Jefferson Internal Medicine
Inpatient Elective Guide
2026-2027

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Acute Pain Management

Primary Contact: Dr. Tim Kuchera (timothy.kuchera@jefferson.edu)

Rotation Location: TJUH Center City Campus, including JHN

Reporting Information: You will receive a schedule from Deb Bizup prior to your rotation

Rotation Overview:
During this elective residents (PGY 2-3) 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: Dr. Tim Kuchera (timothy.kuchera@jefferson.edu)

Rotation Location: TJUH Center City Campus, including JHN

Reporting Information: You will receive a schedule from Deb Bizup prior to your rotation

Rotation Overview:
During this elective residents (PGY 2-3) 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:

- Determine cardiac non-cardiac medical risk prior to urgent and elective surgeries using clinical judgment and appropriate guidelines
- Provide recommendations for medical optimization prior to urgent and elective surgeries

- Communicate with patients and surgeons about surgical risk, including when delivering a recommendation that surgery should be delayed or reconsidered
- Complete 5 perioperative risk assessments under attending supervision

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: Dr. Tim Kuchera (timothy.kuchera@jefferson.edu)

Rotation Location: TJUH Center City, Magee, Vitas

Reporting Information: You will receive a schedule from Deb Bizup prior to your rotation

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 (PGY 2-3) 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)

****This is a required elective for members of the Hospitalist Career Pathway.**

Acute Care Models

Primary Contact: Dr. Tim Kuchera (timothy.kuchera@jefferson.edu)

Rotation Location: TJUH Center City Campus, including JHN

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

Rotation Overview:
This elective will introduce residents (PGY 2-3) to models of inpatient care different from the general teaching hospitalist model with which they are familiar from green/silver medicine. They will rotate through the CDU to experience observation care and learn about specialty co-management by shifts with the Farber hospitalist 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.

- Farber Hospitalist Service – Residents will accompany Farber Hospitalist attendings to provide patient care to Neurosurgical, ENT, and ophthalmologic patients and learn about the nuances of medical-surgical co management strategies (PC, MK, SBP). This rotation will consist of direct medical care performed by the residents, shadowing of complicated multidisciplinary medical/surgical cases and informal didactics of relevant topics.
- Observation Service – Residents will accompany Emergency Medicine attendings to provide patient care to EM observation level patients and focus on efficient medicine and rapid disposition (PC, MK, PBLI)
- Bone Marrow Transplant Unit Service – Residents will shadow BMTU Hospitalists and observe the specialized care provided to patients by the multifaceted Bone Marrow Transplant team (PC, PBLI, SBP).

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 Medicine

Primary Contact: Dr. Tim Kuchera (timothy.kuchera@jefferson.edu)

Rotation Location: Methodist Hospital; potential option for Aria campuses
Reporting Information: You will receive a schedule from Deb Bizup prior to your rotation

Rotation Overview:
Residents (PGY 2-3) 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: Dr. Tim Kuchera (timothy.kuchera@jefferson.edu)

Rotation Location: TJUH Center City Campus, including JHN

Reporting Information: You will receive a schedule from Deb Bizup prior to your rotation

Rotation Overview:
Residents (PGY 2-3) 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)

Palliative Care

Course Director: Kathleen (Katie) Mechler, MD Kathleen.Mechler@jefferson.edu

Primary Contact: Brendon Parker (Education Coordinator) brendon.parker@jefferson.edu

Rotation Location: Inpatient wards of TJUH or MHD
Faculty: Dan Boron-Brenner, Mike Danielewicz, Zac Klock, Maggie Kreher, Angela Kuehn, John Liantonio, Gill Love, Katie Mechler, Megan Pogue
Reporting Information: Join morning rounds on your first day, see below for location

- Attend meetings from a private location where you can discuss patient information
- Professional attire on our rotation is either scrubs or business casual
- Typical days end at 5p though patient care can extend to 6p in rare occasions. No night or weekend expectations, major holidays are observed per Jefferson schedule.
- Additional rotation information available at: https://bit.ly/PC4JeffResidents

Weekly Schedule				
Monday	Tuesday	Wednesday	Thursday	Friday
9a Virtual Rounds[1] 10a-5p Consults	9a Virtual Rounds[1] 9:30a-5p Consults	9a Interprofessional Rounds[2] 10a-5p Consults	9a-12p Virtual Didactics[3] 12p-5p Consults	9a Virtual Rounds[1, 4] 10a-5p Consults
[1] On Teams **https://bit.ly/PCMorningMeeting** [2] In person at Family Medicine office, 1015 Walnut Suite 401, large front conference room, ring bell to be buzzed in [3] On Teams **https://bit.ly/GeriatricsPalliativeDidactic** [4] Twice monthly this is replaced by Reflection Rounds, same link as above morning meeting[1]				

Rotation Overview:
Palliative Care is specialized medical care for people with serious illnesses focused on providing patients with relief from symptoms, pain, and distress. The goal is to improve quality of life for both the patient and the family. Inpatient palliative care at Jefferson is provided by a team of doctors, nurses, social workers, pastoral care, and child life specialists. Palliative Care is appropriate at any age and at any stage of serious illness and can be provided together with curative treatment. Residents on this rotation will complete palliative care consults on patients hospitalized with a variety of medical illnesses. Consults may be for cancer pain management, other symptom management, psychosocial support, advanced care planning, hospice evaluation, or complex medical decision-making/goals of care. Learning occurs on teaching rounds, morning meetings, interprofessional rounds, difficult case discussions, journal clubs, Thursday morning didactics, and optional readings. Routine debriefs and reflection opportunities are provided to ensure resident well-being.

