

**HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA
INTERNAL MEDICINE RESIDENCY PROGRAM
2009-2010**

FREQUENTLY ASKED QUESTIONS

GENERAL INFORMATION

Q: How many PGY-1 positions are available?

A: There are 40 standard positions, 6 Primary Care positions, 4 Medicine-Pediatric positions, 1 Medicine-Dermatology position and 10 preliminary positions.

Q: Where do interns come from?

A: Our interns come from all over. The current class represents 28 different schools.

Q: By what criteria are Housestaff selected?

A: We look for applicants who value professionalism and teamwork, 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 \$47,160.38.

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.

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 breakdown of rotations?

Categorical Intern		Preliminary Intern*	
ICU	1.5 months	ICU	1 month
Wards	6.5 months	Wards	6 months
Ambulatory Block	2 months	Elective	3 months
Vacation	1 month	Vacation	1 month
Service Block	1 month	Service Block	1 month

*Neurology interns staying at HUP for Neurology will have 1 critical care elective per Neurology's requirements.

A: Junior Resident

Senior Resident

ICU	1.5 months
Wards	3.5 months
ER	2 weeks
Neuro	2 weeks
Elective	4 months
Service Block	1 month
Vacation	1 month

ICU	1 month
Wards	3 months
ER	2 weeks
Medical Consults	2 weeks
Elective	5 months
Service Block	1 month
Vacation	1 month

Q: How many admissions can I get on-call?

A: Five new patients and oftentimes one night float patient that has already been evaluated by a resident.

Q: How often will I be on call?

A: Interns are on call every 4th night on the wards. The units are a combination of every 4th night call and shift work. There are no overnight responsibilities while on the ambulatory or intern service blocks.

Second and third year residents take call when assigned to call rotations only. There is essentially no call during elective blocks.

Q: When are my days off?

A: All housestaff get 1 Saturday, 1 Sunday and 1 golden weekend (Saturday and Sunday) off per month when assigned to inpatient rotations. 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 the “service block”?

A: Junior and Senior residents on service block are assigned to night float and jeopardy (sick call) coverage.

Interns are assigned to jeopardy (sick call) coverage and day float (DF). DF provides support for the post call team to enable the post call individuals to leave on time.

Q: Do attending rounds occur daily?

A: Yes. Rounds occur for a minimum of 90 minutes each day.

Q: When do teaching rounds occur?

A: There is dedicated didactic teaching for 30 minutes at least 4 days a week on every service. Topics are part of the core curriculum for the program.

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 and clinical resource management. 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: What is the department's approach to work hour reform?

A: We have strived to maintain a team atmosphere that promotes maximum continuity of care within the required limitations. The logistical details will be described in the section for each site.

Q: How does the program teach quality improvement?

A: The concept of 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 and a member of an outpatient "firm", you will be involved in the QI activities your firm has chosen to address in their practice. Involvement depends on the status of the project, but may include activities as diverse as patient education, dissemination of practice improvement tools, team-building and post-intervention data collection.

Both interns and residents also participate in a longitudinal, web-based chart audit every spring, to evaluate the delivery of care based on widely accepted parameters of quality. The results of the audit are discussed in preclinic conference and other forums, and are used to impact firm and program QI goals for the following year.

Q: Does the program have a patient safety curriculum?

A: Yes. The program uses one of HUP's Patient Safety Officers to plan and implement 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.

Ambulatory Block Rotations: Each intern is assigned to the Ambulatory Block rotation for a month in both the fall and the spring. 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.
- A critical appraisal of the literature series is introduced during the first six months by Dr. Rosen who also holds a Masters Degree in Clinical Epidemiology.
- 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.

Firm Rotations: Each PGY 2 has one and each PGY 3 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.

- Each resident will participate in a quality improvement project is 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.
 - **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 created 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 PULSE - 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. All conference material is available through our resident portal. 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, Thursday and Friday)

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.

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.

