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, pursue academic interests, 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 and 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 36 Categorical, 6 Physician Scientist, 6 Primary Care, 4 Medicine-Pediatrics, 1 Medicine-Dermatology, and 14 Preliminary interns planned for our incoming class.

Q: Where do interns come from?
A: Our housestaff come from all over – the current group of residents & interns represents over 50 different medical schools from around the country.

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 $57,969.

Q: How does the cost of living in Philadelphia compare to other larger cities?
A: The cost of living is 86% higher in New York, 44% higher in San Francisco and 20% higher in Boston. Philadelphia is very affordable.

Q: How many clinical training sites are there?
A: Our inpatient experiences are based at three hospitals, all within about a mile of one another. They are: The Hospital of the University of Pennsylvania (HUP), The Corporal Michael J. Crescenz Philadelphia Veterans Affairs Medical Center (PVAMC), and the Penn Presbyterian Medical Center (PPMC). Each site has a faculty site director, a Chief Resident and an education coordinator.
Outpatient office-based experiences may be at these sites as well, though a main focus of the continuity practice experience is at the 3701 Market Street offices. Here, a majority of categorical residents are partners in faculty practices in a beautiful recently built facility conveniently located 2 blocks from PPMC.

Q: **What types of communication devices are used?**
A: All housestaff receive iPhones provided by the residency program. These come loaded with software designed to help access important systems at Penn, including PennChart (our local EPIC), Carelign (a signout & cross-cover app), and HIPAA compliant texting apps.

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. 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 the 6+2 scheduling model?**
A: 6+2 is a block scheduling system that applies to all of our interns, as well as our categorical residents. These housestaff spend up to 6 weeks in a row on inpatient services, followed by 2 weeks in the ambulatory or elective setting (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. Additionally, the regularly scheduled break from more intense inpatient rotations helps to mitigate fatigue and burnout.

Q: **What is the breakdown of rotations?**
A: Intern (all numbers represent averages that may vary by 2-4 weeks)

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<th>Rotation</th>
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* Inpatient medicine rotations include general internal medicine (VA, PPMC, or HUP) and subspecialty medicine (HUP) rotations. Subspecialty medicine
Rotations include hepatology, infectious diseases, and pulmonary.

** Preliminary interns are not required to participate in the ILM 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.

A: Junior Resident  |  Senior Resident
(All numbers represent averages that may vary by 2-4 weeks)

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Q: What are the basic team structures on ward rotations?
A: Our program has a number of different rotation structures, each designed to take maximal advantage of rotation-specific and site-specific factors.

On general medicine services at PPMC, a team is made up of 1 resident and 2 interns. Teams take traditional “long call” together in an extended 24+4 hour shift, with just one of the interns staying overnight with the on-call resident. 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. An additional day float intern is brought in to cover the other half of the team.

Night float residents at PPMC arrive in the evening to admit in the overnight hours and allow the long call teams to have time to finish comprehensive admission workups. General medicine services at PPMC have an intern cap of 9, and a team cap of 18. Bedside rounding is emphasized, as are multi-disciplinary rounds.

On the general medicine service at HUP – the Martin service – a team is also made up of 1 resident and 2 interns. The Martin service has an intern cap of 8 and a team cap of 16, but admitting is in a ‘drip’ model. Each team can take a total of 5 patients daily for 4 of the 5 days of their call cycle – this includes night float admissions. On the fifth day, the team is either off or has no admissions. Day off coverage is
provided by a day float team consisting of one resident and one intern. The Martin teams admit during the day, and a night float team (2 residents, 2 interns) provides overnight admitting and cross-cover.

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 with team caps of 16, while the other services all have 1 resident and 1 intern per team (2 teams each on pulmonary and gastroenterology) with team caps of 10 per resident-intern duo. The teams alternate days with admitting duties. Overnight admissions and cross-cover are by night float teams.

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 many months 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. When possible, there is a senior resident assigned as the primary full-time ‘jeopardy’ resident, able to cover for the majority of unanticipated needs. A small fraction (about 1/5) of residents on elective are also 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.

Q: How does the program teach quality improvement?
A: Quality Improvement (QI) is taught through a variety of curricular activities.

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.

All PGY2 residents participate in a team-based longitudinal QI project. They learn QI principles and tools in an experiential manner by working on real problems that impact the quality of patient care within the residency program or department. Each PGY-2 cohort is supervised by a member of the faculty who has expertise in QI. Residents have the opportunity to participate in scholarship related to the project.