Goals and Objectives with corresponding ACGME competencies:

1. Complete a palliative care evaluation and assessment, including the physical (pain and non-pain symptoms, functional status), psychosocial, and spiritual domains (PC, MK, ICS)
2. Develop serious illness communication skills to create goal-concordant care plans, including navigating goals of care discussions, planning and leading family meetings, and discussing post-acute care options including hoe and inpatient hospice care (PC, MK, PBL, ICS, P, SBP)
3. Demonstrate ability to discuss advanced directives and know the process for determining legal decision-makers in the absence of an advanced directive in the state of PA (MK, SBP)
4. Develop a working knowledge of opioid equi-analgesic dosing as well as advanced non-opioid pain management options (PC, MK)
5. Identify signs and symptoms of worsening illness including signs of imminent death, for prognostication and for end of life symptom management (PC, MK, SBP)
6. Recognize and respond to emotion, including family and caregiver needs for psychosocial, grief, and spiritual support (PC, MK, ICS, P, SBP)
7. Demonstrate skill in professional consultation communications and interdisciplinary team care (PBL, ICS, P, SBP)

Method(s) of Evaluation: New Innovations performance evaluation by faculty

Learning Resources: available at https://bit.ly/PC4JeffResidents

Inpatient Medicine Consults

Primary Contact: Dr. Tim Kuchera (timothy.kuchera@jefferson.edu)
Secondary Contact: Dr. Newton Mei (newton.mei@jefferson.edu)
Rotation Location: TJUH Center City Campus

Reporting Information: You will report to the Farber Gibbon Office (9th floor, opposite the 10th street elevators through the doors and in the back) after morning report and discuss which patients to see with the Farber Medicine Consult Attending. You can also call 267-624-9878 or Secure Chat Farber Gibbon 3 if you need additional assistance

Rotation Overview:
This elective will introduce residents (PGY2-3) to the role of general medicine consultant in the inpatient setting. Residents will learn general principles of inpatient preoperative risk evaluation and management as well as evaluate and treat known and previously unrecognized medical problems in non-medicine patients. Additionally, residents will learn to appropriately perform a consult, communicate recommendations with the primary team, and determine if patients are appropriate for transfer to a medicine team. Residents will also have the opportunity to mentor and educate rotating senior (MS4) medical students who are on their perioperative and consultative medicine elective.

Goals and Objectives:

- Learn effective strategies to provide and communicate detailed and succinct recommendations to consulting teams (PC, ICS, P)
- Learn general inpatient preoperative risk assessment and be able to determine when a patient requires further medical optimization prior to an invasive procedure (PC, MK)
- Be able to identify which patients would benefit from a higher level of medical attention and require transfer to medicine team (PC)
- Learn to communicate recommendations and interface with consulting teams in an effective, productive and efficient manner (ICS, P)
- Demonstrate proficiency in evaluating and treating common medical problems that may arise in the perioperative period (PC, PBLI, MK)

General Guidelines and Expectations:

- Report on time
- Please notify Debbie Bizup of any anticipated absences two weeks prior to the rotation.
- Perform consultative tasks in a complete and timely manner

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

****This elective is limited to PGY-2 and PGY-3 residents**

Pre-Attendingship in Hospital Medicine Elective

Primary Contact: Dr. Timothy Kuchera (timothy.kuchera@jefferson.edu)

Rotation Location: TJUH Center City Campus – Gibbon Building, Pavilion Building, Thompson Building, Main Building

Reporting Information: You will report to the Hospital Medicine Gold office on your first day of inpatient clinical care. Rotators will be excused from morning report or noon conference.

Elective Overview:
The Hospital Medicine Pre-Attendingship Elective is intended to provide an in-depth learning experience closely simulating clinical care as the attending of record with minimal oversight. Pre-Attendings will act as the lead physician directly engaging in the medical, social, logistical, and financial aspects of inpatient care. They will focus on billing, coding, discharge milestones, and patient care co-management with advanced practice providers (APPs). PGY3 residents will experience the responsibility, medical decision-making pressures, and emotional rigors of a hospital medicine attending via self-directed learning, reflection, and high-fidelity simulation in direct near-autonomous patient care. Pre-attendings will be responsible for all patient care and communication.

