexibility offered by iCOMPARE and have these teams take traditional "long call" together in an extended 28-hour shift. Interns alternate roles from one call to the next: one intern stays overnight, while the other goes home overnight and returns the next day to round and cover the team post-call.

Night float residents arrive in the evening to admit in the overnight hours and allow the long call teams to have time to finish comprehensive admission workups. There is an additional day float intern or resident who also helps with the post-call team management. General medicine services have an intern cap of 9, and a team cap of 18. Bedside rounding is emphasized, as are multi-disciplinary rounds.

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On the specialty services at HUP (solid and liquid oncology, infectious diseases, pulmonary, gastroenterology), all residents and interns are on day or night shifts with a maximum of 13 hours of consecutive duty. Liquid oncology teams are made up of 1 resident and 2 interns, while the other services all have 1 resident and 1 intern per team (2 teams each on pulmonary and gastroenterology). The teams alternate days with admitting duties. The intern service cap is 8 patients on all services except the subspecialty services where it is 10 patients.

Q: When are my days off?
A: All housestaff get at least 1 day off in 7 when averaged over a rotation. These days off are preset in the online schedule such that housestaff know their days off for the year, and plans can be made in advance.

Q: How is sick call handled?
A: The program is fully committed to providing prompt coverage for residents who are sick or who have urgent personal or family needs. A small fraction (about 1/5) of residents on elective are designated for “jeopardy” coverage for 1 of their 2 weeks on elective. These residents carry on with normally scheduled elective activities unless needed for urgent coverage. A separate, smaller group of residents are designated for weekend coverage duties.

Q: Are there Multi-disciplinary Care Rounds?
A: On some services, MCR occur separately from attending rounds. They include nursing, housestaff, social work, clinical resource management and pharmacists. They are designed to facilitate patient flow by assisting with discharge planning. In general medicine and oncology, social workers, clinical research managers and pharmacists are assigned to resident teams and participate in attending rounds.

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.

Interns complete a project involving evaluation of the care delivered to their panel of continuity outpatients, and develop a plan to improve that care.

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.

PGY 2 categorical residents get an intensive 2-week didactic experience in the principles of quality improvement. In small groups, they also participate in a yearlong longitudinal QI project supervised by a member of the faculty who is an expert in QI. The project has a direct impact on the quality of care delivered in our hospital or clinics.
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: 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](http://www.uphs.upenn.edu/internal-medicine-residency/our_program/tracks_hql.html)

Q: What are the required ambulatory rotations like?
A: During intern year there are 12 weeks of ambulatory rotations divided into ambulatory block rotations, elective rotations, and firm rotations. The 12 weeks are divided into 2-week Interactive Learning Modules (ILMs) that are theme-based. This allows interns to focus their learning on specific, high-yield topics that are lead by faculty experts.

Highlights of the ILMs 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.
- Pre-selected high-yield and landmark literature related to the ILM’s theme.
- An online forum that facilitates interactive discussion among interns that is moderated by subspecialty faculty experts.
- Selected clinics in medical and non-medical office-based specialties.
- An increased amount of time building a patient panel in their own continuity practices.
- 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 2 has two, and each PGY 3 has one required firm rotation designed to solidify their ambulatory skills. The experience is designed to provide an immersion in the practice with a focus on in-depth attention to their primary patient panel, acute outpatient medicine, phone triage and quality improvement.

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• Each resident on the firm rotation will participate in team-based care including:

  • **Phone Medicine:**
    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 Inbox and Firm Mailbox management:**
    Residents are responsible for the Ambulatory Resident Pool in EPIC for their firm with the goal of developing co-practice skills. This includes calls and labs concerning firm patients cared for by all interns and residents on wards, elective, ICU, ER, and vacation. Residents review a curriculum of proper management of abnormal laboratory results and patient communication skills. Residents also assist with form completion and mailbox management for colleagues who are scheduled to be away from the office.

**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. This curriculum integrates resident report, ambulatory conferences, and clinic curricula, while also supplying self-directed learning resources such as videos, reference articles, and a broad array of podcasts recently developed by a group of our residents.

