ACGME Competencies

The ACGME has identified 6 Core Competencies that are to be incorporated into the training program of each residency. The goals and objectives listed for each elective rotation in this guide have been marked with the core competencies that they address.

**Patient Care (PC)**
Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

**Medical Knowledge (MK)**
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.

**Practice-based Learning and Improvement (PBLI)**
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:
1. identify strengths, deficiencies, and limits in one’s knowledge and expertise;
2. set learning and improvement goals;
3. identify and perform appropriate learning activities;
4. systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
5. incorporate formative evaluation feedback into daily practice;
6. locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
7. use information technology to optimize learning; and,
8. participate in the education of patients, families, students, residents and other health professionals.

**Interpersonal and Communication Skills (ICS)**
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:
1. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
2. communicate effectively with physicians, other health professionals, and health related agencies;
3. work effectively as a member or leader of a health care team or other professional group;
4. act in a consultative role to other physicians and health professionals; and,
5. maintain comprehensive, timely, and legible medical records, if applicable.

**Professionalism (P)**
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
(1) compassion, integrity, and respect for others;
(2) responsiveness to patient needs that supersedes self interest;
(3) respect for patient privacy and autonomy;
(4) accountability to patients, society and the profession; and,
(5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

**Systems-based Practice (SBP)**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:
(1) work effectively in various health care delivery settings and systems relevant to their clinical specialty;
(2) coordinate patient care within the healthcare system relevant to their clinical specialty;
(3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
(4) advocate for quality patient care and optimal patient care systems;
(5) work in interprofessional teams to enhance patient safety and improve patient care quality; and,
(6) participate in identifying system errors and implementing potential systems solutions.
Guidelines for Elective Assignments

- Electives are 2 weeks in duration
- Electives may not be repeated within your residency.
- Choices must represent a variety of different medicine subspecialties. For example, if you are going into Cardiology, it is understandable that early on you may wish to do Academic Cardiology and EP. However, additional electives, especially in your third year must represent other core medicine topics.
- The following are considered to be non-core electives:
  - ECHO – prioritized to residents going into cardiology or critical care
  - Radiology – 2 weeks
  - Dermatology – 2 weeks
  - Pathology
    Throughout the 3-years of residency, you may do no more than 4 weeks total of non-core electives. You may use 8 weeks total for a combination of away, research and non-core electives. For example, you may do a one-month Research elective and still have 4 weeks to spend on non-core electives; or, you may do a one-month Research and a one-month Away elective with no non-core electives.
- Research or Away electives require pre-authorization at the beginning of the academic year.
  - On your Schedule Request form for the upcoming year, or in a separate written request submitted by June 30th, designate the block you wish to use for Research or an Away elective and provide a brief description. The more detailed description is due a minimum of 90 days in advance of the rotation.
  - These are subject to approval by the Internal Medicine Program Director. The necessary paperwork for detailing your request should be picked up in 805 college. Include your faculty preceptor’s name and an explanation regarding your objectives.
  - No Away or Research electives may be done during Block 12.
- ACGME requirements mandate a certain percent of ambulatory training. In order to satisfy this requirement some elective months must be completed in ambulatory settings. Each elective has been assigned a “credit value” corresponding to the amount of ambulatory training during that block. A total of 2 credits is required over your entire residency. For example, you can complete one “2 credit” elective or two “1 credit” electives.
  - A full 4 week rotation done exclusively in an ambulatory setting (i.e. outpatient rheumatology clinic) counts as a full 2 credits. Doing this as a 2 week rotation counts as 1 credit.
  - Some rotations are mixed inpatient and ambulatory (i.e. Carstens pulmonology). A full 4 weeks counts as 1 credit, 2 weeks counts as 0.5.
  - The listed number of ambulatory credits is based upon a 4 week rotation except where otherwise specified.
Allergy, Asthma, and Immunology

Primary Contact: Dr. John Cohn, MD  (john.cohn@jefferson.edu)

Rotation Location:
1015 Chestnut St, Suite 1300
Philadelphia, PA 19107
Practice Manager: 215-955-7410

Reporting Information:
Please contact Dr. Cohn at least 2 days prior to the start of your rotation. Your reporting time is dependent on the day of the week. Residents will work with Dr. Fung and Dr. Ford.

Conferences (if applicable):
You are expected to attend Pulmonary Grand Rounds on Wednesdays at 7:30AM.

Goals and Objectives:
- Develop an understanding of the mechanisms and role of allergies in various clinical presentations (MK)
- Develop an understanding of optimal asthma management and current guidelines, integrating various diagnostic and treatment approaches (MK)
- Develop familiarity and understanding of the various diagnostic methods available for diagnosing allergic and other types of hypersensitivity, and the appropriate use of allergy directed therapy, including allergen immunotherapy (MK)
- Develop an understanding of the evaluation and treatment of patients with rhinitis and related symptoms (MK)
- Develop an understanding of various diagnostic studies available in the evaluation of immune dysfunction and recurrent infection (MK)
- Develop an understanding of the evaluation of drug reactions and desensitization (MK)
- Develop an understanding of the evaluation and treatment of urticaria and angioedema and related disorders (MK)
- Evaluate patients, including history and physical exam including specialized office tests as described below, and develop a differential diagnosis and treatment plan (PC, MK, PBLI)

General Guidelines and Expectations:
Rotators will attend outpatient clinic daily. In clinics, the rotator will evaluate patients, including taking a history and performing a physical exam, as well as observe evaluation of other patients as appropriate to maximize exposure to various clinical scenarios. The rotator will present patients to the attending and the evaluation will be discussed. The rotator will be responsible for the written evaluation including formulating a differential diagnosis, assessment and treatment plan, appropriate to the rotators level of skill and knowledge. Rotators will observe and may learn how to perform spirometry, FeNO, skin testing to aeroallergens, drugs, venom and foods, and oral graded challenge to drugs and foods.
Resources and Supplemental Reading:
- aaaai.org
- Journals
  - Journal of Allergy & Clinical Immunology
  - Journal of Allergy & Clinical Immunology in Practice
  - Annals of Allergy, Asthma & Immunology

Additional Contact Information:
Charlotte Dennis - Practice Manager (charlotte.dennis@jefferson.edu)
Dr. Shirley Fung, MD (shirly.m.fung@jefferson.edu)
Dr. Megan Ford, MD (megan.ford@jefferson.edu)
Cardiology

Advanced Heart Failure Elective (Inpatient and Outpatient)

Primary Contact: Preethi Pirlamarla, MD (preethi.pirlamarla@jefferson.edu)

Rotation Location: TJUH 5West

Reporting Information: The resident(s) should call the fellow CHF service phone (267) 588-2394 and meet on 5W on the first day of the rotation at 9 am

Conferences (if applicable):
Cardiology Morning Conference: Monday-Friday 7:15-8am
Transplant Conference and Monthly CHF Conference - ask fellow on service

Rotation Overview:
- The resident will complete inpatient consultations with the team
- The resident will participate in the outpatient care of LVAD and transplant patients Tuesday and Thursday mornings
  - LVAD Clinic: 925 Chestnut St. Office, Mezzanine
  - Transplant Clinic: 6th Floor Gibbon

Educational Objectives:
1. To learn the pathophysiology, stages, and natural course of heart failure
2. To learn the differential diagnoses of heart failure including restrictive, infiltrative, familial, peripartum, and toxin induced
3. To learn the characteristic physical examination findings in heart failure as well as its limitations
4. To learn the indications and contraindications of cardiovascular drugs used to treat heart failure as well as the clinical pharmacology and potential adverse effects.
5. To learn the basic management of cardiac arrhythmias and conduction disturbances in patients with heart failure as well as the indications for cardioverter-defibrillator and resynchronization devices
6. To learn the basics of interpreting hemodynamic data in patients with acute and chronic heart failure
7. To learn the basic indications for cardiac transplantation and mechanical support devices, as well as the most common long and short term complications
8. To develop a basic understanding of various cardiac assist devices.

Goals and Objectives:
1. The resident will be a member of the advanced heart failure team responsible for the inpatient evaluations of patients with heart failure
2. The trainee will be able to perform a detailed and focused history and systems review pertinent to example medicine, demonstrate skill in the performance of physical examination, demonstrate facility in the proper selection and interpretation of specialized laboratory testing, articulate an understanding of testing sensitivity, specificity and predictive value, and develop a correct diagnosis and a proper, cost-effective management plan. (PC, MK, ICS, SBP)
3. The fellow is responsible for initial evaluation, as well as follow-up of their patients, data review, and learning to synthesize management plans
4. The above is done under the close supervision of a key faculty member who reviews the resident’s findings, amends the treatment plan, and acts as an instructor and mentor to the resident.
General Guidelines and Expectations:
- Report on Time
- Notify team of any anticipated absences on day one of the rotation and arrange coverage.
- Perform consultative service tasks in a complete and timely manner

Additional Contact Information:
Administrative office: 215-955-2050

This elective is limited to PGY2 and 3 residents.

**Echocardiography**

**Primary Contact:** Barbara Berko, MD  Barbara.Berko@jefferson.edu

**Rotation Location:** TJUH

**Reporting Information:** Residents should report to 8th Floor Pavilion/Main (Echo Reading Room).

**Conferences (if applicable):**
- Cardiology Morning Conference: Room 1840 Gibbon 7:15 am to 8 am
  - Echo conference Thursday at this time and location

**Rotation Overview:**
Along with cardiology fellows, residents will have the opportunity to interpret, and possibly perform, transthoracic echocardiograms and observe transesophageal and stress echocardiograms under the direct supervision of a faculty member. Residents will have the chance to discuss the utilization of echo to investigate valvular disease, ventricular function, pericardial disease, infectious endocarditis, aortic dissection, cardiomyopathy, complications of acute MI, and other pathologies.

**Goals and Objectives:**
- Observe the proper technique for performing echocardiographic procedures (MK)
- Interpret findings from TTE, TEE, and stress echocardiograms. (PC, MK)

**General Guidelines and Expectations:**
Report on Time
Notify team of any anticipated absences on day one of the rotation and arrange coverage.

**Additional Contact Information:** Administrative office: Linda Faulkner 215-955-1168

*This elective is limited to one resident per 2 week block. It is also counted as a non-core elective.*
Consultative Cardiac Electrophysiology

Primary Contact: Kristen Ryder (kristen.ryder@jefferson.edu)

Rotation Location: TJUH

Reporting Information: Please contact the Cardiology fellow on the EP consult service the week before starting your elective to determine a meeting time 215-519-9501

Conferences (if applicable):
- Cardiology Morning Conference: Room 1840 Gibbon 7:15 am to 8 am
  - EKG conference on Mondays at this time and location
  - Cardiology grand rounds on Fridays at this time and location

Rotation Overview:
- The resident will perform primary history and physical examination as part of the EP Consultation, with special emphasis on ECG and telemetry interpretation and communicate consults back to the primary team (PC, MK, ICS)
- Will participate in evaluation and management of patients with arrhythmia, implanted devices and need for ablation. (PC, MK)
- The resident will have opportunities to “scrub in” or observe EP procedures, depending on level of interest. (PC, MK)
- The resident will participate in bedside interrogation of implanted pacemakers and defibrillators. (PC, MK)
- Depending on attending availability, clinic schedule, and resident interest, residents have the opportunity to rotate with attendings in EP clinic. Resident should reach out to Kristen Ryder if interested prior to starting (PC, MK)

Goals and Objectives: An overview of consultative EP, with emphasis on ECG and telemetry interpretation.