Learning Objectives:

- -Reflect on and explore anxieties and concerns regarding transition from trainee to attending (PBLI2, P1, P3, P4).
- -Effectively document and appropriately capture CC/MCC rates that accurately illustrate patient disease severity (PC6, SBP2, PBLI1, ICS3).
- -Identify the processes by which medical services assessed for complexity and assigned a billing CPT code (PC4, PC6, SBP2, SBP3, ICS3).
- -Provide medical care to patients in a multidisciplinary team with advanced practice providers (APPs) (PC4, SBP2, SBP3, PC1, ICS2, ICS3).
- -Assign discharge milestones and collaborate with supporting staff to navigate social and logistical barriers to discharge (P4, SBP2, SPB3, P1, ICS1-3)
- -Deliver near-autonomous optimized, evidence-based, patient care with minimal oversight (PC1-4, PC6, MK1-3, SBP2-3, PBLI1-2, P1-3, ICS1-3)

General Guidelines and Expectations:

- Refer to the syllabus for specific expectations.
- Provide near-autonomous patient care including medical care, patient counseling, interdisciplinary discussion and coordination, documentation, billing and establishing discharge milestones.
- Report on time.
- Please notify Debbie Bizup and Dr. Kuchera of any anticipated absences four weeks prior to the rotation.
- This is a highly customized rotation. Please notify administration ASAP.

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

Advanced Heart Failure Elective (Inpatient)

Primary Contact: Gregory T Gibson, MD (Gregory.Gibson@jefferson.edu)

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

Rotation Overview:

- The resident will complete inpatient consultations with the team
  - LVAD/Transplant Clinic: Honickman Center, 9th Floor
- If there is an interest, can also join Amyloidosis clinic – Multidisciplinary clinic with Neurology, soon to be with Heme/Onc as well (happens once monthly on Monday afternoon)
- Can also join cardiopulmonary exercise stress test supervision and interpretation – if there is an interest
- RHC observation and interpretation – if there is an interest

Educational Objectives:

- To learn the pathophysiology, stages, and natural course of heart failure
- To learn the differential diagnoses of heart failure including restrictive, infiltrative, familial, peripartum, and toxin induced
- To learn the characteristic physical examination findings in heart failure as well as its limitations
- To learn the indications and contraindications of cardiovascular drugs used to treat heart failure as well as the clinical pharmacology and potential adverse effects.
- 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
- To learn the basics of interpreting hemodynamic data in patients with acute and chronic heart failure
- To learn the basic indications for cardiac transplantation and mechanical support devices, as well as the most common long and short term complications
- To develop a basic understanding of various cardiac assist devices.
- To learn management of cardiogenic shock

Goals and Objectives:

- The resident will be a member of the advanced heart failure team responsible for the inpatient evaluations of patients with heart failure
- 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)
- The fellow is responsible for initial evaluation, as well as follow-up of their patients, data review, and learning to synthesize management plans
- 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 the team of any anticipated absences on day one of the rotation.
- Perform consultative service tasks in a complete and timely manner

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

****This elective is limited to PGY-2 and PGY-3 residents**

Echocardiography

Primary Contact: Kara Rainey (Lead sonographer) kara.rainey@jefferson.edu, Praveen Mehrotra MD (Director of Echo Program)

Rotation Location: TJUH

Reporting Information: Residents should email Kara Rainey one week prior to the start of the elective with their contact information. Kara will provide more information about the daily schedule. The echo reading room is located on the 8th floor of Pavilion/Main.

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 the team of any anticipated absences on day one of the rotation and arrange coverage.

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

Cardiac Electrophysiology

Primary Contact: Kristen Ryder, Secretary - kristen.ryder@jefferson.edu and Dr. Behzad Pavri Behzad.Pavri@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

Rotation Overview:

- 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)
- Participate in evaluation and management of patients with arrhythmia, implanted devices and need for ablation. (PC, MK)
- Have opportunities to "scrub in" or observe EP procedures, depending on level of interest. (PC, MK)

- Participate in bedside interrogation of implanted pacemakers and defibrillators. (PC, MK)
- Participate in ECG conference on Wednesday mornings (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
- Hans Stabenau, MD 215-435-0138.
- Reginald T. Ho, MD, 215-955-7303
- Daniel Frisch, MD, 215-955-0531

Interventional Cardiology

Primary Contact: Nicholas Ruggiero, MD; Nicholas.Ruggiero@jefferson.edu 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.

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
- They can round on the structural heart disease service and observe the structural heart procedures

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.
- Residents will be expected to complete histories and physical examinations pertinent to catheterizations and focus on the indications and contraindications for the various procedures.

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 the team of any anticipated absences on day one of the rotation and arrange coverage.
- Perform consultative service tasks in a complete and timely manner

****This rotation is limited to PGY2 and PGY3 residents with an interest in cardiology fellowship. Two residents can be scheduled for one block.**

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

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).
- Residents will develop their skills in providing consultative care and communicating recommendations to the primary team.

General Guidelines and Expectations:

- Report on Time
- Notify the 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 Wiener, MD; David.Wiener@jefferson.edu

Inpatient Endocrinology

Primary Contact:
Veronica Durham - Fellowship Coordinator; veronica.durham@jefferson.edu 215-955-5752
Monika Shirodkar, MD - monika.shirodkar@jefferson.edu

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

Conferences:
Friday Forum at 7:15 AM
Thyroid Conference -1st Wednesday of the month at 7AM

Rotation Overview:
Residents will see patients in an inpatient setting and learn about 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
- Engagement and interest in learning Endocrine disorders and management

****This rotation is limited to one resident per block.**

Inpatient Hepatology

Primary Contact: Educational Coordinator, Colin Shebby Colin.Shebby@jefferson.edu

Rotation Location: TJUH
Reporting Information: The resident should contact the hepatology fellow on the day of the rotation after Morning Report to arrange for a meeting place.