**Q: Are there ILM’s at the PGY2 and PGY3 Level?**
A: Yes. The implementation of our innovative intern theme-based curriculum has been met with much positive feedback. This has led us to rollout of 2-week ILM’s to the rest of the residency program. The format is similar to the intern ILM’s but geared toward a higher level. The modules include selection of landmark papers and facilitated discussions on our interactive online forum that are moderated by expert faculty. In addition to having ILMs every 6 weeks, residents have additional elective time.

**Q: Is there flexibility in choosing how elective time is spent?**
A: Yes. Our goal is to provide all housestaff with sufficient flexibility to explore and develop their future careers while providing a robust base curriculum that all internist need. At the PGY3 level, our residents create an Individualized Learning Plan (ILP). This allows our residents a large amount of flexibility. They are able to choose how and when they spend their elective time including: the selection of specialty faculty with whom they can schedule regularly scheduled clinic days, reserved time to develop and implement research projects, the choice of inpatient and outpatient electives, and reserved time for board prep.

**Q: What is the Individualized Learning Plan (ILP)?**
A: In 2015, the program initiated a new, comprehensive approach to curricular planning for senior residents. Each senior resident, with the assistance of their program advisor and other chosen mentors, creates an ILP, a written plan for how s/he will
use their ILM and elective time throughout the year. The senior residents are given top priority for longitudinal outpatient experiences, intensive inpatient electives, research blocks, and other opportunities that will help them achieve their career-oriented goals. By plotting out these opportunities at the beginning of the year, residents can not only get their desired curriculum, but also have the opportunities scheduled in a way that facilitates research goals, fellowship or job interviews, and other life events.

Q: What is the conference curriculum?
A: An integrated conference curriculum provides interns and residents with broad exposure to the principles and competencies of core 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: (12:15 – 1:15 pm – Monday, Wednesday, and Thursday)
This is the highlight of the curriculum. It is a didactic, patient based conference held 3 times a week. It is run by the chief residents with program leadership and expert faculty support. Multiple formats are used including intake report, formal case presentations, clinical skills sessions, and literature reviews.

Intern report: (1:15 - 2:15 pm – Monday, Wednesday, and Thursday)
This is similar to resident report but is focused for interns. It is run by the chief residents and occurs three times weekly, with a focus on diagnosis, clinical reasoning, and initial clinical management. Interns are encouraged to forward phone calls to their residents during intern report in order to insure a focused educational experience (and the opportunity to eat lunch in peace).

Management conference (12:00 – 1:00 pm – Friday)
This is a combined intern and resident conference highlighting core management topics given by selected faculty. A monthly favorite is the combined Med/Path conference where two patient deaths with autopsies are presented and discussed by residents and faculty from both departments.

Grand Rounds: (12:00 – 1:00 pm – Tuesday)
This didactic conference is for the entire Department of Medicine, showcasing topics by departmental, regional, and national faculty. The formats include formal lectures, panel discussions of controversial issues, and CPC and M&M presentations facilitated by senior residents. These conferences are webcasted to all major clinical sites in the health system, and are archived and available online.

Thursday didactic sessions: (8:00 – 12:00 pm). For residents on ILM or firm rotations
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.
Midnight Intern series (12:00 – 12:30 am weekdays)
These conferences are taught by a senior resident in house. They focus on teaching scripts designed by residents and reviewed by faculty experts, and highlight inpatient management issues.

Penn POD
This innovative podcast series is one of our newest curricular offerings. Initially suggested and designed by residents on our medical education elective, the podcasts offer condensed, practical talks designed to be ‘just in time’ learning for interns or housestaff returning to rotations after a long absence. The talks are offered by residents, though all have been reviewed and approved by Penn faculty experts. There are over 50 Penn Podcasts that range in length from 5 to 15 minutes.

HUP FACTS

Q: How are the teams organized?
A: The HUP ward medicine teams include: 3 Oncology (2 liquid tumor and 1 solid tumor oncology), 3 subspecialty (1 GI, 1 ID and 1 pulmonary) and 6 general medicine teams. The general medicine and liquid tumor teams are made up of one attending, one resident, two interns, and 1 third year medical student. The other teams are made up of 1 attending, 1 resident, 1 intern and 1 third year medical student.