Subspecialty conferences: (8:00 - 9:00 a.m. – Monday, 2nd/4th Tuesday and Thursday)

These conferences are devoted to inpatient and outpatient management topics presented by core faculty. All sessions are interactive and case based for residents on elective.

Journal club: (8:00 - 9:00 a.m. – 1st and 3rd Tuesday)

Journal club begins in September. This is an evidenced-based conference where residents discuss articles from the literature. Residents are responsible for selecting the article and faculty member who is an expert in the content under discussion. An additional faculty member facilitates each session with expertise in critical appraisal. Specific worksheets are completed for each article.

General Medicine conference (8-9 am on Wednesdays)

This is part of the Ambulatory didactic program and covers topics in Ambulatory medicine for which attendance is mandatory for residents on any elective. This conference provides more advanced, case-based discussions of some of the same topics addressed in the intern series; community-medicine series (including a discussion of the medical safety net); and discussion of common syndromes that cross specialties (e.g., falls, dyspnea, edema).

Pre-clinic conference (1-1:30 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.

HUP FACTS

Q: Is there a Night Float System?

A: Yes. A resident on night float accepts all patients admitted to the hospital between 9:30 p.m. and 8 a.m. Monday to Thursday; 11:00 p.m. to 8:00 a.m. Friday, Saturday and Sunday. This is staffed by junior residents who do approximately eight night float shifts per year during their service blocks.

Q: Is there short call?

A: On occasion. On the 3rd day of your four-day call cycle, interns can pick up a maximum of 1 patient from the night float resident at 8 a.m. This patient has already been evaluated and thus short call involves assuming the care of a worked-up patient.

Q: How many people are on a team?

A: There are 12 floor teams: 4 on Rhoads (2 liquid and 2 solid tumor) and 8 (2 GI, 2 pulmonary and 4 general medicine) on Founders. A typical team is made up of one attending, one resident, two interns (sub-interns often substitute for interns) and 1 third year medical student.

Q: Are there non-housestaff covered patients?

A: Yes. There are 3 non-teaching services (NTS): Cardiology, Oncology and General Medicine. The following diagnoses are assigned to the NTS's: Oncology accepts chemotherapy admissions greater than 48 hours in duration, transfusion therapy, heparin therapy for thromboembolic disease in oncology patients, bone marrow harvests, autologous bone marrow transplants; post BMT complications; Cardiology accepts electrophysiology cases; uncomplicated interventional, and heart failure cardiology patients. General Medicine alternates admissions with the general medicine teaching service and carries a census of 36 patients daily. The total number of patients managed by non-teaching services is about 100/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: What is the typical daily schedule?

A: It varies by service but includes daily attending rounds, interdisciplinary rounds and conferences.

Q: Are there private attendings?

A: Each subspecialty 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 12 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 Is there a required experience in Neurology?

A: Yes. A two-week experience in Neurology is required. Residents function as the primary physician for patients with a variety of neurologic disorders including acute strokes and demyelinating diseases on the inpatient neurology service at HUP.

Q: What systems are in place at HUP to support duty hour reform?

- The long call teams admit from 8 am until 9:30 during the week and 11:00 pm on weekends. Night float admits until 8 am. The post call teams must sign out by 1 pm. All services have day floats (interns on service block) to support post call workload. The role of the day float is to receive a preliminary signout from the post call interns and begin completing necessary tasks. At 5 pm, the day float signs out the remaining items to the on-call team.
- Web-based patient identification and sign out system.
- 24-hour blood culture and phlebotomy services are available.
- 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

VA HOSPITAL (PVAMC) FACTS

Q: Where is the VA Hospital located?

A: An 8-minute walk across campus from HUP.

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: Given the low volume of overnight admissions, the VA uses a senior resident night float. Monday through Friday, a senior resident from elective comes in at 8 pm and takes sign out from the "on-call" VA senior resident. The "on-call" resident leaves by 10 pm and returns at 8 am on the post call day. After the transition of care, the NF resident goes home and sleeps so they can return at 8 pm. The "post-call" resident takes sign out from

their post call interns by 1pm and then stays to complete the post call work. The assigned VA residents will only take in house call on Saturday and Sundays.