Conferences: (Please confirm location with fellow or attending on service when you start**)**

- 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: Jonathan Fenkel, MD – jonathan.fenkel@jefferson.edu

Inpatient Gastroenterology

Primary Contact: Educational Coordinator, Colin Shebby Colin.Shebby@jefferson.edu, Robert Coben, MD
Rotation Location: 480 Main Building/TJU

Reporting Information: Residents should contact the Educational Coordinator before the rotation and the fellow on the appropriate service

Conferences:
Residents may attend scheduled GI conferences as schedule allows.

GI Conference schedule includes:

- Daily noon conference (including M&M, Literature Review, Journal Club, IBD Conference, Endoscopy Conference, Pathophysiology, Core Curriculum)
- 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 or 2). 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 a timely and satisfactory manner. Attentive, focused and inquisitive residents will excel. Gastroenterology comprises 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 The Educational Coordinator and they will do their best to honor these requests on a first come, first serve basis.

Methodist Inpatient GI

Primary Contact: Dr. Rich Denicola, richard.denicola@jefferson.edu, (201)-960-2080

Rotation Location: Methodist Hospital

Rounding Attendings: Monjur Ahmed MD, Rich Denicola MD, Brian Karp MD, Cecilia Kelly MD, Kristen Singer MD

Reporting information: On the first day of the rotation, report to the GI endoscopy unit on the 2nd floor at 8:00 AM. Follow signs to "Endoscopy and Colonoscopy." Ask the charge nurse to text the rounding attending of the day for you.

Roles and Expectations: Each day you will be expected to see new outpatients as assigned by the clinic attending. By the end of the rotation you 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). You will be expected to write full clinic notes and co-sign to the clinic attending (SBP). Familiarizing yourself with guidelines and societal recommendations pertinent to the visit is highly recommended (MK). You will also be given the opportunity to observe various outpatient endoscopies for a few half sessions if interested.

Conferences:
- Since this is an off-site rotation, you are excused from residency Morning Report. You should zoom into Noon conference. Let the chief know if you are going to the daily GI noon conference instead.

- In addition to bedside teaching during rounds, you will have two formal lectures given by the rounding attending and GI fellow during the month. Topics may include Dyspepsia, GERD, Pancreatitis, Acute Diarrhea, Chronic Diarrhea, Cirrhosis, Celiac disease, GI bleeding.
- It is highly recommended that you also attend the daily GI noon conference via zoom (including Literature Review, Journal Club, IBD Conference, Endoscopy Conference, Pathophysiology, Core Curriculum). These lecture series will cover high yield topics for both the Internal Medicine and Gastroenterology specialty board exams.
- You may also choose to attend the 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). Please contact Educational Coordinator, Colin Shebby Colin.Shebby@jefferson.edu if you have not received the link for these lectures which are sent on a weekly basis (typically on Fridays).

Other Contacts: Educational Coordinator, Colin Shebby Colin.Shebby@jefferson.edu

Infectious Diseases Consults

Primary Contact:
Devin Weber, MD
Devin.Weber@jefferson.edu, 215-503-8575

Additional Contact Information:
Sean Moss, MD- Transplant rotation
Sean.Moss@jefferson.edu, 215-503-8575

Administrative Contact:
Christina Melton, Division Administrator
Christina.Melton@jefferson.edu, 215-503-8575

Rotations Offered:
- General-Critical care/Green service - all residents
- Substance Use Disorder Infections/ Silver service- all residents
- Surgical/ Blue service - all residents
- Methodist Hospital – all residents
- General-Critical care/ Red service- all residents
- Transplant ID Service - motivated PGY 2/3 residents interested in a career in ID
- General-Neuro/ Gold service- motivated PGY 2/3 residents interested in a career in ID

Rotation Location:
ID Office: Honickman Center, 11th Floor
- Consults are for the Gibbon/Pavilion/Thompson buildings with the exception of the Methodist team, which will be based at Jefferson Methodist Hospital and the Gold team which also covers Jefferson Hospital for Neuroscience.

Reporting Information:
- Secure Chat the ID fellow and/or attending on Qgenda the morning of your rotation to confirm meeting time and schedule. We advise that you reach out to us before your morning conference.

Conferences:
- Wednesday 11 am: Microbiology Rounds

    a. (Microbiology Lab- 2nd floor Pavilion), not available for Methodist rotators
- Thursday 12 noon: ID rotation curriculum lecture
    a. Directed to students, but open to other trainees if resident available
    b. Not available for Methodist rotators
- Friday 8:00 am: ID Management Conference/ Journal Club/ Guidelines Conferences
    a. (Zoom or 1101 Market Street Suite 2720 Conference room)
- Friday 9:00 am: Clinical and Basic Science Lectures by faculty
    a. (Zoom or 1101 Market Street Suite 2720 Conference room)
- Monthly Tuesday morning Citywide conference at 8:00am
    a. (Zoom or 1101 Market Street)

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 these rotations 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). For the Transplant ID rotation, additional focus on the mechanism of immunosuppressing drugs and the interplay with various opportunistic infections within the solid organ and bone marrow transplant patient population will be emphasized. 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). Residents are expected to participate in helping to educate patients about their disease processes (PBLI, ICS).