Q: Are there non-housestaff covered patients?
A: Yes. There are 2 non-teaching services at HUP: Cardiology and Oncology. The total number of patients managed by non-teaching services is about 120/day.

Q: What is the patient mix?
A: HUP serves a diverse patient population that varies somewhat by service. On many ward medicine services, quite a few of our patients come from the surrounding West Philadelphia area, which is a very diverse urban population. Our more specialized services also care for the local community while simultaneously drawing referrals from the region of the Delaware Valley and many states in the Mid-Atlantic region.

Q: Are there private attendings?
A: No. Each teaching service has 1 attending for a 2 week block. For example, the pulmonary division has 1 faculty member on general consults for each 2 week block. Any pulmonologist admitting a patient will admit 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 23 hospitalists, six of whom are on service at HUP every month. All unassigned admissions and admissions from many of the Penn Medicine general medicine practices come to this service. These

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individuals are the teaching attendings as well as the attendings of record for their services.

Q: **What systems are in place at HUP to support duty hour reform?**
A: Our program is fully committed to a rigorous training experience that fits within the duty hours regulations. Robust ancillary services are key to success and include:
- Web-based patient identification and sign out system.
- 24-hour blood culture, and phlebotomy services.
- Dedicated clerical support to make post discharge appointments and obtain outside hospital records.
- Telemetry transport services.

Q: **What types of technology are available at HUP?**
A: HUP has the following resources:
- iPhones provided to all housestaff
- Wireless network throughout hospital
- Wireless computer on wheels for each team
- Computers at each patient’s bedside
- Sunrise electronic order entry system
- Clinical portal called Medview to pull all clinical systems into one user friendly portal
- New app for handheld devices called Carealign that links to patient signouts, labs, and medications for quick reference
- Online discharge summaries
- EPIC Outpatient EMR
- Access to the School of Medicine biomedical library with extensive collection of electronic editions of leading textbooks and journals
- 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.

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

Q: **What is the structure of the VA service?**
A: The inpatient service at the VA was remodeled in July 2012 to be the site of our new Intensive Teaching Service. The experience has been designed to optimize the resident’s opportunity to teach and supervise students. A teaching curriculum is embedded in this rotation with the goals of enhancing bedside teaching, feedback and evaluation. The VA team structure consists of 4 medicine teams, each with an attending, 1 resident and 2 sub-interns (or 1 resident and 1 intern during the months...
without sub-interns). Each team takes extended long call every fourth day, and is capped at 10 patients.

PENN PRESBYTERIAN MEDICAL CENTER (PPMC) FACTS

Q: Where is PPMC?
A: A 12 – 15 minute walk through campus from HUP.

Q: How much time will I spend there?
A: Approximately 1-2 months per year.

Q: What teaching services are at PPMC?
A: General Medicine, Acute Care for Elderly (ACE), and Cardiology Care Unit (CCU). All attendings are Penn Medicine faculty, including many outstanding Penn general internal medicine physicians on the general medicine service who also attend in the office practices.

Q: What is the admitting/shift schedule?
A: The General Medicine system is similar to the HUP system, except that call is every fourth night for residents. Team size and structure are unchanged.

The PPMC CCU has 4 interns and 4 residents. The residents take extended call every fourth night. Interns are on 13 hour shifts that may be either day or night shifts.

The ACE unit has 4 residents who take extended call every 4th night.

Q: Are there non-housestaff covered patients?
A: Yes; there is a large non-teaching service for peri-procedure Cardiology patients and for private specialty and general medicine admissions.

Q: What is the ACE unit?
A: The ACE unit is the Acute Care for the Elderly unit, and 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 all three years.

Q: When will I have outpatient office hours?
A: There are no outpatient practice responsibilities during the majority of inpatient clinical rotations. This is a recent change that allows housestaff to focus on

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inpatient care while simultaneously enhancing the outpatient experience when it takes place. Interns on ILM have 6 office sessions (half days) every 2 weeks. Residents on ILM have 4 office sessions every two weeks, while those on elective have 3 sessions per 2 weeks. Residents who are considering primarily outpatient-based careers have the option to do more outpatient clinic time.