General Guidelines and Expectations:
- Will participate in EP rounds with Cardiology fellow and with EP attending. Will be present on time, and will assume responsibility for the patient on whom the consultation is performed.

Additional Contact Information:
- Behzad B. Pavri, MD 215-955-8882
- Arnold J. Greenspon, MD 215-955-8659
- Reginald T. Ho, MD, 215-955-7303
- Daniel Frisch, MD, 215-955-0531
Interventional Cardiology

Primary Contact: Deborah Reiter - 215-503-3718

Rotation Location: TJUH- 5 Gibbon Cath Lab

Reporting Information: call cath fellow the Friday before you start service to arrange a meeting time and schedule. Cardiology Fellow schedules are available online.

Conferences (if applicable):
  ● Cardiology Morning Conference: Room 1840 Gibbon 7:15 am to 8 am
    o Cath conference on Wednesdays at this time and location
    o Cardiology grand rounds on Fridays at this time and location

Rotation Overview:
  ● The resident will have the opportunity to observe and participate in cardiac interventions in the TJUH cath lab for a 2 week period

Goals and Objectives:
  The goal of this rotation is to provide an overview of interventional cardiology and a reinforcement of cardiac anatomy (MK). Residents will participate in the evaluation and management of patients undergoing coronary angiography, percutaneous coronary interventions, peripheral vascular interventions, and structural heart procedures (PC, MK). Residents will be expected to complete histories and physical examinations pertinent to catheterizations and focus on the indications and contraindications for the various procedures (PC, MK).

Suggested Reading:
Grossman’s Cardiac Catheterization, Angiography, and Intervention. Donald S. Baim, ed. This is available in paper form in the cath lab and electronically through JeffLine.

General Guidelines and Expectations:
Report on Time
Notify team of any anticipated absences on day one of the rotation and arrange coverage.
Perform consultative service tasks in a complete and timely manner

Additional Contact Information:
Nicholas Ruggiero, MD; Nicholas.Ruggiero@jefferson.edu 215-955-3607

This rotation is limited to PGY2 and PGY3 residents with an interest in cardiology fellowship. 2 Residents can be scheduled for one block.
JHI Cardiology Consults

Primary Contact: please contact the fellowship coordinator Alyssa Coia with any questions first: alyssa.coia@jefferson.edu or 215-955-1976

Rotation Location: TJUH

Reporting Information: call the cardiology consult fellow on the day you start your rotation: 215-275-8201

Conferences (if applicable):
  • Cardiology Morning Conference: Room 1840 Gibbon 7:15 am to 8 am

Rotation Overview:
  • The resident will complete inpatient consultations with the team
  • The resident will have the option of attending cardiology fellows conference daily

Goals and Objectives: JHI consults is an inpatient clinical consultation experience that serves as an in-depth look at patients with heart disease who have been hospitalized for a variety of reasons. Residents are expected to demonstrate a proficiency in obtaining knowledge through history-taking and physical exam skills (PC, MK). They should present patients in a thorough, orderly, and concise manner consistent with the patient’s clinical setting (ICS). Specific attention should be paid to the appropriate description of heart murmurs, knowledge of the principles of EKG methodology, and risk stratification protocols for various surgical procedures (PC, MK).

General Guidelines and Expectations:
  ➢ Report on Time
  ➢ Notify team of any anticipated absences on day one of the rotation and arrange coverage.
  ➢ Perform consultative service tasks in a complete and timely manner

Additional Contact Information:
David Weiner, MD; David.Wiener@jefferson.edu
JHI Cardiology Outpatient

Primary Contact: Mary Ehly Mary.Ehly@jefferson.edu - 215-955-1040

Rotation Location: 925 Chestnut Street JHI Offices, Mezzanine

Reporting Information: Please contact Mary Ehly to determine a schedule for your rotation at least 2 weeks before your start date. If you do not hear from her, please reach out to her at the above email or call.

Conferences (if applicable):
● Cardiology Morning Conference: Room 1840 Gibbon 7:15 am to 8 am

Rotation Overview:
Residents will be able to participate in the outpatient care of cardiology patients in the office working with two to three different providers, doing some outpatient echocardiograms, participating in outpatient stress tests, and lipid clinic as available. Residents will be able to gain a variety of experiences and observe the different styles of patient care from our academic cardiologists.

Goals and Objectives:
● Perform histories and physicals on new and returning patient in the outpatient setting with specific focus on their cardiovascular complaints. (PC, MK)
● Observe and participate in frequent testing modalities employed in the outpatient cardiology office. (PC, MK, PBLI)

General Guidelines and Expectations:
➢ Report on Time
➢ Notify team of any anticipated absences on day one of the rotation and arrange coverage.
➢ Perform consultative service tasks in a complete and timely manner

Additional Contact Information: John Doherty, MD. john.doherty@jefferson.edu

*This rotation is limited to one resident per block.
Primary Contact: Marc.Schwartz@jefferson.edu

Rotation Location: 1015 Chestnut Street #1518
Philadelphia, PA 19107-4315
215-955-8706

Reporting Information: Please call the office the week before your rotation begins to arrange a reporting time.

Conferences (if applicable): Resident conferences as possible; Cardiology Grand Rounds (Fridays, 7:30AM).

Rotation Overview:
Residents will be able to participate in a robust private cardiology practice. Dr. Schwartz is a Jefferson University Hospital attending. His practice includes patients with a variety of cardiovascular diseases and focuses on comprehensive care including an emphasis on atherosclerosis prevention. Residents are able to gain a longitudinal view of outpatient cardiac care over a two week period in his office.

Goals and Objectives:
- Further develop cardiovascular history-taking and physical examination skills. (PC, MK, PBLI)
- Become adept at outpatient diagnostic and therapeutic patient assessment. (PC, MK)
- Interpretation and utilization of common cardiovascular procedures. (PC, MK)

General Guidelines and Expectations:
- Report on Time
- Notify team of any anticipated absences on day one of the rotation and arrange coverage.
- Perform consultative service tasks in a complete and timely manner
Clinical Pharmacology (Research)

Primary Contact:
Walter Kraft, MD
Associate Professor
Director, Clinical Research Unit
Department of Pharmacology and Experimental Therapeutics
Division of Clinical Pharmacology, Department of Medicine
Thomas Jefferson University
1170 Main Bldg., 132 S. 10th St.
Philadelphia, PA 19107-5244
215 955 9077 or Cell : 609 221 0485
Walter.Kraft@jefferson.edu

Rotation Location: 1170 Main Building, TJUH

Reporting Information:
Resident should contact Walter Kraft by phone or pager to coordinate. Generally, the first day will start ~ 8:30 AM at 1170 Main or the Clinical Research Unit on 11th floor Thompson Building.

Conferences (if applicable):
Weekly Conferences at noon, each Tuesday, in 901 College Conference rotate between Seminars in Human Investigation, Departmental Research Seminar, Journal Club and Ethics

Rotation Overview:
- This is a non-clinical care rotation focused upon early phase pharmaceutical research and clinical trials
- Residents will work on their existing or new independent research project
- Residents will observe the operation of new and ongoing Phase 1 clinical trials
- Residents will participate in Departmental conferences and attend an Institutional Review Board Meeting, and any pre-study meetings for upcoming clinical trials

Goals and Objectives:
- Residents will learn the basics of good clinical practice in the conduct of clinical trials. (PBLI)
- Residents will learn the ethics underpinnings of research on human subjects. Understanding clinical research will be of utility for those who may participate in clinical trials during their career and for all clinicians, as all will be consumers of clinical research results. (PBLI)

General Guidelines and Expectations:
- Report on Time
- All residents must have an independent research project to work on prior to, or during their rotation, or use this time to work independently to develop a project.
- All residents should contact Dr. Kraft well in advance to maximize the use of their time during this research rotation.

Additional Contact Information: Alexis McGovern (215-955-9081)
Outpatient Dermatology

Primary Contact: Laurel Schwartz, M.D. 215-955-6680 main; 5-8310 office line; email address

laurel_schwartz@hotmail.com (preferred)
laurel.schwartz@jefferson.edu
If all else fails: 215-837-0549 cell

Rotation Location: 833 Chestnut Street, Suite 740

Reporting Information: Clinic starts at 8:00 A.M (except Tuesdays); please contact the clinic the week before you begin to make arrangements for your first day.

Conferences (if applicable):
CPC conference: Tuesdays, 8 to 9 A.M. (highly recommended to attend)
Dermatopathology didactic session: Fridays 7 - 9 A.M except 2nd Friday of the month (optional)

Rotation Overview:
Patients are seen with attendings from 8 AM to 5 PM

Goals and Objectives:
● Diagnose common and important lesions and eruptions, including the following: melanocytic nevi, malignant melanoma, non-melanoma skin cancer, actinic and seborrheic keratoses, acne, seborrhea, rosacea, atopic dermatitis, psoriasis, contact dermatitis, stasis dermatitis, urticaria, pityriasis rosea, drug eruptions, vasculitis, molluscum, cysts, keloid scars, dermatophytoses, pityriasis versicolor, candidiasis, herpes simplex, herpes zoster, impetigo, scabies, and cellulitis. (PC, MK)
● Demonstrate familiarity with common diagnostic and therapeutic procedures used in dermatology, including cryotherapy and shave and punch skin biopsy. (MK)
● Demonstrate knowledge of basic pharmacology and administration of medications commonly used for treatment of skin disease, particularly topical and anti-inflammatory agents including steroids, topical and oral retinoids, topical and oral antimicrobial agents, and emollients. (MK)
● Identify risk factors for melanoma and non-melanoma skin cancer. (MK)
● Identify clinical situations in which a dermatologist should be consulted and other clinical situations which may be managed without referral. (PBLI, SBP)

General Guidelines and Expectations:
Attend lectures and clinic. Show initiative in learning basic dermatology. (P)

**This is a recommended elective for members of Primary Care Career Pathway.**
Endocrinology

Endocrinology – TJUH

Primary Contact:
Veronica Durham - Fellowship Coordinator; veronica.durham@jefferson.edu 215-955-1925

Rotation Location: Walnut Towers 211 South 9th Street Suite 600

Reporting Information: Please email Veronica Durham the week prior to starting the elective to be put in touch with a fellow. Residents should report to clinic after morning report. The Endocrinology fellow pager is also available on the intranet.

Conferences (if applicable):
Friday Forum at 7:15 AM
Thyroid Conference-1st Wednesday of the month at 7AM
Friday noon conference

Rotation Overview: Residents will see patients in an outpatient setting and learn about outpatient management of diabetes, thyroid disorders, adrenal insufficiency, hypogonadism and multiple other endocrinologic maladies.

Goals and Objectives:
- Learn etiology, patho-physiology and management of Diabetes. (PC, MK)
- Management of thyroid nodules (PC, MK)
- Diagnose and manage hyper and hypothyroidism (PC, MK)
- Management of osteoporosis (PC, MK)
- Work up of pituitary, adrenal adenoma (PC, MK)

General Guidelines and Expectations: Each rotation is two weeks. Professionalism, in particular punctuality is the first expectation. (P)

Additional Contact Information:
Monika Shirodkar, MD - monika.shirodkar@jefferson.edu
Tasha Kouvatssos, MD - tasha.kouvatssos@jefferson.edu

*This rotation is limited to one resident per block.*
**Endocrinology - Edward Ruby, MD**

**Primary Contact:** Dr. Edward Ruby (rubyglandman@aol.com)

**Rotation Location:** 1015 Chestnut Street, Suite 910

**Reporting Information:** Please contact the office at 215-955-7285 prior to starting the rotation to discuss your schedule.