General Guidelines and Expectations:
Pre-rounding
- Residents are *xpected* to pre-round on all of their patients they are following
- Pre-rounding should include chart review, interim history from patient, and physical exam

Rounds
- Generally, begin at 10 am, however you will discuss specific timing with the attending physician on the first day of your rotation
- Residents are expected to provide a thorough presentation on the old patients they are following, including a physical exam, each morning.
- The best way to learn is by forming your own assessment and plan. Our faculty members enjoy teaching and are happy to help refine plans. We are best able to teach when we can hear your reasoning

Presentation Expectations
- New Consults
    1. Provide any Infectious Diseases history as able as part of the pertinent past medical history
    2. Describe any recent admissions and antibiotic usage (both inpatient and outpatient if applicable)
    3. Obtain a detailed antibiotic allergy history
    4. Detail any immunosuppressive medications

5. Perform a thorough social history, including but not limited to travel, occupation, hobbies, sexual history, drug use, barriers to health
6. Obtain outside microbiology data and records as needed
7. Review any images before rounds and with the team on rounds
8. Create a differential diagnosis and diagnostic/therapeutic plan

- Follow Ups
    1. Can start with a one-liner
    2. Describe acute/ overnight events and updated subjective
    3. If patient is intubated or nonverbal, reach out to nurses for any changes or concerns, especially sputum, bowel movements, wounds
    4. Review last 24 hour vitals and trends, need for pressors, ventilator settings
    5. Updated, focused physical exam
    6. Updated microbiology and pertinent labs (such as renal function, platelets, etc)
    7. Review updated images or procedure results together on rounds
    8. Assessment/ Plan

Notes

- The fellow or attending on service will share the templates for the ID consult notes and progress notes
- Please make note of some of the particular items we are looking for:
    a. Detailed antibiotic allergy history
    b. Recent antibiotics
    c. Updated physical exam
    d. Updated microbiology section (including species name and antibiotic sensitivities when available)Pertinent imaging results and results of procedures/surgeries
    e. Any changes to the antibiotics during hospitalization (including types or dosing)
    f. The attending physician will review your notes daily, and can provide feedback

Suggested Readings:
Your fellow and attending will share resources with you while on rounds. Feel free to inquire about where we typical go for our subspecialty-specific evidenced-based recommendations.

Jefferson ONE site:
Antimicrobial Guidelines and Stewardship (numerous institutional and national guidelines; antibiogram)
Dosage Guidelines for Commonly Used Drugs in Adults with Renal Impairment
Infection Control Manual

Other:
IDSA Practice Guidelines
https://www.idsociety.org/practice-guideline/practice-guidelines/#/date_na_dt/DESC/0/+/

Transplant Infectious Disease Guidelines
https://onlinelibrary.wiley.com/toc/13990012/2019/33/9

Nephrology Consults

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

Rotation Location: TJUH

Reporting Information: Reach out to the consult fellows on service - "floor consult or ICU consult", their information can be found on Qgenda.

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. They will have the opportunity to rotate with the ICU Consult Team or the General Floors Consult Team

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)
- 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)
- 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.

Renal Transplant Service

Primary Contact: Paula Martinez Cantarin (Maria.P.MartinezCantarin@jefferson.edu)

Rotation Location: Honickman Center, 11th Floor

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

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 the 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)
3. Gain a better understanding of the unique care of post-transplant patients including management of immunosuppression, prophylaxis, and rejection. (PC, SBP, PBLI)
4. Gain an understanding of how to effectively order and interpret various diagnostic tests to assess kidney disease. (PC, MK)
5. Identify when patients need initiation of dialysis. (PC)
6. Communicate the plan of care effectively with referring attendings or housestaff. (ICS)
7. Participate actively in rounds with the renal transplant team. (PC, ICS, P)

Filippone Renal

Primary Contact: Dr. Filippone, edward.filippone@jefferson.edu Cell: 215-906-4241

Rotation Location: 2228 South Broad St. and TJUH

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

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. Perform initial and follow-up evaluation of patients referred for renal 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 an understanding of how to effectively order and interpret various diagnostic tests to assess kidney disease. (MK)
4. Identify when patients need initiation of dialysis. (MK)
5. Participate in the care of kidney transplant patients (PC, P)
6. Communicate the plan of care effectively with referring attendings or housestaff. (ICS)

Classic Hematology Consults

Primary Contact: Jennifer Robb Jennifer.robb@jefferson.edu and Ruben Rhoades Ruben.Rhoades@jefferson.edu

Rotation Location: TJUH, JHN

Reporting Information: Call the Hematology Consult fellow after Morning Report on the first day of your rotation

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:

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 (PBLI)

- 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)

Solid Tumor Oncology Inpatient Consults

Primary Contact: Jennifer Robb Jennifer.robb@jefferson.edu

Rotation Location: TJU Hospitals Center City

Reporting Information: Please contact the consult fellow after Morning Report on the first day of your rotation to arrange a meeting time. Please inform the fellow when you have continuity clinic, need to take a personal day, or will be on pull.