Q: Does the program have a patient safety curriculum?
A: Yes. We have a robust curriculum that begins in the intern year. All interns participate in a two-hour interactive curriculum which teaches practical skills related to patient safety event reporting and root cause analysis of safety events at Penn Medicine. We also have a recurring case-based noon conference which is led by residents and faculty and focuses on patient safety themes of importance or specific safety events. All residents learn and discuss adverse event disclosure skills in their PGY 2 or PGY
3 year. Finally, six Quality & Safety Grand Rounds are part of our Departmental Grand Rounds series.

**Q: What is the Healthcare Quality and Leadership Track?**

**A:** This unique track is designed for residents who wish to pursue advanced training in healthcare quality and safety. Residents apply in the winter of intern year and begin in the PGY2 year. The track includes 3 weeks of core didactics, monthly seminars, and an executive mentorship program. All residents in the track design and lead a capstone quality improvement project and are active members of a quality and safety clinical Leadership teams in their area of clinical interest. For more information, please visit our website: [https://lp.pennmedicine.org/ceqi/hlq?hcmacid=hlq](https://lp.pennmedicine.org/ceqi/hlq?hcmacid=hlq)

**Q: What are the required ambulatory rotations (ILM’s)?**

**A:** During intern year there are 12 weeks of ambulatory rotations divided into 2-week Interactive Learning Modules (ILMs) which are theme-based and firm rotations. Individual block themes are focused in general medicine and subspecialty areas while broader longitudinal themes span the curriculum throughout the year. This structure allows interns to focus their learning on specific, high-yield topics that are led by faculty experts in diverse areas of medicine.

- Highlights of the ILM’s include:
  - A standardized curriculum of interactive talks and seminars on physical diagnosis, screening and prevention, common outpatient illnesses, along with topics in professionalism, ethics, safety and wellness.
  - Pre-selected high-yield and landmark literature related to the ILM’s theme.
  - Selected clinics and individual time with faculty in medical subspecialties.
  - An increased amount of time building a patient panel in 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 rotations designed to solidify their ambulatory skills. The experience is designed to provide an immersion in their outpatient practice with a focus on in-depth attention to their primary patient panel, acute outpatient medicine, phone triage and quality improvement.

- 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 of medical issues.

  - **Panel Management:**
• Discuss and implement initiatives to manage chronic diseases or health maintenance at the resident panel level

- **Post Acute Care Clinic (PACC):**
  - Patients of the practice are seen in this clinic by an interdisciplinary team (residents, pharmacists, and social workers) to help the transition after they are discharged from the hospital. Residents on this rotation review key elements in safe transitions of care.

**Q: Are there ILMs at the PGY2 and PGY3 Level?**
**A:** Yes. The implementation of our innovative theme-based curriculum has been met with much positive feedback. This has led us to expand the 2-week ILM’s to the rest of the residency program. The format is similar to the intern ILM’s but the themes are skill-based rather than subspecialty-based. Areas of focus at the PGY2 level include communication skills, academic development, quality & value, evidence-based medicine, and medical education. Residents go to one academic half-day per week while on their ILM block where they participate in interactive talks focusing on the themes above. In addition to the focus on these skill-based themes, we have a 2-year curriculum that includes additional teaching from subspecialty experts on topics not covered in the intern year or on inpatient rotations. 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 internists need. At the PGY2 level, residents are able to focus elective time in potential areas of career interest, which allows for easier career decision-making. Additionally, this provides extra time for resident to get to know faculty in their area of interest. At the PGY3 level, our residents create an Individualized Learning Plan (ILP). This allows our residents a large amount of flexibility, with the goal of making elective time most useful for each resident’s career development. They are able to choose how they spend their elective time including: the selection of a “longitudinal preceptor,” with whom they can schedule regular attendance in his or her outpatient practice; reserved time to develop and implement research projects; the choice of inpatient and outpatient electives; and reserved time for board preparation.

**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 at HUP are summarized here (PPMC and VA conferences are similar with minor differences):

**Resident report: (12:30 – 1:30 pm – Monday and Thursday)**
This is typically an interactive case-based conference run by the chief residents with program leadership and expert faculty support. While most reports center around
cases, the educational focus can range from clinical problem-solving to advanced management, literature review, skill-building (ECG interpretation, e.g.), and others.

**Intern report: (1:30 – 2:30 pm – Monday and Thursday)**
This is similar to resident report but is focused for interns. It is run by the chief residents with a focus on diagnosis, clinical reasoning, and initial clinical management. Interns forward phone calls to their residents during intern report in order to ensure a focused educational experience (and the opportunity to eat lunch in peace). Medical students also attend this conference.