**Conferences (if applicable):** NA

**Rotation Overview:** Residents will see patients primarily in the outpatient setting in Dr. Ruby’s office. If possible, based on interest and availability they may see inpatient consults at the center city campus with Dr. Ruby should he have inpatient duties during the rotation.

**Goals and Objectives:**
- Learn etiology, patho-physiology and management of Diabetes. (PC, MK)
- Management of thyroid nodules (PC, MK)
- Diagnose and manage hyper and hypothyroidism (PC, MK)
- Management of osteoporosis (PC, MK)
- Work up of pituitary, adrenal adenoma (PC, MK)

**General Guidelines and Expectations:**
Professionalism, in particular punctuality is the first expectation. (P)
Gastroenterology/Hepatology

Inpatient Hepatology

Primary Contact: Educational Coordinator, Leah Straub - 215-955-3867, leah.straub@jefferson.edu

Rotation Location: TJUH

Reporting Information:
The resident should contact the hepatology fellow (available through the page operator) on the day prior to arrange for a meeting time and place for day one of the rotation. We recommend the resident contact the fellow directly before starting for reporting instructions or they can go directly to Leah’s office in 480 Main Building on their first day for instructions on where to report.

Conferences:
- Transplant Candidate Selection Conference
  - Presentations by Attendings and Fellows
  - Monday at 4:00 pm and Friday at 12:15 pm
  - Transplant Conference Room, 833 Chestnut, 6th floor
- Hepatology Inpatient Rounds
  - Presentations by Fellows and Residents
  - Monday through Friday at 3:00 pm
  - GI conference room, 4 Thompson
- GI Case Conference
  - Presentations by Fellows
  - Wednesdays at 4:00 pm
  - GI Conference Room, 4 Thompson
- Liver Biopsy Conference
  - Presentations by Pathology Faculty
  - Friday at 1:30 PM
  - Pathology Conference Room, 2nd floor Main

Rotation Overview
- The resident will make rounds and manage the inpatients on the Hepatology service with the inpatient team. Walk rounds with attending and medicine team generally starts at 8:30 am
- The resident will spend Wednesday morning in Post-Transplant Clinic office seeing outpatients

Goals and Objectives:
The trainee will be able to perform a detailed and focused history and systems review in patients admitted with end-stage liver disease, demonstrate skill in the performance of physical examination, demonstrate facility in the proper selection and interpretation of specialized laboratory testing, articulate an understanding of testing sensitivity, specificity and predictive value, and develop a correct diagnosis and a proper,
cost-effective management plan (PC, MK, ICS, SBP). The trainee will become familiar with the process of liver transplant evaluation, listing, list maintenance, evaluation of liver graft dysfunction, interpretation of liver biopsies and management of post transplant immunosuppression (MK).

**General Guidelines and Expectations:**
- Report on time
- Notify team of any anticipated advances on day one of the rotation
- Perform patient evaluations in a complete and timely manner

**Additional Contact Information:**
Steven K. Herrine, MD - steven.herrine@jefferson.edu

---

**Outpatient Hepatology Elective**

**Primary Contact:** Educational Coordinator, Leah Straub - 215-955-3867, leah.straub@jefferson.edu

**Rotation Location:** TJUH

**Reporting Information:**
The resident should contact Educational Coordinator Leah Straub prior to starting the rotation to confirm the outpatient schedule.

**Conferences:**
- Transplant Candidate Selection Conference
  - Presentations by Attendings and Fellows
  - Monday at 4:00 pm and Friday at 12 pm
  - Transplant Conference Room, 833 Chestnut, 6th floor
- Hepatology Inpatient Rounds
  - Presentations by Fellows and Residents
  - Tuesdays and Thursdays at 3:00 pm
  - Friday at 12:00 noon
  - 9th floor Gibbon Conference Room
- GI Case Conference
  - Presentations by Fellows
  - Wednesdays at 4:00 pm
  - GI Conference Room, 4 Thompson
- Liver Biopsy Conference
  - Presentations by Pathology Faculty
  - Friday at 1:30 PM
  - Pathology Conference Room, 2nd floor Main
Rotation Overview

● The resident will work in the office, seeing outpatients for initial consultation and follow up visits.
● The resident will spend Wednesday morning in Post-Transplant Clinic office seeing outpatients

Goals and Objectives:
The trainee will be able to perform a detailed and focused history and systems review in patients with liver disease, demonstrate skill in the performance of physical examination, demonstrate facility in the proper selection and interpretation of specialized laboratory testing, articulate an understanding of testing sensitivity, specificity and predictive value, and develop a correct diagnosis and a proper, cost-effective management plan (PC, MK, ICS, SBP). The trainee will become familiar with the process of liver transplant evaluation, listing, list maintenance, evaluation of liver graft dysfunction, interpretation of liver biopsies and management of post transplant immunosuppression (MK).

General Guidelines and Expectations:
➢ Report on Time
➢ Notify team of any anticipated advances on day one of the rotation
➢ Perform patient evaluations in a complete and timely manner

Additional Contact Information:
Steven K. Herrine, MD - steven.herrine@jefferson.edu

Inpatient GI Elective

Primary Contact: Chris Henry christopher.henry@jefferson.edu; 610-761-1649

Rotation Location: 480 Main Building/TJU

Reporting Information:
Residents should contact Leah Straub at 215-955-3867 or leah.straub@jefferson.edu at least one day before starting the rotation to be given an assignment and the contact information for the fellow with whom they will be working. We recommend the resident contact the fellow directly before starting for reporting instructions or they can go directly to Leah’s office in 480 Main Building on their first day for instructions on where to report.

Conferences (if applicable):
Resident may attend scheduled GI conferences as schedule allows.
GI Conference schedule includes:
- Wednesday afternoon conference (these typically start at 4 or 4:30 pm and last 60-90 minutes, topics include Clinical Case Conferences, Multidisciplinary Conference, Research Conference, GI Grand Rounds). **Would recommend residents attend this afternoon conference, as it does not conflict with medicine conferences and is very interesting and high yield**
**Rotation Overview:**
The resident will see inpatient GI consults with the fellows and attendings on one of the academic GI services (JDDS-1, 2, and 3). Their time will largely be spent working directly with the fellow and the attending. They will observe rounds with the housestaff team on the primary patients as well for added teaching, but their responsibility is to see new consults and follow-up on active non-primary patients who they are consulted on. It is also recommended that they observe the inpatient procedures on patients they are following to correlate clinical findings.

**Goals and Objectives:**
The resident will be able to perform a history and physical pertinent to all areas of gastroenterology and learn to develop diagnostic and therapeutic plans (PC, MK). Skills will be developed that enhance knowledge of gastroenterology and hepatology and how to apply this knowledge in practical conditions to patient care (SBP). Residents may also be able to observe procedures performed on patients for whom they have completed consults (MK). They will be expected to learn consultative gastroenterology, which in addition to a broad array of pathophysiology and management education, includes learning when to appropriately consult, how to determine acuity of illness, urgency and necessity of inpatient procedures and coordinating care across multiple medical and surgical specialties.

**General Guidelines and Expectations:**
Report on time and complete assignments in timely and satisfactory manner. Attentive, focused and inquisitive residents will excel. Gastroenterology is comprised of three demanding services with interesting and versatile case loads.

**Service Assignments:**
Attempts will be made to equally distribute residents among the JDDS services (primarily JDDS-1 and JDDS-2, unless otherwise requested to be on the non-teaching pancreatobiliary JDDS-3 service). If special requests are made in advance for a particular service, please email Leah Straub and she will do her best to honor these requests on a first come, first serve basis.

**Additional Contact Information:**
Educational Coordinator, Leah Straub - 215-955-3867, leah.straub@jefferson.edu

---

**Outpatient GI Elective**

**Primary Contact:** Chris Henry christopher.henry@jefferson.edu; 610-761-1649

**Rotation Location:** 480 Main Building/TJU

**Reporting Information:**
Residents will receive an email from Leah Straub the week prior to the elective with their individualized schedule. If no email has been received, reach out to Leah at leah.straub@jefferson.edu.
Conferences (if applicable):
Resident may attend scheduled GI conferences as schedule allows.
GI Conference schedule includes:
- Wednesday afternoon conference (these typically start at 4 or 4:30 pm and last 60-90 minutes, topics include Clinical Case Conferences, Multidisciplinary Conference, Research Conference, GI Grand Rounds). **Would recommend residents attend this afternoon conference, as it does not conflict with medicine conferences and is very interesting and high yield**

Rotation Overview:
This rotation will expose you to various components of the outpatient practice of Gastroenterology. The bulk of the experience will pair residents with multiple attendings with different focus areas ranging from general GI to esophageal disease, inflammatory bowel disease, motility disorders, pancreatobiliary disease and more. Along with these scheduled clinics, the elective will supplement outpatient office sessions with complementary learning to familiarize residents with the specialty as a whole. This will include sessions with nutrition, motility lab, endoscopy simulator, and observation of outpatient procedures in the endoscopy suite.

Goals and Objectives:
The resident will be able to perform a history and physical pertinent to all areas of gastroenterology and learn to develop diagnostic and therapeutic plans (PC, MK). There will also be endoscopic correlation of clinical findings with direct observation of outpatient procedures (MK). Skills will be developed that enhance the knowledge of gastroenterology and hepatology and apply this in practical conditions to patient care (MK). Special focus to IBS and IBD is frequently given in this clinic.

General Guidelines and Expectations:
Report on time and complete assignments in timely and satisfactory manner. If you know of any conflicts you have during this elective, please notify Leah (and the chiefs) several weeks in advance so she can account for this during her scheduling

Additional Contact Information:
Educational Coordinator, Leah Straub 215-955-3867
**This is a recommended elective for members of Primary Care Career Pathway.**
Hematology/Oncology

General Hematology Consults

Primary Contact: Steven McKenzie; steven.mckenzie@jefferson.edu

Rotation Location: TJUH, JHN

Reporting Information: Please contact Kathy Sparano the week before your rotation begins to make arrangements. Kathleen.sparano@jefferson.edu. You will also need to page the consult fellow the day your start the consult service.