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

Goals and Objectives:

- 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. (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)

Bone Marrow Transplant Service Elective

Primary Contact: Jennifer Robb Jennifer.robb@jefferson.edu

Rotation Location:
14th Floor Pavilion Building, TJUH
Honickman Center, 14th Floor

Reporting Information: Please present to the Bone Marrow Transplant Unit on 14 Thompson after Morning Report on the first day of your rotation.

Rotation Overview: Residents will 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.

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).
- 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)
- 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 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 Information: Joanne Filicko-O'Hara Joanne.Filicko@jefferson.edu

Critical Care

Primary Contact: Dr. Erika Yoo; Erika.Yoo@jefferson.edu

Rotation Location: TJUH

Reporting Information: Please contact the 5 MICU fellow the day of the rotation after Morning

Report to determine where to meet them. 215-200-5747.

Rotation Overview:
Residents will assist the critical care fellow with ICU consults and triage, and be able to participate in procedures, if appropriate (including thoracentesis, chest tubes, bronchoscopies). They may also see consults related to the pulmonary care of patients in other ICUs. Residents may work along with the critical care fellow and critical care advanced practice clinician in overseeing the care of patients in the 5MICU. Residents are also expected to participate in 5MICU rounds and are encouraged to contribute to teaching efforts for junior residents

Goals and Objectives:
The resident should begin to have a general understanding in the management of: (MK)

- Shock syndromes
- Sepsis and sepsis syndrome
- Acute and chronic respiratory failure
- Acute metabolic disturbances, including overdosages and intoxication syndromes
- Multi-organ system failure
- Metabolic, nutritional, hematologic, and endocrine effects of critical illnesses
- 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
- 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.

This elective is only for PGY-2 and PGY-3 residents

Inpatient Pulmonology Consults

Primary Contact: Dr. Dan Kramer; Daniel.Kramer@jefferson.edu

Rotation Location: TJUH

Reporting Information: Please call the consult fellow the day you start the rotation after Morning Report

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

Neurology Consults

Primary Contact: Neurology Inpatient Scheduling Chief and Program Coordinator Zachary Bonetti (zachary.bonetti@jefferson.edu)

Rotation Location: TJUH

Reporting Information: Contact the “Neurology Consult 1” resident at 215-301-3587

regarding reporting information. Generally will report to the workroom in the Neurophysiology area on 9 Gibbon.

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)

Stroke

Primary Contact: Neurology Inpatient Scheduling Chief, Program Coordinator Zachary Bonetti (zachary.bonetti@jefferson.edu)

Rotation Location: TJUH

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

Conferences: Stroke Conference on Tuesday 12-1pm or 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).

Rheumatology Elective

Primary Contact: Stavros Savvas, MD
211 S. 9th Street, Suite 210
Philadelphia, PA 19107
215-955-2820
Stavros.Savvas@jefferson.edu

Reporting Information: The resident should contact the rheumatology fellow, cell 267-252-1169, on the day of the rotation after Morning Report to arrange for a meeting time and place.

Rotation Overview:
The resident will be an active member of the inpatient Rheumatology consult team

Goals and Objectives:
Residents will learn core principles of diagnosing and managing rheumatic diseases in the inpatient setting. Learning objectives include rheumatology-focused history-taking and physical examination skills, synthesis and interpretation of diagnostic data, and development of appropriate differential diagnoses and treatment plans. Emphasis will also be placed on interdisciplinary collaboration and team-based care. (MK, SBP, PC)

Additional Contact Information:
Rheumatology Administration Office: Lynette.Simmons@jefferson.edu
Andres Ponce, MD Andres.Ponce@jefferson.edu

Point of Care Ultrasound

Primary Contact: Rebecca Davis, MD – Rebecca.Davis@jefferson.edu
Rotation Location: TJUH/JIMA

Reporting Information: You will be emailed the Friday before you start the rotation with your schedule for the following week and reading material. Please email or Secure Chat Dr. Davis or Dr. Jillian Cooper if you have questions

Conferences :
- POCUS Conference and IM POCUS QA – Mondays from 10AM – 4:30PM

Rotation Overview:

- The resident will review orientation videos prior to start of elective
- Participate in Journal Club and Conference
- The resident will scan with attendings at various locations in the hospital and ambulatory settings including JIMA, TJUH medicine services, MICU, CCU and emergency room.

Goals and Objectives:

The Internal Medicine POCUS Elective serves as an introduction for second and third year internal medicine residents to the practice of Point-of-Care Ultrasound. Residents are expected to complete assigned prior reading and videos before Monday POCUS Conference where we work with our EM colleagues and both IM/EM fellows to review the week's worth of ultrasound images acquired in the ER as well as participate in the weekly journal club.

During scan shifts, residents will work with IM Fellows and Attendings to acquire ultrasound imaging to answer a focused clinical question (PC, SBP). Residents do not need experience with ultrasound, however should come prepared having read/watched assigned materials. Residents will learn to acquire images of the heart, lungs, IVC, gallbladder, kidneys/bladder, soft tissue abnormalities, and assess for DVTs (MK, PC, SBP). Additional studies and focuses can be tailored to the resident's interests.