**Combined report / Management conference (12:30 – 1:30 pm – Tuesday & Wednesday)**
This is a combined intern and resident conference highlighting topics relevant to all house officers. These can range from clinical cases to didactic presentations.

**Grand Rounds: (12:30 – 1:30 pm – Friday)**
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 am – 12:00 pm). For residents on ILM or firm rotations only**
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, and highlight aspects of medicine not regularly covered during inpatient experiences in our program.

**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 & 1 pulmonary) and 5 general medicine teams. The general medicine and liquid tumor teams are made up of one attending, one resident, two interns, and third year medical students. The other teams are made up of 1 attending, 1 resident, 1 intern and third year medical students.
Q: **Are there non-housestaff covered patients?**
A: Yes. There are non-housestaff services at HUP in general medicine, cardiology and oncology. The total number of patients managed by non-housestaff services is about 120/day. Recent health system investment in non-housestaff services has helped our program maintain an appropriate balance of volume and educational opportunity on our services.

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 and University City areas, which comprise 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 1-2 attendings for each 2-week block. For example, the infectious diseases division has 1 faculty member on the primary housestaff service for each 2-week block. Any infectious diseases attending who admits a patient will admit to that attending and service. Thus, there is only 1 infectious diseases attending for all infectious diseases admissions.

Q: **What are the hospitalist services?**
A: We have had hospitalists since 1999. They staff some of the general medicine services at PPMC and the PVAMC, and at HUP they staff the Martin Service – named after a beloved former Program Director at Penn. All unassigned admissions and admissions from many of the Penn Medicine general medicine practices come to these services. These 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. The past few years have seen a significant expansion of support systems, a few of which are:
- 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.
- Ultrasound-guided IV placement team
- PICC placement team

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 computers on wheels for each team
• Computers at each patient’s bedside
• Carelign app that links to patient signouts, labs, and medications for quick reference on desktop or mobile platforms
• PennChart, an EPIC-based EMR, for inpatient & outpatient records
• Access to the School of Medicine biomedical library with extensive collection of electronic editions of leading textbooks and journals
• Up-to-Date clinical resource
• Cureatr, a HIPAA-compliant text-messaging platform that allows for efficient, 2-way or team-based messaging

CORPORAL MICHAEL J. CRESCENZ PHILADELPHIA VA MEDICAL CENTER (PVAMC) FACTS

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

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 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, 2 sub-interns (or 1 resident and 1 intern during the months without sub-interns), and a clerkship student. 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 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 a traditional extended call system. Each of the 4 housestaff teams has 1 attending, 1 resident, 2 interns, and medical students. Every fourth night, the resident and 1 of the 2 interns (in alternating fashion) take extended
call. Post-call, the other intern and a day float intern combine to support the team’s work. Team size is capped at 18.

The PPMC CCU has 4 interns and 3 residents. The residents and three of the interns take extended call every third night. A fourth intern serves as a day-float team resource.

The ACE (Acute Care for the Elderly) unit has 4 residents who take extended call every 4th night. The service has a total team cap of about 20 patients, and is geographically confined to a unit with special nursing and social work expertise relevant to the care of geriatric patients.

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.

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 inpatient care while simultaneously enhancing the outpatient experience when it takes place. Interns on ILM have 3 office sessions (half days) every week, with a few extra when on an immersion (or ‘firm’) rotation. Residents on ILM also have 3 office sessions weekly, while those on elective have 1 session weekly in order to support a more in depth experience for the elective rotations. Residents who are considering primarily outpatient-based careers have the option to do more outpatient clinic time.

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

Q: What is a firm? And a Patient Care Team (PCT)?
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 resident is part of a longitudinal PCT (within the larger firms) along with 3 other residents and a longitudinal preceptor. When a resident is on ILM, they cover the patients belonging to their PCT colleagues, all of whom are also known to the longitudinal preceptor.

EMERGENCY DEPARTMENT

Q: How often do I work in the Emergency Department?
M ENTORING & WELLNESS

Q: Is there an advising program?
A: Yes, interns are assigned in small 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 junior resident ILM curriculum in July of the second year has a specific focus on matching residents with research mentors. Other mentoring is frequently provided by faculty running the various tracks and by the program director and associate program directors.

In 2017, we’ve also revived a peer mentoring program that matches senior residents with interns. Our hope is that the variety of mentoring options forms a solid foundation of support for each resident from the time they walk in for orientation until the final hugs on the way out the door.