Conferences (if applicable): Heme-One conference at noon on weekdays in the Cardeza library

Rotation Overview: Residents will complete inpatient consults for patients admitted to the center city campus at both TJUH and JHN. Residents will be exposed to the diagnosis and management of general hematologic conditions including:
- Anemia of chronic disease
- Disorders of iron metabolism
- Hemoglobinopathies with emphasis on the sickle cell syndromes including acute pain crisis and acute chest syndrome
- Microangiopathic hemolytic anemia
- Autoimmune hemolytic anemia
- Heparin-induced thrombocytopenia
- Autoimmune thrombocytopenia
- Drug-induced immune thrombocytopenia
- Antiphospholipid antibody syndrome
- Von Willebrand disease
- Hemostasis in liver disease
- Disorders of stem cell failure including aplastic anemia and myelodysplasia
- Chronic myeloproliferative diseases including polycythemia vera, chronic myelogenous leukemia, idiopathic myelofibrosis and essential thrombocythemia
- Plasma cell disorders
- Thromboembolic disorders and hypercoagulable states
- Hemophilia

Goals and Objectives:
- Perform the initial evaluation of inpatients referred for hematology consultation including formulation of a diagnostic impression and management plan (PC, MK)
- Communicate with the referring physicians to elicit background information, clinical suspicions and the specific reasons for the consultation (ICS)
- Complete thorough H&P’s on newly evaluated patients with particular attention to signs and symptoms pertinent to hematologic diseases (PC, ICS)
- Provide a synopsis of the database, summarize their impressions and present these to the hematology team in formulating a diagnosis and management plan (ICS)
● Describe the sensitivity and specificity, limitations, indications, contraindications, risks and costs associated with and interpretation of common hematologic studies including: (PBLI)
  - Complete blood counts (CBC)
  - Serum iron, iron binding capacity, ferritin, haptoglobin, B12, folate
  - Hemoglobin electrophoresis
  - Protein electrophoresis
  - Coombs test, direct and indirect
  - Coagulation studies including mixing studies, factor and inhibitor assays, fibrinogen, D-dimer, vWF antigen, ristocetin cofactor activity, vWF multimer analysis
  - Hypercoagulable testing
  - Lupus anticoagulant testing including DRVVT and anticardiolipin Abs
  - Heparin-dependent antiplatelet antibodies
  - Immature platelet fraction, reticulocyte count, erythropoietin
  - Basic knowledge of flow cytometry and cytogenetics
● Practice the examination of peripheral blood and bone marrow smears (MK)
● Master the initial inpatient diagnostic approach to anemia, thrombocytopenia, and coagulopathy (MK)
● Understand the general principles of blood component transfusion (MK)
● Facilitate and record daily progress of patients previously evaluated, including their response to ongoing management (PC, ICS)
● Work closely with house staff in guiding the diagnosis and management of hematologic conditions (PBLI, ICS)
● Identify the circumstances that warrant consultation from a hematologist (SBP)

General Guidelines and Expectations: See above

Outpatient Medical Oncology
Primary Contact: Andrew Nasca andrew.nasca@jefferson.edu

Rotation Location: Variable depending on sub-specialty assignment
  ● Sidney Kimmel Cancer Center (SKCC) at Jefferson – Center City Outpatient Office
    o 925 Chestnut Street
      ▪ Suite 420: Regional Cancer Care Division, Division of Hematologic Malignancies and Hematopoietic Stem Cell Transplantation, Solid Tumor Division,
      ▪ Suite 320: Solid Tumor Division
  ● SKCC – Methodist
    o 1300 Wolf Street, 3rd Floor
  ● SKCC – Jefferson New Jersey (Washington Township)
    o 900 Medical Center Drive, Sewell, NJ

Reporting Information: Please contact Andrew Nasca at least two weeks before your rotation begins to confirm arrangements. andrew.nasca@jefferson.edu

24
Conferences (if applicable): Fellows conferences at noon on weekdays in the 903 Curtis. Andrew Nasca will provide a list of other available conferences with your daily schedule. It is also reasonable to attend conferences, which the hematology and oncology fellows recommend.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Noon: Journal Club, Morbidity &amp; Mortality Conference</td>
<td>12 Noon: Hematology/Hematologic Malignancies Didactics</td>
<td>12 Noon: Kimmel Cancer Center Grand Rounds; Cardeza Seminar Series</td>
<td>12 Noon Fellows Board Review</td>
<td>7:45 AM “Slide Conference” – Hematology/Pathology Clinico-pathologic conference – Pathology Conference room 2nd Fl Pavilion</td>
</tr>
</tbody>
</table>

Rotation Overview: Residents will be able to participate in the outpatient care of patients with various conditions including hematologic malignancies and solid tumors, and those undergoing cellular therapies with faculty in the Department of Medical Oncology. This rotation will occur at one or more of the above locations based on resident preferences and clinic availability. Please contact Andrew Nasca to review your personal interests and available clinical experiences. Note that experiences will vary depending on faculty responsibilities to inpatient services, other SKCC sites and vacations.

Goals and Objectives:

- Become proficient in taking full histories and physical exams for newly and previously diagnosed solid tumor patients (including lung, breast, colorectal, prostate, head and neck, upper gastrointestinal, genitor-urinary cancers) and hematologic malignancy patients (including hematologic malignancies such as acute leukemias, lymphomas, myelomas, myelodysplastic syndromes, and myeloproliferative diseases) with regards to presentation, risk factors, staging, treatment modalities, and prognosis (PC).
- Become proficient in recognizing common presenting solid and liquid cancer signs and symptoms (such as anemia, malaise, weight loss, ascites, bowel obstruction, hoarseness, hemoptysis, lymphadenopathy, venous thromboembolism, soft tissue mass, organomegaly, pleural effusion, focal neurologic deficits, painless hematuria, urinary obstruction). (MK)
- Learn and apply principles of diagnosis and staging of hematologic malignancies and solid cancers (MK)
- Help transition care to the inpatient oncology services when appropriate (SBP)
- Be cognizant of acute emergencies common to oncologic patients which need escalation of care, including malignant pleural effusions, pathologic fractures, bowel obstruction, hypercalcemia, spinal cord compression, and intracranial metastases. (MK)
• Become familiar with appropriate ordering of imaging and diagnostic procedures, including CT, MRI, PET, FNA, core biopsies. (MK)
• Become familiar with treatment options including chemotherapy regimens, biologics, and hematopoietic stem cell transplantation (MK)
• Learn how to perform and interpret bone marrow biopsies under the supervision of hematology/oncology fellows and faculty (MK, PBLI)
• Work with hematology/oncology fellows and attending physicians to provide appropriate recommendations for the management of these patients (MK, ICS)
• Address the potential for the patient to be enrolled in a clinical trial for his/her oncologic illness. (PBLI)
• Educate patients regarding their disease, helping them to have an accurate understanding of expected treatment, course, and outcomes (PBLI, ICS)
• Provide supportive care to these patients along with the primary team, nurses, and ancillary staff (PBLI, ICS, SBP)
• Become familiar with multidisciplinary treatment plans, involving medical oncology, radiation oncology, surgical oncology, etc. (MK, SBP)
• Become familiar with appropriate information on these diseases, including online resources, landmark papers, core journals, subject matter experts. (PBLI)
• Become familiar with appropriate techniques for discussing goals of care, end of life decisions, palliative measures, and “breaking bad news.” (PBLI, ICS)
• Understand the role of primary care in the sphere of public health (i.e., cancer prevention and screening) and general trends in cancer epidemiology (with regards to obesity, smoking, etc). (SBP)
• Understand when to involve another specialty in the patient’s multidisciplinary care (including Surgery, Radiation Oncology, Physical and Occupational Therapy, Psychiatry, Dietary/Nutrition, Palliative Care) and to establish effective communication with these consultants. (ICS, SBP)

Additional Contact: Joanne Fillicko-O’Hara, MD (Joanna.fillicko@jefferson.edu)
• Director of Educational Programs, Department of Medical Oncology:

Solid Tumor Oncology Inpatient Consults

Primary Contact: Colleen Katen; colleen.katen@jefferson.edu

Rotation Location: TJU Hospitals Center City

Reporting Information: Please contact consult fellow on-call one week before your elective to make arrangements.

Conferences (if applicable): Heme-Onco conference at noon on weekdays in the Cardeza library. Colleen Katen will provide a list of other available conferences with your daily schedule.

Hours: Please contact solid tumor consult fellow on call before your rotation and inquire about hours of service. There should be no weekend responsibilities on elective. Please inform your fellow ahead of time when you need to take a personal day or you will be on pull. If you have continuity clinic scheduled during those weeks, please let them know ahead of time.
Supervising staff/Evaluations: You will work directly with the consult fellow. Fellows are usually on this service 1 week at a time. You may be working with multiple attendings during the week. There can be a different attending on staff every single day, pertaining to the type of solid tumor consult you are evaluating. Please identify at least 1 fellow and 2 attendings during your elective for evaluations on New Innovations

Rotation Overview: Residents will be able to participate in the evaluation and consultation of inpatient care of patients with solid tumor malignancies with the academic oncologists at TJUH.

Goals and Objectives:
- Become proficient in taking full histories and physical exams for hospitalized solid tumor patients and be familiarized with work up.
- Become proficient in recognizing common presenting solid tumor signs and symptoms (such as anemia, malaise, weight loss, ascites, bowel obstruction, hoarseness, hemoptysis, lymphadenopathy, venous thromboembolism, soft tissue mass, organomegaly, pleural effusion, focal neurologic deficits, painless hematuria, urinary obstruction). (MK)
- Become familiar with appropriate ordering of imaging and diagnostic procedures, including CT, MRI, PET, FNA, core biopsies. (MK)
- Be cognizant of acute emergencies common to oncologic patients which need escalation of care, including malignant pleural effusions, pathologic fractures, bowel obstruction, hypercalcemia, spinal cord compression, and intracranial metastases. (MK)
- Become familiar with multidisciplinary treatment plans, involving medical oncology, radiation oncology, surgical oncology, etc. (MK, SBP)
- Become familiar with common complications of treatment of solid tumors, including esophagitis, infectious diarrhea such as Clostridium difficile colitis, poor PO intake, chronic pain and narcotic abuse, narcotic bowel. (MK)
- Gain an understanding of the common solid tumor malignancies, including lung, breast, colorectal, prostate, head and neck, upper gastrointestinal, genitor-urinary with regards to presentation, risk factors, staging, treatment modalities, and prognosis. (MK)
- Become familiar with appropriate information on these diseases, including online resources, landmark papers, core journals, subject matter experts. (PBLI)
- Address the potential for the patient to be enrolled in a clinical trial for his/her oncologic illness. (PBLI)
- Become familiar with appropriate techniques for discussing goals of care, end of life decisions, palliative measures, and “breaking bad news.” (PBLI, ICS)
- Understand when to involve another specialty in the patient’s multidisciplinary care (including Surgery, Radiation Oncology, Physical and Occupational Therapy, Psychiatry, Dietary/Nutrition, Palliative Care) and to establish effective communication with these consultants. (ICS, SBP)

General Guidelines and Expectations: See Above

Additional Contact Information:
Dr. William Kelly; william.kelly@jefferson.edu
Blood and Marrow Transplant Service

Primary Contact: Andrew Nasca andrew.nasca@jefferson.edu

Rotation Location:
- 14th Floor Pavilion Building, TJUH
- Sidney Kimmel Cancer Center (SKCC) at Jefferson – Center City Outpatient Office925 Chestnut Street, Suite 420:

Reporting Information: Please contact Andrew Nasca at least two weeks before your rotation begins to confirm arrangements. andrew.nasca@jefferson.edu