Additional Contact Information:
Rebecca Davis, MD – Rebecca.davis@jefferson.edu
Jillian Cooper, MD – Jillian.Cooper@jefferson.edu

****This elective is for PGY2s and PGY3s only****
****No rotators before October****
****Rotations should be 2 weeks in duration****

Radiology & Neuroradiology

Primary Contact: Sofiane Moulla; Sofiane.Moulla@jefferson.edu, please reach out at least 2 weeks in advance

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 to arrange a particular schedule. However, the radiology department also invites residents to come to their reading rooms each day to self-identify residents, fellows, and attendings with whom you can work.

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)

Medical Education

Primary Contact: Dr. Jillian Zavodnick (jillian.zavodnick@jefferson.edu)
Additional Contact Information: Debbie Bizup (deborah.bizup@jefferson.edu)

Rotation Location: TJUH

Reporting Information: Individualized schedules will be sent prior to the start of the rotation.

Conferences: 2-3 times/week education seminars

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.

This elective is offered three times per year, with a limit to the number of residents per block.

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

Global Health Elective

Primary Contact:

For Questions Specific to Floating Doctors/about the rotation

- Chris Henry: Global Health Elective Faculty Sponsor
  - Email: Christopher.Henry@Jefferson.edu

Additional Contact Information:

- Brianna Taylor: Director of volunteer resources
  - Email: volunteerinfo@floatingdoctors.com

Introduction: We believe that the professional development opportunities afforded to participants in the Floating Doctors program are invaluable not just for medical competency in remote underserved settings, but also within the context of clinical practice in your home country. Although you will certainly see unusual tropical medicine conditions, this setting also presents unique challenges managing more common and familiar conditions like diabetes or back pain. The fundamental skills required of a competent internist serving a medical mission clinic are exactly the same ones recognized in a competent internist in the United States. The scarcity of resources and the lack of a safety net for this underserved population underscores the importance of strict adherence to principles of patient safety and Good Clinical Practice (GCP). Many participants in this program find their practice at home profoundly altered and improved after this experience.

While the mission says to "promote improvement in healthcare delivery worldwide", it does not imply merely setting up operational clinics in numerous countries, rather it means teaching hundreds of volunteers every year through unique direct experience to take what they have learned back to their own countries. The precious resource of Floating Doctors is not the clinics, it is the doctors. The aim is to improve clinical practice skills, better cultural competency, promote awareness of global medical challenges, and focus care around a more patient-centered practice ethos. Floating Doctors takes their commitment to improvements in global health very seriously.

In short, no matter how good a doctor you are before you arrive, Floating Doctors hopes you return home an even better one. Furthermore, the hope is that you pass these improvements on to all your future patients at home and abroad and share broader perspectives with your colleagues alike.

Location: Isla Cristóbal, Panama (Search Google Maps: Floating Doctors, Panama). See Volunteer Handbook for how to travel to Boca Del toros. Room and board will be provided for your two weeks while you are at the Floating Doctors Base (From Sunday to Saturday).

Schedule: It is a typical 5 day work week with weekends off. The clinics are mostly remote (with some being overnight, since they are difficult to reach). Fridays the clinic is run from the base. Most people go into town (Boca del Toros) on the weekends for activities, restaurants, bars, etc.

Expected Cost: Room and board at the Floating Doctors base costs $1400 for two weeks. Round-trip cost to Boca del Toros is usually around $1,000, including the flight from Panama City to Boca del Toros. Newark Airport typically has cheaper options than Philadelphia International Airport. In total, the trip will cost an approximate total of $2,400 for flight, room and board for two weeks. Fortunately, you can use your Jefferson $1,000 travel stipend for travel

costs, which will bring it down to a personal cost of $1,400. Depending on how many people sign up, there is also a potential travel ID stipend that would be split amongst all interested participants. This would be reimbursed after the expenditure through Joanne Gotto. (For example, if 5 people participate, the stipend will cover approximately an additional $200 per person, bringing the individuals' expense down to $1,200).

Reporting Information: Arrival at the Floating Doctors Base will be on the Sunday before your two-week elective for orientation (In the evening). Please Contact Nick Young as we will arrange boat transport from the Base of Bocas Del Toros on Sunday. Please see the Volunteer Handbook for more information.

Conferences: There are formal conferences weekly, and you are expected to present at one of them (with the help of the lead medical provider).

Vascular Medicine (JATS)

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

Primary Contact: Dr. Jim Alexander (james.alexander@jefferson.edu)

Rotation Location: TJUH Vascular Center, 6210 Gibbon Building

Reporting Information: Please email Dr. Alexander 1 week before starting the rotation for reporting instructions.

Rotation Overview:
The field of vascular medicine 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.

Goals and Objectives:

Wound Healing and Hyperbaric Therapy

1. To understand the evaluation of a patient with a vascular 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 antiplatelet 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)To understand the preoperative assessment of a patient on antithrombotic/antiplatelet therapy or with a thrombotic condition. (PC, MK)
2. 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 peripheral artery disease.