Q: What are the differences between HUP and PVAMC?

- There are 2 inpatient teams composed of 1 attending, 2 residents, 4 interns, and 1-2 students.
- Housestaff have more management responsibility.
- Ancillary services include 24-hour phlebotomy and IV teams.

The typical daily schedule at the PVAMC:

	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 – 8:00	PreRound	PreRound	PreRound	PreRound	PreRound
8:00	Work Rounds	Work Rounds	Work Rounds	Work Rounds	Work Rounds
			Intake Report		
9:00	Discharge Rounds	Discharge Rounds		Discharge Rounds	Discharge Rounds
9:30			Discharge Rounds		
10:00	Atd Rounds (On call and good day)	Atd Rounds (On call and good day)	Atd Rounds (On call and good day)	Atd Rounds (On call and good day)	Atd Rounds (On call and good day)
12:00	Resident Report	HUP Grand Rounds	Joint Conference/ VA Grand rounds	Resident Report	Critical Care Conference
1:15	Intern Report			Intern Report	

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: 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.

Q: What is the call cycle?

A: Every fourth night.

Q: Is there a Night Float System?

A: Yes. A resident night float accepts all patients admitted to the hospital between 11 p.m. and 8 a.m. seven days a week. This is staffed by junior residents who do approximately seven night float shifts per year.

Q: Is there short call?

A: Sometimes. On the 3rd day of your four-day call cycle, interns can pick up a maximum of two patients before 3:00 pm. The patients may be from the night float or be new admissions.

Q: What is PPMC's approach to work hour reform?

A: Same system as HUP.

Q: What is the ACE unit?

A: The ACE unit is the Acute Care for the Elderly unit located at Presbyterian Medical Center and is the core of our geriatric curriculum. 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, night float or vacation. Housestaff on ward rotations practice in the afternoon to ensure adequate continuity on the inpatient services. Clinic is on Day 3 or 4 of your call cycle. Each person is assigned to a primary day and an alternate day; the alternate day is used when either on-call or post-call day falls on the primary clinic day. When on a call 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: It is 1:3.

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 2 has one and each PGY 3 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: JARs and SARs spend 2 weeks in the ER.

MENTORING

Q: Is there a mentoring program?

A: Yes, interns are assigned in random groups to key selected faculty. They meet monthly 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.

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.

Q: Are interview skills taught?

A: There is an annual retreat for junior residents to practice interview skills with senior faculty.

RESEARCH

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.ups.upenn.edu/medicine/education/resAppInfo/housestaffInfo/PDFs/2008_program_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 Physician Scientist Program 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.

INTERNATIONAL PROGRAMS

Q: Are international experiences available?

A: The University of Pennsylvania has formal affiliations with over 40 universities worldwide. Residents have had formal experiences in many countries.

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. We expect to take four individuals as interns. 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/medicine/education/resappinfo/sponsor/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). Housing is comparably priced in Philadelphia - approx. \$900/mo. for 1 bedroom.

Q: What about transportation to and from work?

A: The hospital supplies parking or commuter passes to all housestaff. Those rotating at PPMC can park on-site.

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.

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 \$75/month benefit. Lunch is usually served at Resident and Intern Report. 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.

Q: Are scrubs available?

A: Yes.

Q: Are lockers available?

A: Yes.

Q: Are their program sponsored social events?

A: Yes. There is a very active social committee that sponsors 1-2 events/month. We have monthly parties at the home of an intern, a Philadelphia Phillies night, a Philadelphia 76ers night, a night at the Mann Music Center and a day at the beach. More events are being planned. Events are planned by the Social Committee.

Q: Is there a retirement plan?

A: You can contribute to a 403B but there is no matching.

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. See the enclosed complete list of program graduates.

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
- 1 full weekend off per month for interns
- Days off scheduled up front for the year
- 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