Conferences (if applicable): Fellows conferences at noon on weekdays in the 903 Curtis. Andrew Nasca will provide a list of other available conferences with your daily schedule. It is also reasonable to attend conferences which the hematology and oncology fellows recommend.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:45 AM</td>
<td></td>
<td></td>
<td>7:45 AM</td>
<td>“Slide Conference” – Hematology/Pathology Clinico-pathologic conference – Pathology Conference room 2nd Fl Pavilion</td>
</tr>
<tr>
<td>12 Noon: Journal Club, Morbidity &amp; Mortality Conference</td>
<td>12 Noon: Hematology/Hematologic Malignancies Didactics</td>
<td>12 Noon: Kimmel Cancer Center Grand Rounds; Cardeza Seminar Series</td>
<td>12 Noon Fellows Board Review</td>
<td>12 Noon Solid Tumor Didactics</td>
</tr>
<tr>
<td>1:00 Hematologic malignancies and BMT pathology and patient care conferences</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rotation Overview: Residents will be able to participate in the inpatient and outpatient care of patients with hematologic malignancies and other disorders undergoing cellular therapies, including high dose therapy and autologous stem cell rescue, allogeneic stem cell transplant and CAR-T (immune effector cell) therapy. They will manage patients with faculty in the Department of Medical Oncology, including the transplant physicians and hospitalists. They will work closely with the advanced practice providers and fellows caring for these patients. This rotation will occur at the above locations. Please contact Andrew Nasca prior to starting the rotation.
Goals and Objectives:

- become proficient in taking full histories and physical exams for patients with hematologic malignancy patients (including hematologic malignancies such as acute leukemias, lymphomas, myelomas, myelodysplastic syndromes, and myeloproliferative diseases) with regards to presentation, risk factors, staging, treatment modalities, and prognosis (PC).
- learn and apply principles of diagnosis and staging of hematologic malignancies(MK)
- become familiar with appropriate ordering of imaging and diagnostic procedures, including CT, MRI, PET, FNA, core biopsies. (MK)
- become familiar with treatment options including chemotherapy regimens, biologics, and hematopoietic stem cell transplantation (MK)
- work with hematology/oncology fellows and attending physicians to provide appropriate recommendations for the management of these patients (MK, ICS)
- address the potential for the patient to be enrolled in a clinical trial for his/her oncologic illness. (PBLI)
- educate patients regarding their disease, helping them to have an accurate understanding of expected treatment, course, and outcomes (PBLI, ICS)
- provide supportive care to these patients along with the primary team, nurses, and ancillary staff (PBLI, ICS, SBP)
- become familiar with appropriate information on these diseases, including online resources, landmark papers, core journals, subject matter experts. (PBLI)
- become familiar with appropriate techniques for discussing goals of care, end of life decisions, palliative measures, and “breaking bad news.” (PBLI, ICS)
- understand when to involve another specialty in the patient’s multidisciplinary care (including Surgery, Radiation Oncology, Physical and Occupational Therapy, Psychiatry, Dietary/Nutrition, Palliative Care) and to establish effective communication with these consultants. (ICS, SBP)

Additional Contact: Joanne Filicko-O’Hara, MD (joanne.filicko@jefferson.edu)

- Director of Educational Programs, Department of Medical Oncology:
Hospitalist Electives

Acute Pain Management

Primary Contact: Jill Zavodnick, MD

Rotation Location: TJUH Center City Campus, including JHN

Reporting Information: Individualized; you will receive a schedule from Deb Bizup prior to your rotation

Conferences (if applicable): Residents should attend morning report and noon conferences as possible.

Rotation Overview:
During this elective residents (PGY1-3) will learn about inpatient management of acute pain. They will rotate with the acute pain management service, participating in rounds, seeing new consults, and following patients.

Goals and Objectives:
Residents will improve their understanding of pain management and learn advanced pain management strategies

General Guidelines and Expectations:
Report on time
Please notify Deb Bizup of any anticipated absences two weeks prior to the rotation.

Additional Contact Information:
Deb Bizup (deborah.bizup@jefferson.edu)

Perioperative Medicine

Primary Contact: Jill Zavodnick, MD

Rotation Location: TJUH Center City Campus, including JHN

Reporting Information: Individualized; you will receive a schedule from Deb Bizup prior to your rotation

Conferences (if applicable): Residents should attend morning report and noon conferences as possible.

Rotation Overview:
During this elective residents (PGY1-3) will learn about inpatient and outpatient perioperative care. They will rotate with the preoperative clinics at JHN and TJUH, learning the principles of preoperative assessment, which is common in both general internal medicine and consultative medicine specifically.
Goals and Objectives:
Residents will improve their understanding of perioperative care

General Guidelines and Expectations:
Report on time
Please notify Deb Bizup of any anticipated absences two weeks prior to the rotation.

Additional Contact Information:
Deb Bizup (deborah.bizup@jefferson.edu)

Transitions of Care

Primary Contact: Jill Zavodnick, MD

Rotation Location: TJUH Center City Campus, Kindred South Philadelphia, The Watermark

Reporting Information: Individualized; you will receive a schedule from Deb Bizup prior to your rotation
Conferences (if applicable): Residents should attend morning report and noon conferences as possible.

Rotation Overview:
Required for the hospital medicine career pathway. This elective focuses on care after the acute hospitalization. A better understanding of the next phase of a patient’s care will inform a hospitalist’s discharge practices, and understanding of what types of medical care are delivered after hospitalization. Residents (PGY2-3) will spend several days at Kindred Long Term Acute Care Hospital (LTACH), the Watermark’s SNF/rehab facility, and with the JIMA discharge care coordination team to learn more about transitions to LTACH, rehab, SNF, and home. Additional learning experiences related to levels of rehab care will also be integrated, and residents may have the opportunity to accompany a population health CRNP on home visits.

Goals and Objectives:
Residents will learn about transitions of care and understand the capabilities of a variety of locations to which a hospitalist might discharge a patient

General Guidelines and Expectations:
Report on time
Use the Kindred rotation guide and review this ahead of your time at Kindred
Please notify Deb Bizup of any anticipated absences two weeks prior to the rotation.

Additional Contact Information:
Deb Bizup (deborah.bizup@jefferson.edu)
Acute Care Models

Primary Contact: Jill Zavodnick, MD

Rotation Location: TJUH Center City Campus, including JHN

Reporting Information: Individualized; you will receive a schedule from Deb Bizup prior to your rotation
Conferences (if applicable): Residents should attend morning report and noon conferences as possible.

Rotation Overview:
This elective will introduce residents (PGY2-3) to models of inpatient care different from the general teaching hospitalist model with which they are familiar from green medicine. They will rotate through the CDU to experience observation care, and learn about specialty co-management by shifts with the neurohospitalist service, in the bone marrow transplant unit, and an evening with the general IM nocturnist.

Goals and Objectives:
Residents will experience inpatient care settings different from a traditional internal medicine ward service, learning about co-management and observation care as well as other hospitalist jobs to which they might have limited exposure during their core rotations.

General Guidelines and Expectations:
Report on time
Please notify Deb Bizup of any anticipated absences two weeks prior to the rotation.

Additional Contact Information:
Deb Bizup (deborah.bizup@jefferson.edu)

Community

Primary Contact: Jill Zavodnick, MD

Rotation Location: Methodist Hospital; potential option for Aria campuses

Reporting Information: Individualized; you will receive a schedule from Deb Bizup prior to your rotation
Conferences (if applicable): Residents should attend morning report and noon conferences as possible based on their clinic schedule.

Rotation Overview:
Residents (PGY2-3) will rotate through a community based, non-teaching general internal medicine service at Methodist Hospital to gain more exposure to bread-and-butter medicine that is sometimes hard to come by on a complex teaching service. They are encouraged to ask questions about scheduling and job factors in a community job, to gain a perspective different from that of their usual faculty mentors at TJUH.
Goals and Objectives:
Residents will experience hospital medicine in a community setting, gaining an appreciation of different models of inpatient general medical care

General Guidelines and Expectations:
Report on time
Please notify Deb Bizup of any anticipated absences two weeks prior to the rotation.

Additional Contact Information:
Deb Bizup (deborah.bizup@jefferson.edu)

---

Wounds and Clots

Primary Contact: Jill Zavodnick, MD

Rotation Location: TJUH Center City Campus, including JHN

Reporting Information: Individualized; you will receive a schedule from Deb Bizup prior to your rotation
Conferences (if applicable): Residents should attend morning report and noon conferences as possible.

Rotation Overview:
Residents (PGY1-3) will learn about wound care and advanced topics in anticoagulation by rotating with the Jefferson Antithrombotic Service (JATS) as well as at the vascular medicine wound care clinic. If possible, attendance at an IRB meeting will also be scheduled during this experience.

Goals and Objectives:
Residents will improve their understanding of wound care and the management of venous thromboembolism as well as practicing consultative medicine.

General Guidelines and Expectations:
Report on time
Please notify Deb Bizup of any anticipated absences two weeks prior to the rotation.

Additional Contact Information:
Deb Bizup (deborah.bizup@jefferson.edu)

**This is a recommended elective for members of the Hospitalist Career Pathway.**
Vascular Medicine

Primary Contact: Photi Galanis, MD (Cell 856-889-6876), Vascular Center 215-955-6540

Rotation Location: TJUH Vascular Center, 6210 Gibbon Building

Reporting Information: Please call Photi Galanis at least 1 day before starting the rotation for reporting instructions.

Conferences (if applicable): none

Rotation Overview:
The field of vascular medicine is rapidly growing and now offers board certification under either the practice pathway or a fellowship track. It focuses on the evaluation and treatment of patients with a variety of conditions that include but are not limited to venous and arterial thrombosis, venous insufficiency, lymphedema, peripheral arterial disease, Raynaud syndrome, wound healing and unusual vascular disorders such as acrocyanosis and erythromelalgia. The Jefferson Vascular Center (JVC) is a unique institution that provides a comprehensive and integrated approach to the evaluation and treatment of patients with a variety of such conditions. The educational experience at the JVC will focus on four components: wound healing and hyperbaric therapy, outpatient vascular medicine consultation, inpatient vascular medicine consultation, and vascular ultrasonography. The resident/student will also have the option of observing vascular surgery cases in the operating room.

Goals and Objectives:

Wound Healing and Hyperbaric Therapy

1. To understand the evaluation of a patient with a wound. (PC, MK)
2. To appropriately document and describe the appearance of the wound. (ICS)
3. To become aware of the various local and systemic therapies available to treat wounds. (MK, PC)
4. To understand the pathophysiology of hyperbaric therapy along with its indications, contra-indications, and complications. (PC, MK)

Inpatient Vascular Consultation

1. To become familiar with the evaluation and treatment of a patient with venous or arterial thrombosis. (PC, MK)
2. To understand the perioperative management of a patient on anticoagulation and/or anti-platelet therapy. (PC, MK)
Outpatient Vascular Consultation

1. To understand the evaluation and treatment of a patient with edema due to venous insufficiency, lymphedema, post-thrombotic syndrome as well as lipedema. (PC, MK)
2. To understand the preoperative assessment of a patient on anti-thrombotic/anti-platelet therapy or with a thrombotic condition. (PC, MK)
3. To become familiar with unusual vascular conditions that include acrocyanosis, erythromelalgia, and pernio that may be confused with more common disorders. (PC, MK)

Vascular Ultrasonography

1. To understand the basic principles behind ultrasonography. (MK)
2. To observe the performance of venous and arterial duplex studies by the vascular technicians. (MK)
3. To become familiar with interpreting ultrasound images relating to venous thrombosis, venous insufficiency, and arterial ischemia. This will involve specifically rotating with Dr. Luis Eraso or Dr. Lawrence Needleman. (MK)
4. To become comfortable interpreting ABI reports including waveform analysis. (MK)

General Guidelines and Expectations:

The student/resident will be exposed to all of the aforementioned components of the vascular center. However, if he/she would like to be more exposed to a particular field, the schedule can be changed accordingly (i.e. more time in wound care if so desired). The student/resident will be expected to attend Monday through Friday and abide by the agreed-upon schedule. At the end of the rotation, the student/resident will be expected to present a vascular case along with an overview of the evidence-based treatment of the condition. The vascular center staff also holds regular research conferences and the resident/student will be expected to attend these conferences if they occur during his/her rotation.