Q: What is the faculty to resident ratio in the office practice?
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. Each PGY 1 and 2 has two required firm rotations, and each PGY 3 has one 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: How many patients are admitted to medicine services through the Emergency Department?
A: The HUP Emergency Department treats over 90,000 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 ED 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 PGY3 resident spends 2 weeks in the ED.

MENTORING & WELLNESS

Q: Is there an advising program?
A: Yes, interns are assigned in groups to key selected faculty. They meet both in groups and individually 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 additional faculty mentors, but the assigned program advisor remains with the intern throughout his or her training.

Most residents end up with multiple mentors including research, career and life mentors. For residents interested in research-based academic careers, the Clinical
Investigator Toolbox elective jump starts the research mentoring process in July of the second year. Other mentoring is frequently provided by faculty running the various tracks and by the program director and associate program directors.

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. There is an annual career fair at the junior resident career day, as well as other structured opportunities for career guidance.

Q: Is there a wellness program?
A: Absolutely – there is an extensive and still evolving wellness program. Our program recognizes the stresses of residency and is fully committed to supporting housestaff through both successes and struggles that may come during the training process. 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 ILM blocks. Sessions are usually mixed didactic/experiential and include:

1. **Self-Care Strategies Session** – This session reviews 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 empowered to identify their own health.

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 that 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.

**RESEARCH**

Q: Is there a scholarly requirement?
A: Yes. Each resident in the categorical and the primary care programs must complete a scholarly project. 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?
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A: Each PGY2 resident participates in a year-long set of seminars called 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 supports residents who present at regional or national meetings, including help with poster production and financial support for travel and meeting expenses.

Q: **How academically productive are the residents?**
A: Very productive. Over the last two years, they have published over 75 peer-reviewed manuscript and over 125 abstracts. Please review the program bibliography: [http://www.uphs.upenn.edu/internal-medicine-residency/PDFs/bibliography.pdf](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](http://www.abim.org/certification/policies/research-pathway-policies-requirements.aspx)

**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 and Merck Foundations to develop an HIV care program for the citizens of Botswana. We now have an inpatient firm at Princess Marina Hospital in the capital of Gaborone, Botswana that includes multiple full time faculty. At any time there are multiple rotating residents and medical students.

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 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 and 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: Many residents live across the bridge in Center City. Others live in nearby suburbs or West Philadelphia (University City). Housing options in Philadelphia range from high rise complexes with multiple modern amenities to quaint row homes and older houses with unique charms. All are very affordable when compared to many other large city housing markets. 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. Philadelphia’s public transportation system provides reliable, easy-to-access transportation all around the city, and makes getting to work easy. 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, a passionate sports community, the waterfront and much more. Many of these activities are within easy walking / biking distance of our hospital and the areas where housestaff live. 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 ILM blocks. There are monthly happy hours as well and special social events each month. Although ours is a large program it is also a very close knit program where a sense of family and community is central to the experience.

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.

Revised 8/2015
Q: Are white coats available?
A: The Department provides long white coats to all housestaff. Free laundering and simple tailoring (mending) 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. These have included happy hours, Phillies games, and other large group activities.

Q: Is there a retirement plan?
A: You can contribute to a 403(b).

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 many of the associated costs for any resident presenting original research at a meeting. In addition, the program is usually able to arrange coverage to allow residents to present even when on inpatient rotations.

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](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
- Career guidance and preparatory training
  - Clinical research training

Revised 8/2015
- Small group and individualized mentorship
- Support to present work at conferences
- Tremendous research opportunities (Department of Medicine ranked #3 in NIH funding)

- Diverse and close-knit housestaff from a wide range of backgrounds.
  - Active social committee
  - Wellness committee for peer support
  - Wide range of medical schools, backgrounds, career goals

- Global Health Track
  - Penn Medicine at Botswana
  - Refugee clinic
  - Community involvement

- Individualized training programs
  - Global health
  - Primary care
  - Medical education
  - Healthcare quality and leadership

- Tailored curriculum
  - Interactive learning modules when not on inpatient services
  - Individualized learning plans as senior residents

- Large non-teaching services to support the housestaff educational program
- Integrated patient safety curriculum
- Days off and vacations scheduled up front for the year
- Smart phones to support enhanced text and verbal communication with all care providers