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: Absolutely – there is an extensive and ever-growing wellness program here. Our program recognizes the stresses of residency and is fully committed to supporting housestaff through both successes and challenges that come during the training process.

With the full support of the residency program, our wellness committee has implemented monthly “Wellness Reports” during lunch where strategies to enhance wellness and avoid burnout are discussed. In addition, we’re excited to note that we recently built a cozy Wellness Room at HUP that is used by our residents exclusively as a peaceful site for reflection. The Wellness Room also has a coffeemaker and healthy snacks. We are expanding the wellness room to the adjacent medicine library this year. Stay tuned for an updated space. This past year, our wellness program has expanded even further, coordinating events like happy hours, exercise, group trips and more outside the hospital.

Now in its 4th year, there is also a longitudinal Resilience Curriculum for interns. The goals of these sessions, which are distributed longitudinally throughout intern year,
delivered during each ILM block, are to provide safe space for interns to process the challenges and successes of their year; highlight various evidence-based physician wellbeing strategies (e.g. Mindfulness, Finding Meaning, Positive Psychology); and normalize a multi-modal approach to self-care (physical, emotional and spiritual) as an expectation of residency training and beyond. A new session developed by the wellness committee in 2016 features a facilitated “standardized participant” workshop that helps rising second years recognize and address burnout in peers and learn team management techniques to prepare them for their new role as team leaders. This past year, these sessions were extended into to 2nd and 3rd year ILM blocks. The wellness committee also organizes skills-building content for the retreats which interns and residents participate in during the year.

Lastly, we’d like to highlight the philosophy of our residency program: we very much recognize that the wellbeing of each physician is a shared responsibility. The greater US medical system, the UPHS health system, the residency program itself and each of us as individuals contribute to our own wellbeing. Many of this residency program’s leadership are working at the national level to bring about much needed change. At the program-level, our mission is to support each member of our community to thrive, not just survive, residency. The wellness committee, through the Resilience Curriculum and beyond, seeks to provide each individual with wellbeing strategies to implement for themselves and to encourage each of us to be active participants in our health and wellness.

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. Each senior resident presents at least once at a residency or departmental conference in their senior year.

Q: How does the program support resident research?
A: Each PGY2 resident participates in a year-long set of intermittent seminars 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. 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. A Departmental research day offers an annual opportunity for residents to showcase their work to faculty and other trainees. Visiting professors often meet with small groups of residents following their grand rounds presentations to offer perspectives on academic medicine careers.

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. Those in the pathway receive longitudinal mentoring from departmental research leadership.

INTERNATIONAL PROGRAMS

Q: What is the Botswana-UPenn Partnership (BUP)?
A: In 2002, 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. Since that time, the BUP partnership has expanded into a diverse set of programs in clinical care, medical education, and research. BUP’s mission is focused on strengthening local capacity to deliver quality health services. Through the BUP, Penn residents have the opportunity to learn from local clinicians and Penn faculty as they rotate on the internal medicine teams at the Princess Marina Hospital in the capital city of Gaborone.

Q: What is the Global Health Equities Track?
A: Individuals interested in serving the global community as a career path can apply to the Global Health Equities Track as interns. The track can accommodate up to four residents each year. The curriculum begins in the PGY2 year with a core 2-week seminar and skills course. International immersion experiences substitute for elective time in the 2nd and 3rd years. Global sites include Princess Marina Hospital in Botswana and Tsehootsooi Medical Center of the Indian Health Service, Navajo Nation. Each resident also has a local community clinic where they provide care for medically underserved populations in Philadelphia. 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. Others live in University City, West Philadelphia, or nearby suburbs. 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-
Q: What about transportation to and from work?  
A: The hospital provides at least partial financial assistance for parking or commuter passes for 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 frequent happy hours as well and special social events each month. Although ours is a larger program it is also a very close knit program where a sense of family and community is central to the experience.

OTHER AMENITIES

Q: Is there a meal benefit?  
A: Residents receive credit at hospital cafeterias (and Au Bon Pain) for inpatient rotations. In addition, lunch is served at Resident Report, Intern Report, and Grand Rounds.

Q: Are white coats available?  
A: The Department provides 2 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 there program sponsored social events?  
A: Yes. The program’s wellness efforts include biweekly sponsored social events for interns and junior residents, as well as (roughly) monthly larger program social events.

Q: Is there a retirement plan?  
A: You can contribute to a 403(b), but there is currently no matching program for housestaff.

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

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
  - 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
  - Physician scientist
  - 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
• iPhones to support enhanced text and verbal communication with all care providers