Resources

The following resources are available either online or on-site:

2. Vascular Medicine and Endovascular Interventions by Thom W. Rooke. This is a vascular medicine textbook that provides an excellent introduction to the evaluation and management of a variety of vascular conditions.
3. Hyperbaric Oxygen Therapy Indications by Laurie Beth Gesell. This textbook provides an overview of the evidence behind the management of approved indications for hyperbaric therapy.

5. Chronic Wound Care by Diane L. Krasner. This is a textbook that provides an overview of the management wounds.

**This is a recommended elective for members of the Hospitalist Career Pathway.**
Infectious Disease

ID Consults

Primary Contact: Devin Weber, MD
Devin.Weber@jefferson.edu, 215-955-7785

Rotation Location: 1015 Chestnut Street Suite 1020 (ID offices)
*Consults are for the Gibbon/Pavilion/Thompson buildings

Reporting Information: Page the ID fellow GREEN pager the morning of your rotation to confirm meeting time and schedule.

Conferences:
*Wednesday 11 am: Microbiology Rounds
  (Microbiology Lab)
*Friday 8:00 am: ID Management Conference/ Journal Club/ Guidelines Conferences
  (1015 Chestnut Street Room 313)
*Friday 9:00 am: Clinical and Basic Science Lectures by faculty
  (1015 Chestnut Street Room 313)
*Quarterly on Fridays at 12 pm: Pulmonary / ID Management
  (Pulmonary Conference room, 834 Walnut Suite 650)

Rotation Overview:
Interns and residents will have the opportunity to gain experience performing initial ID consults, including taking a relevant history such as travel, prior antibiotic use, prior cultures, and making recommendations to the primary team. Additionally, they will follow the patients’ inpatient course and possibly as an outpatient, by shadowing certain attendings, on occasion, in their afternoon clinics.

Goals and Objectives:
The goal of this rotation is to learn diagnosis, treatment and management of common infectious diseases, especially HIV/AIDs, immunocompromised patients with fever, TB, PNA, endocarditis, and a spectrum of skin and soft tissue infections, including DM foot and catheter related infections (PC, MK). Additional education includes learning where to turn for further information and updates on these diseases (i.e., online resources, landmark papers, core journals, subject matter experts), as well as participating in conferences, as outlined on the schedule (MK, PBLI). Other, less obvious, benefits of the rotation include understanding how the field of infectious disease works with other fields on issues such as hand washing, infection control, and environmental services (PBLI, ICS, SBP). Also, residents are expected to participate in helping to educate patients about their disease processes (PBLI, ICS).

General Guidelines and Expectations:
*Report on time
*Notify the team of any anticipated absences on day one of the rotation
*Perform consultative service tasks in a complete and timely manner
Suggested Readings:
Please refer to pulse for overview readings that will benefit you both prior to and during the rotation, such as an organism identification flowchart, as well as management for such presentations as catheter associated infections, acute infectious diarrhea, fever in the critically ill patient, or fever in the immunocompromised patient.

Additional Contact Information: Dr. Joseph DeSimone, Jr., MD
Joseph.DeSimone@jefferson.edu, 215-955-7785

ID Consult Service- Methodist

Primary Contact: Devin Weber, MD
Devin.Weber@jefferson.edu, 215-955-7785

Rotation Location: Methodist

Reporting Information: Please call scheduled attending physician the week before your rotation begins

Conferences:
1. Infectious Disease Management Conference (Fridays at 8:00am at 1015 Chestnut Street, Room 313)
2. Infectious Disease Core Curriculum Lecture ((Fridays at 9:00am at 1015 Chestnut Street, Room 313)

Rotation Overview: During the rotation in Infectious Disease (ID), residents and medical students will see inpatient consults that have a broad range of infectious disease problems from a simple case of Cellulitis to a more complicated, hospital acquired, multi-drug resistant infections. Additionally, trainees will follow the patients’ inpatient courses for continuity of care. Residents and medical students will participate in mini-presentations on various general Infectious Disease topics that are encountered on rounds.

Goals and Objectives:
1. The goal of this rotation is to give residents and students education and experience diagnosing and managing inpatient Infectious Disease pathology, exposure to microbiologic diagnosis of infectious disease, and experience treating HIV patients in the outpatient setting. (PC, MK)
2. Understanding antibiotic selection and therapy and familiarity with major classes, choosing appropriate antibiotics and monitoring for antibiotic toxicities. (PC, MK)
3. Understanding basic principles of infection control. (PBLI, SBP)

General Guidelines and Expectations: Residents and medical students are expected to adhere to daily rounds on the inpatient service in a timely fashion, actively participate in discussions surrounding patient care, attend weekly Infectious Disease conferences, prepare presentations on assigned topics, and develop a thoughtful differential as well as a management plan of common Infectious Disease problems.

Additional Contact Information: Dr. Joseph DeSimone, Jr., MD
Joseph.DeSimone@jefferson.edu, 215-955-7785
Medical Education Elective

Primary Contact: Gretchen Diemer, MD
805 College, 215-955-7699, gretchen.diemer@jefferson.edu

Rotation Location: TJUH

Reporting Information: (Individualized schedules will be sent prior to start of the rotation.) There will also be an orientation on the first day of the rotation.

Conferences (if applicable):
2-3 times/week education seminars in 803 College
Grand rounds Thursdays at 12 noon
Resident conferences when schedule allows

Rotation Overview:
Residents will receive instruction on various education topics including lecturing / PowerPoint presentation, small group discussions, clinical reasoning, bedside teaching, teaching professionalism, learning theory, feedback and evaluation. Residents will also participate in hands-on education opportunities for multiple levels of learners in varied settings including a longitudinal small group with MS3s, and several large group presentations to MS3s and MS4s. Residents will get personalized feedback on each teaching encounter.

Goals and Objectives:
1. The resident will gain exposure to several learning theories relevant to various aspects of medical education. (PBLI)
2. The resident will practice setting expectations and giving feedback to learners. (PBLI, ICS)
3. The resident will lead large and small group discussions and receive feedback on their performance from faculty preceptors. (MK, PBLI, ICS)
4. The resident will identify ways to actively role model appropriate professional behavior and clinical diagnostic reasoning for their learners. (ICS, P)

General Guidelines and Expectations:
Residents on this rotation will be given a syllabus of pertinent articles for reading and reference. They will be given adequate preparatory time for their teaching requirements and be required to participate in seminars. They will be required to give feedback to the other participants on the elective.

Additional Contact Information:
Debbie Bizup (deborah.bizup@jefferson.edu)
Emily Stewart, MD (emily.stewart@jefferson.edu)

This elective is offered twice per year, with a limit to the number of residents per block. Blocks fall naturally for pods 1 and 3, but not for Pod 2. As such, pod 2 residents have already been assigned to the elective.

**This is a required elective for members of the Medical Education Career Pathway.
Nephrology

Nephrology Consults

Primary Contact: Rakesh Gulati, MD  Rakesh.Gulati@jefferson.edu

Rotation Location: TJUH

Reporting Information: Contact the Renal Consult fellow at the start of the rotation for specific reporting instructions.

Conferences (if applicable): Residents are expected to be present at daily morning report and noon conferences as clinical duties allow.

Rotation Overview: Residents will assess and manage hospitalized patients presenting with acute and chronic renal disease, in addition to electrolyte, acid-base and hypertensive disorders at TJUH.

Goals and Objectives:
- Identify when it is necessary and appropriate to consult a nephrologist in an inpatient setting. (MK, SBP)
- Perform initial and follow-up evaluation of patients referred for renal consultation. (PC)
- Improve and solidify knowledge of renal pathophysiology, as well as the diagnosis and treatment of various types of acute and chronic kidney disease. (MK, PBLI)
- Gain an understanding of how to effectively order and interpret various diagnostic tests to assess for kidney disease including urinalysis, serum and urine chemistries, arterial blood gases, renal imaging and renal pathology. (MK, PBLI)
- Identify when patients need initiation of dialysis. (MK)
- Communicate the plan of care effectively with referring attendings or housestaff. (ICS)
- Participate actively in rounds with the renal consult team and attend weekly renal conferences. (P)

Outpatient Nephrology

Primary Contact: Rakesh Gulati, MD  Rakesh.Gulati@jefferson.edu

Rotation Location: 833 Chestnut St, Suite 700

Reporting Information: Contact Dr. Gulati prior to the start of the rotation for specific reporting instructions. He can be contacted via email.

Conferences (if applicable): Residents should attempt to be present at daily morning report and noon conferences as clinical duties allow.
**Rotation Overview:** Residents will assess and manage acute and chronic renal disease in the outpatient setting while working with different attending nephrologists during their two week rotation.

**Goals and Objectives:**
- Identify when it is necessary and appropriate to consult a nephrologist in an outpatient setting. (MK, SBP)
- Perform initial and follow-up evaluation of patients referred for renal consultation. (PC)
- Improving and solidifying knowledge of renal pathophysiology, as well as the diagnosis and treatment of various types of acute and chronic kidney disease, in addition to evaluation and management of electrolyte and hypertension disorders. (MK, PBLI)
- Gain an understanding of how to effectively order and interpret various diagnostic tests to assess for kidney disease. (MK)
- Identify when patients need initiation of dialysis, referral for renal transplant or undergo renal biopsy. (MK)
- Communicate the plan of care effectively with referring physicians. (ICS)
- Identify when patients in the ambulatory setting should be admitted to the hospital or sent to the ER for further evaluation. (MK, SBP)

**Renal Transplant Service**

**Primary Contact:** Anju Yadav, MD anju.yadav@jefferson.edu

**Rotation Location:** TJUH; Renal Transplant Clinic, 833 Chestnut St. 1st floor

**Reporting Information:** Contact the Renal Transplant fellow at the start of the rotation for specific reporting instructions.

**Conferences (if applicable):** Residents are expected to be present at daily morning report and noon conferences as clinical duties allow.

**Rotation Overview:** Residents will assess and manage post-transplant patients hospitalized at TJUH and evaluate renal transplant patients in the outpatient setting on Tuesdays and Fridays in transplant clinic.

**Goals and Objectives:**
1. Perform initial and follow-up evaluation of patients referred for post-renal transplant consultation. (PC)
2. Improving and solidifying knowledge of renal pathophysiology, as well as the diagnosis and treatment of various types of acute and chronic kidney disease. (MK, PBLI)
3. Gain a better understanding of the unique care of post-transplant patients including management of immunosuppression, prophylaxis, and rejection. (MK)
4. Gain an understanding of how to effectively order and interpret various diagnostic tests to assess for kidney disease. (MK)
5. Identify when patients need initiation of dialysis. (MK)
6. Communicate the plan of care effectively with referring attendings or housestaff. (ICS)
7. Participate actively in rounds with the renal transplant team. (P)

**Filippone Renal**

**Primary Contact:** Dr. Filippone  [edward.filippone@jefferson.edu](mailto:edward.filippone@jefferson.edu)  Cell: 215-906-4241

**Rotation Location:** 2228 South Broad St. and TJUH

**Reporting Information:** Contact Dr. Filippone prior to start of block to arrange meeting time and place.

**Conferences (if applicable):** Residents should attempt to attend conferences as clinical duties allow.

**Rotation Overview:**
Residents will work under the direction of Dr. Filippone in his private practice with Dr. Newman and assist him in caring for both hospitalized and ambulatory nephrology patients. Residents will round daily at Jefferson on Dr. Filippone’s inpatient consultative service (nephrology, dialysis, and renal transplantation). Three days a week, in the afternoon, residents will care for patients in Dr. Filippone’s nephrology office in South Philadelphia. The elective is NOT available during the July and August months.

**Goals and Objectives:**
1. Identify when it is necessary and appropriate to consult a nephrologist in both an inpatient and outpatient setting. (MK, SBP)
2. Perform initial and follow-up evaluation of patients referred for renal consultation. (PC)
3. Improving and solidifying knowledge of renal pathophysiology, as well as the diagnosis and treatment of various types of acute and chronic kidney disease. (MK, PBLI)
4. Gain an understanding of how to effectively order and interpret various diagnostic tests to assess for kidney disease. (MK)
5. Identify when patients need initiation of dialysis. (MK)
6. Participate in the care of kidney transplant patients (PC, P)
7. Communicate the plan of care effectively with referring attendings or housestaff. (ICS)
Palliative Care

Primary Contact: John Liantonio, MD  john.liantonio@jefferson.edu

Rotation Location: TJUH

Reporting Information: Call the palliative care service phone at (267) 239-6421 prior to starting the rotation to make arrangements to meet the team.

Conferences (if applicable):
- All rotators will meet Monday morning at 1015 Walnut Street, Suite 401 at 9 AM for morning rounds unless a holiday.
- Didactic lectures: Thursday 10 am - 1 pm (time permitting; if missing noon conference contact chiefs)

Rotation Overview:
Palliative Care is specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from symptoms, pain, and stress of a serious illness- whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses, and other specialists who work with a patient’s other doctors to provide an extra layer of support. Palliative Care is appropriate at any age and at any stage of serious illness, and can be provided together with curative treatment. Palliative Care can aid in coordinating challenging care decisions regarding the use of life-prolonging treatments, matching treatment options to patient goals, navigating complex family dynamics, and alleviating difficult to manage symptoms. Residents on this rotation will complete palliative care consults on patients hospitalized with a variety of medical illnesses.

Goals and Objectives:
- Be comfortable with advance care planning/DNR Orders (MK)
- Make recommendations for pain management, balancing patient comfort with avoidance of excessive sedation. (PC, MK)
- Recognize and address anxiety and depression, when present. (PC, MK, PBLI)
- Respond to spiritual and existential concerns confronting both the patient and the bereaved. (PC, ICS, P)
- Offer support to family members, with special attention to the needs of children, immediate family, life partners, and the elderly. (PC, ICS, P)
- Assist in home-care arrangement. (PC)
- Become familiar with options for follow-up counseling for the bereaved. (MK)
- Assist in establishment of appropriate Power of Attorney for ethical and legal decision-making (MK, PC, ICS)

General Guidelines and Expectations: This is a predominantly inpatient consultation experience. Individuals interested in focused outpatient time should contact the above individuals prior to rotation to see if coordination is possible. For solely outpatient experience please contact brooke.worster@jefferson.edu. All rotators will participate in weekly fellowship didactic on Thursday AM from 10 AM-1 PM unless other obligations.

Additional Contact Information: contact Janet Long (Janet.long@jefferson.edu) and/or John Liantonio (John.liantonio@jefferson.edu) prior to starting rotation with any concerns or questions.
Pathology

Primary Contact: John L. Farber, MD
John.Farber@jefferson.edu, 215-503-5066

Rotation Location: 132 S. 10th Street, Main Building, Suite 285

Reporting Information: Contact Dr. Farber the weekday prior to the beginning of the rotation to arrange a meeting time and schedule.

Conferences:
Tuesday 7:30 am – Pulmonary
Tuesday 7:45 am – Heme/Onc
Tuesday 11 am – Nephrology
Friday 1 pm – Hepatology
1st Thursday of the month 8 am – Bone and Soft Tissue

Rotation Overview: The resident will have the opportunity to study, in greater detail, a variety of pathology, including surgical, autopsy, and cytopathology. Additionally, there is a great deal of self-study to focus on topics of particular interest, but with overall guidance by Dr. Farber and the intent of drawing clinical-pathologic correlations.

Goals and Objectives: The goal of this rotation is to provide an overview of various pathologies in a number of different forms to provide a comprehensive foundation pertinent to medicine residents. (MK) It is expected that residents will become more comfortable with basic pathology components, including cell injury, inflammation, neoplasia, developmental and genetic diseases, environmental and nutritional pathology, and hemodynamic disorders. It is possible to rotate through the various services within the department, including Surgical Pathology, Autopsy Pathology, and Laboratory Medicine, with an emphasis on the gross and microscopic aspects of various disease states and clinical-pathologic correlation. Additionally, there are a number of departmental and interdepartmental teaching and patient conferences. (PBLI) In the past, this rotation has been of particular interest for those residents interested in pulmonology, nephrology, GI/hepatology, transplant cardiology or any transplant medicine, and/or basic science research.

General Guidelines and Expectations:
*Report daily (P)
*Attend educational conferences throughout the block (P)
*Independent self-study of pathology (PBLI)
Pulmonary/Critical Care

Critical Care

Primary Contact: Michael Baram; Michael.Baram@jefferson.edu

Rotation Location: TJUH

Reporting Information: Please contact the critical care fellow the day prior to starting the rotation to arrange a meeting time and location.

Conferences (if applicable):
- Monday 7:30 sign in
- Tuesday: 7:30 Chest conference at 834 Walnut Street Suite 650
- Friday 7:30 ICU Conference Room, Critical Care Conference
- Rest of week- please see fellows schedule

Rotation Overview:
Residents will work along with the critical care fellow overseeing the care of patients in the critical care units that are not already under the direct care of medical residents (e.g. BMT, NICU, and SICU patients). They will also be able to participate in the procedures (including bronchoscopies) required for the care of these patients.

Goals and Objectives:
The resident should begin to have a general understanding in the management of: (MK)
- Shock syndromes
- Sepsis and sepsis syndrome
- Hypertensive emergencies
- Acute and chronic respiratory failure
- Acute metabolic disturbances, including overdosages and intoxication syndromes
- Multi-organ system failure
- Electrolyte and acid-base disorders
- Metabolic, nutritional, and endocrine effects of critical illnesses
- Hematologic and coagulation disorders associated with critical illness
- Management of the immunosuppressed patient
- Hemodynamic and ventilatory support of patients with organ system damage
- The use of paralytic agents and sedative and analgesic drugs
- Health care associated pneumonia
- Critical obstetric and gynecologic disorders
- Renal replacement therapy
- Airway management
- The use of a variety of positive pressure ventilatory modes including:
  - initiation, maintenance, and weaning of ventilatory support;
  - respiratory care techniques; and
  - withdrawal of mechanical ventilatory support
- The use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
● Flexible fiberoptic bronchoscopy in the ICU
● Operation of bedside hemodynamic monitoring systems
● Nutritional support
● Imaging techniques commonly employed in the evaluation of patients with critical illness and/or pulmonary disorders
● Pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness.
● Detection and prevention of iatrogenic and nosocomial problems in critical care medicine.

General Guidelines and Expectations:
● The resident is to arrive to work on time.
● The resident is to dress in an appropriate and professional fashion.

Inpatient Pulmonology Consults

Primary Contact: Michael Baram; Michael.Baram@jefferson.edu

Rotation Location: TJUH

Reporting Information: please page the consult fellow the day before you start the rotation

Conferences (if applicable):
Monday 7:30 sign in
Tuesday: 7:30  Chest conference at 834 Walnut Street Suite 650
Friday 7:30 ICU Conference Room, Critical Care Conference
Rest of week- please see fellows schedule

Rotation Overview: Residents will see inpatient consults with the academic pulmonology group at TJUH.

Goals and Objectives:
● Master pulmonary-focused H&P's (PC)
● Master treatment plans including timeframe for return visits and necessity for further diagnostic testing for outpatients (MK)
● Gain knowledge in the evaluation and management of inpatients with: (MK)
  ○ obstructive lung diseases, including asthma, bronchitis, emphysema, bronchiectasis
  ○ pulmonary malignancy -- primary and metastatic
  ○ pulmonary infections, including tuberculosis, fungal, and those in the immunocompromised host
  ○ diffuse interstitial lung disease
  ○ pulmonary vascular disease, including primary and secondary pulmonary hypertension and the vasculitis and pulmonary hemorrhage syndromes
  ○ occupational and environmental lung diseases
  ○ iatrogenic respiratory diseases, including drug-induced disease
- acute lung injury, including radiation, inhalation, and trauma
- genetic and developmental disorders of the respiratory system, including cystic fibrosis
- pulmonary manifestations of systemic diseases, including collagen vascular disease and diseases that are primary in other organs
- lung transplantation
- disorders of the pleura and the mediastinum
- sleep disorders, including the recognition and differential diagnosis of common sleep symptoms, the effects of sleep on pulmonary diseases and treatments, and basic interpretation of cardiopulmonary monitoring
- pulmonary embolism and pulmonary embolic disease.

- Residents will be able to complete basic interpretation of pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies, and to understand the appropriate ordering of thoracentesis and the ability to interpret radiologic studies of the chest, including chest radiographs and CT studies.

**General Guidelines and Expectations:**
- Develop a communication style that will engender trust, understanding, and compliance. Respect patient confidentiality. (ICS, P)
- Respect colleagues and staff members (P)

**Outpatient Pulmonology**

**Primary Contact:** Constant (Connie) Pedicone constance.pedicone@jefferson.edu 215-955-6591

**Rotation Location:** 834 Walnut St, Suite 650

**Reporting Information:** Please contact Dr. George 1 week prior to reporting for the rotation to determine a schedule. An example schedule would be:

<table>
<thead>
<tr>
<th>DAY</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Dr. Kavuru</td>
<td>Dr. Kumar</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Dr. Scharf (shadowing)</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>Dr. Kane</td>
<td>Dr. Mangione</td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td>Dr. Weibel</td>
</tr>
<tr>
<td>Friday</td>
<td>PFT lab</td>
<td>PFT lab</td>
</tr>
</tbody>
</table>

**Conferences (if applicable):**
- Monday 7:30 sign in
- Tuesday: 7:30 Chest conference at 834 Walnut Street Suite 650
- Rest of week- please see fellows schedule
Rotation Overview:
Pulmonary Medicine involves the diagnosis and treatment of patients with pulmonary disorders as well as systemic disorders that affect the respiratory system. This includes primary care of outpatients and inpatients suffering from these disorders, as well as consultative care of referred medical, surgical, or obstetrical patients. The purpose of this curriculum is to expose the trainee to a framework for acquiring the knowledge and the skills to become a competent practitioner in the subspecialty of pulmonary medicine if he/she should choose to train further in pulmonary medicine.

Goals and Objectives:
- Apply pertinent basic science principles to patients in regards to pulmonary medicine. (MK, PBLI)
- Analyze pathophysiological principles to understand the origin of signs and symptoms of pulmonary diseases. (MK)
- Apply basic pharmacological principles to the treatment of pulmonary diseases. (MK)
- Competence in the prevention, evaluation and management of outpatients with the following: (MK, PC, SBP)
  1. Obstructive lung diseases, including asthma, chronic bronchitis, emphysema, bronchiolitis, and bronchiectasis.
  2. Pulmonary malignancy -- primary and metastatic.
  3. Pulmonary infections, including tuberculosis, fungal, and those in the immunocompromised host (e.g., human immunodeficiency virus-related infections).
  5. Pulmonary vascular disease, and pulmonary hypertension.
  6. Occupational and environmental lung diseases.
  8. Pulmonary manifestations of systemic diseases, including collagen vascular disease and vasculitis.
 10. Initial evaluation of disorders of the pleura and the mediastinum.
 11. Preoperative pulmonary evaluation.
 12. The performance and basic interpretation of pulmonary function tests including spirometry, lung volume assessment, diffusion capacity and cardiopulmonary exercise testing.

General Guidelines and Expectations:
- Resident/Intern is to abide by Jefferson Medical College’s Code of Professional Conduct. (P)

Additional Contact Information:
Gautum George; Gautum.George@jefferson.edu
Nancy Actman 215-955-1672

**This is a recommended elective for members of Primary Care Career Pathway.
Rheumatology

**Primary Contact:** Sally Pullman-Mooar, M.D.
1015 Walnut St.
Phone: 215-955-1410
Sally.Pullman-Mooar@jefferson.edu

**Rotation Location:** TJUH

**Reporting Information:**
The resident should contact the rheumatology fellow, pager 1-877-656-1311, on the day prior to arrange for a meeting time and place for day one of the rotation. Please also reach out to Lynette Simmons ([Lynette.Simmons@jefferson.edu](mailto:Lynette.Simmons@jefferson.edu)) to let her know you will be in clinic starting the following week.

**Conferences (if applicable):**
Lectures, Journal Club, Case discussions take place on Thursdays from 10:30 AM to 1:00 PM at the Pulmonary Division Conference Room

**Rotation Overview:**
The resident will complete inpatient consultations with the Rheumatology team and spend 3 sessions a week in the Rheumatology outpatient clinic.

**Goals and Objectives:**
Residents will learn the basic principles of treating common rheumatology disorders and performing detailed physical examinations of joints and muscle groups, eg septic arthritis, drug side effects, osteoporosis, management/evaluation of polyarthritis as well as common msk issues (eg approach to shoulder pain, knee pain etc).

**General Guidelines and Expectations:** NA

**Additional Contact Information:**
Rheumatology Administration Office: Lynette.Simmons@jefferson.edu

**This is a recommended elective for members of Primary Care Career Pathway.**
Neurology

Neurology Consults

Primary Contact: Jeffrey Ratliff, MD. Jeffrey.Ratliff@jefferson.edu

Rotation Location: TJUH

Reporting Information: Please page the neuro consult pager, long range pager: 877-656-5138, the day before you start the rotation to get reporting instructions. The pager is answered from 8-5, Monday through Friday.

Conferences (if applicable): Resident conferences as possible.

Rotation Overview:
Residents will participate with the inpatient neurology consult team at TJUH. They will encounter multiple disease processes including dementia, delirium, post-neurosurgical complications, neurologic complications of systemic disorders, toxic-metabolic states, headaches, dizziness, seizure, syncope, neuropsychiatric disorders, infectious diseases involving the nervous system, Parkinson’s disease, and stroke syndromes.

Goals and Objectives:
● Perform and document a complete history including chief complaint, history of present illness, past medical history, review of systems, family history, medication review, and social history. (PC, MK)
● Perform and document a complete physical exam including vital signs, pertinent general exam, and neurological exam including mental status, cranial nerves, motor, sensory, reflexes, and coordination/gait. (PC, MK)
● Generate an expanded differential, diagnostic approach, and therapeutic plan related to these findings. (PC)

Radiology and Neuroradiology

Primary Contact: Pamela Coyle, education coordinator; 215-955-5449
Pamela.Coyle@jefferson.edu

Rotation Location: TJUH

Reporting Information: Days start at 8:30 AM and end around 5:00 PM; If you have a specific interest, you must email or call Ms. Coyle to arrange a particular schedule. This includes anyone with interest in neuroradiology or interventional radiology. However, the radiology department also invites residents to come to their readings rooms each day to self-identify residents, fellows, and attendings with whom you can work.
Conferences (if applicable): resident conferences as possible

**Rotation Overview:** Residents will work with the radiology department in multiple areas including Chest, Bone (MSK), CT, MRI, Fluoroscopy, Neuroradiology, Nuclear Medicine, Mammography, Ultrasound, and Interventional Radiology. They will work with residents, fellows and faculty during interpretation of diagnostic images and have the opportunity to observe patients undergoing imaging procedures.

**Goals and Objectives:**
- To observe and participate in the interpretation of multiple different imaging modalities (MK)

**General Guidelines and Expectations:** NA

**Additional Contact Information:** NA

---

**Stroke**

**Primary Contact:** Jeffrey Ratliff, MD. [Jeffrey.Ratliff@jefferson.edu](mailto:Jeffrey.Ratliff@jefferson.edu)

**Rotation Location:** TJUH

**Reporting Information:** Please text the senior stroke phone number (215-554-4605) the day before you start the rotation to get reporting instructions. Generally will report to stroke work room, which is located on the 6th floor of JHN.

**Conferences (if applicable):** Stroke Conference on Wednesdays 7-8am. Resident conferences as possible.

**Rotation Overview:**
During this rotation, residents will work on the inpatient stroke team at JHN. They will learn to manage acute post-ischemic and hemorrhagic stroke patients, order appropriate diagnostic workup, and become familiar with the approach to antiplatelet and anticoagulation medications. Interpretation of basic radiographic studies such as CT and MRI as pertains to workup will be taught.

**Goals and Objectives:**
- Perform and document a complete physical exam including vital signs, pertinent general exam, and neurological exam including mental status, cranial nerves, motor, sensory, reflexes, and coordination/gait. (PC, MK)
- Manage patients presenting with acute CVA, including blood pressure control and modification of secondary stroke risk factors (MK, PBLI)
- Demonstrate comfort with the standard workup for acute ischemic events. Develop an understanding of how these results influence selection of antiplatelet or anticoagulation agent (MK, PBLI)
- Develop an understanding of when vascular neurosurgical consultation is appropriate (IPCs, SBP).
Resident Research Scholar Program

Primary Contacts:

Raymond Penn, PhD. Raymond.Penn@jefferson.edu
Christopher Henry, MD. Christopher.Henry@jefferson.edu

Rotation Location: TJUH (will vary depending upon mentor/project)

Reporting Information: Will be provided in advance of the rotation and will vary at the discretion of the assigned project mentor

Rotation Overview:
The Thomas Jefferson University Department of Medicine Residency Research Scholar Program provides the opportunity for PGY2 or PGY3 residents to engage in mentored research projects. Scholars are chosen on a competitive basis after submitting an application to the Research Scholar Program during their first or second year of residency for a rotation that will begin the following academic year. Research will be conducted within the lab of an appointed program mentor whose research expertise ranges from basic to clinical research. Mentors will offer and pair residents with projects of clinical relevance suitable for limited elective time.

Goals and Objectives
- Receive instruction and practical experience in basic, translational, or patient-centered investigation in a resource-rich and mentored environment
- Provide training in fundamental techniques in a wide range of disciplines reflecting the multi- and cross-disciplinary nature of biomedical research
- Foster research career opportunities for residents.

General Guidelines and Expectations
- Training will follow a predetermined schedule.
- A detailed laboratory notebook will be maintained.
- After conclusion of each academic year, residents will present their research at a seminar inclusive of all that year's Research Scholar Program participants.
- For residents participating the same lab for two consecutive years, the hope is the project will result in the submission of an abstract to a scientific meeting or an authored manuscript to a peer-reviewed journal.

Mentors and Available Projects: Faculty mentors, corresponding lab projects, and additional information regarding expectations and outcomes are detailed below:
- Jason Choi Laboratory
- Deepak Deshpande Laboratory
- Ajay Nayak Laboratory
- Raymond Penn Laboratory
- Tonio Pera Laboratory
- Maria Ramirez Laboratory
- Mudit Tyagi Laboratory
- Jonathan Woo Laboratory
**Application Process:** Please download and fill out the application by August 31 for the first half (July-December) of the upcoming academic year or by November 30 for the second half (January-June) of the upcoming academic year, so your schedule can be made accordingly. Please email the finished application to both Debbie Bizup Deborah.bizup@jefferson.edu and Christopher Henry Christopher.henry@jefferson.edu

**Additional Contact Information:** Deb Bizup (deborah.bizup@jefferson.edu)
Sleep Medicine

**Primary Contact:** Amanda Robinson; 215-955-4847
(Amanda.robinson@jefferson.edu)

**Rotation Location:** Jefferson Sleep Disorders Center

**Reporting Information:** Please email Amanda Robinson, the educational coordinator for the sleep disorders center, at least one week before you start the rotation. Please send her your contact information, including your cell phone and pager.

**Conferences (if applicable):** Didactic Sessions are held on Wednesday am. Sessions include, but are not necessarily limited, to

  i. PSG conference
  ii. Case conference
  iii. Journal Club
  iv. Core Lectures
  v. Psychiatry Grand Rounds

**Rotation Overview:**
Residents will participate in patient care at the sleep center. Inpatient consultations may occur but are rare.

**Goals and Objectives:**
Residents will be able to

- review polysomnographic studies with the Chief Sleep Medicine Fellow and the Chief Technician every morning; (MK)
- shadow a sleep technician on at least 2 nights during your rotation to learn how a sleep study is set up and conducted. (MK)

**Only 1 resident may be scheduled per block. The sleep center must receive notification of any residents rotating there at least 1 month prior to their start date.**

**This is a recommended elective for members of Primary Care Career Pathway.**
Women’s Health

Primary Contact: Swati Shroff, MD. swati.shroff@jefferson.edu

Rotation Location: *Will vary day to day; refer to calendar sent by Ms. Deborah Bizup

Reporting Information: *Will vary day to day; refer to calendar sent by Ms. Deborah Bizup

Conferences (if applicable): Residents should attend morning report and noon conferences as possible. Residents should also attend a women’s health case-based conference on Thursday mornings from 10A to 11:30A; cases and readings will be available to review prior to these sessions.

Rotation Overview:
This multidisciplinary Women's Health elective is designed to give residents exposure to a variety of topics that are either unique to or present differently in women. This two week outpatient rotation will provide an opportunity to gain exposure to various areas of Women’s Health, including Primary Care, Breast Health, Gynecology, Cardiology, Dermatology, Endocrinology, Gastroenterology, Hematology & Oncology, Nephrology, Pulmonology, Sleep Medicine, Urology, and Psychiatry.

Goals and Objectives:
- To understand the diagnosis of common women’s health complaints
- To describe the management of common women’s health complaints
- To contrast how illnesses may present differently in women compared to men

General Guidelines and Expectations:
- To attend and actively participate in all assigned sessions and conferences

Additional Contact Information: Deb Bizup (deborah.bizup@jefferson.edu)