General Guidelines and Expectations:
The 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 resident will be expected to attend Monday through Friday and abide by the agreed-upon schedule. At the end of the rotation, the 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

1. Antithrombotic and Thrombolytic Therapy: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th edition). This reference is available online at http://chestjournal.chestpubs.org/.
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.
4. Society of Vascular Medicine website at http://www.svmb.org/. This website contains many case studies with an overview of the evaluation and treatment of the pertinent vascular

condition.
5. Chronic Wound Care by Diane L. Krasner. This is a textbook that provides an overview of the management wounds.
6. American Society of Hematology Guidelines: https://www.hematology.org/education/clinicians/guidelines-and-quality-care/clinical-practice-guidelines/venous-thromboembolism-guidelines

Addiction Medicine

Primary contact: Phil Durney, MD (philip.durney@jefferson.edu)

Rotation location: TJUH

Reporting information: Contact Dr. Durney for reporting instructions. All weekends will be off-duty; please discuss any holidays that fall during the rotation with Dr. Durney.

Conferences: Please inform your on service attending if your program has conference/didactics schedule at the beginning of the week (reminders may be necessary)

Rotation overview: Learners will work on the Jefferson Addiction Medicine Service (JAMS) under the supervision of the attending and/or addiction fellow (medicine or psychiatry). They will evaluate patients referred for JAMS consultation, develop management plans for acute withdrawal, and collaborate with the JAMS interdisciplinary team. Learners will experience a unique consult model that employs an approach to inpatient addiction care by working with specialized social workers, CRS (peer specialists), community health workers, and a dedicated infectious disease team. They will participate in multidisciplinary patient conferences that design transitional care plans that extend beyond the inpatient setting.

Goals and objectives: Learners will become familiar with common acute problems in patients with substance use disorders, such as intoxication and withdrawal syndromes, acute and chronic organ dysfunction, and injection-related medical complications. They will evaluate and treat patients with SUDs in the inpatient setting, providing care that is multidisciplinary, evidence-based, and non-stigmatizing.

By the end of this rotation, learners will be able to:

1. Treat acute complications of substance use, primarily withdrawal syndromes, in the inpatient setting (PC)
2. Initiate pharmacologic therapy for SUD, and connect patients to resources for continued management after discharge (PC, SBP)
3. Recognize the roles and contributions of a variety of health professionals (e.g. physicians, nurses, social workers, CRS, community health workers, pharmacists) in designing a multifaceted and individualized treatment plan and supporting patients through hospitalization and beyond. (SBP)
4. Communicate with patients and the healthcare team using appropriate language,

and advocate wherever necessary for care that is compassionate, non-stigmatizing, and evidence-based. (ICS, Prof)
5. Understand local community resources such as respite housing programs, recovery support, and harm reduction programs.

Research Elective

Primary Contact: Senior Scheduling Chief and Deborah Richards Deborah.Richards@jefferson.edu
Rotation Location: Unspecified, although residents will still be scheduled for continuity clinic during their research elective.

Before research electives are "approved", we request the research application form to be filled out and signed by trainees and their faculty supervisor. Please send to Deb Richards and the Scheduling Chief prior to the beginning of your research elective.

Of note, research electives are a non-core elective and are limited to 2 weeks/year for a total of 4 weeks of non-core electives over the duration of residency.

Section 1: Resident Information

- **Resident Name:**
- **PGY Level:**
- **Email:**
- **Phone Number:**
- **Rotation Block for Research Elective:**

Section 2: Research Proposal
Project Title:
[Provide a clear and concise title for the research project]
Principal Investigator (PI):
[Name & Department]
Research Mentor (if different from PI):
[Name & Department]
Co-Investigators (if applicable):
[Include other residents, fellows, or faculty involved in the research]
Research Setting:
☐ Clinical Research
☐ Basic Science Research
☐ Medical Education Research
☐ Quality Improvement
☐ Other: _____
Brief Background & Rationale (Limit: 200 words):
[Provide a brief summary of the topic, why it's important, and how it contributes to the field]

Specific Aims & Hypotheses:
1.
2.
3.
Research Methods:

- **Study Design:** [Prospective, Retrospective, Randomized, Survey, etc.]

- **Study Population:** [Patients, residents, faculty, database, etc.]
- **Data Collection Methods:**
- **Outcome Measures:**
- **Statistical Analysis Plan (if applicable):**

Expected Timeline & Milestones (must outline deliverables for each week of the elective):

- Week 1:
- Week 2:

Deliverables (must select at least one):

☐ Abstract submission to conference (specify): _____

☐ Manuscript submission to journal (specify): _____

☐ IRB Submission

☐ Research Presentation at Jefferson

☐ Other (describe): _____

Section 3: Accountability Agreement

This section ensures that residents engage in meaningful research during the elective.

1. I understand that this elective is for active research participation and not personal time or vacation.
2. I agree to submit **weekly updates** to my research mentor and program leadership outlining my progress.
3. I will attend all scheduled research meetings and respond to communications regarding my project.
4. If I do not fulfill the research requirements, I understand that I may be ineligible for future research electives.

Resident Signature: _____ Date: _____

Principal Investigator Approval:

I confirm that the above-named resident will be actively involved in research during this elective. I agree to provide mentorship and guidance.

PI Name: _____

PI Signature: _____ Date: _____

Final Submission & Approval

At the end of the research elective, the resident must submit:

☐ Completed Research Elective Log

☐ PI/Mentor Final Evaluation Form (to be provided separately)

☐ Research Deliverable (abstract, manuscript, etc.)

Program Leadership Approval:

☐ Approved

☐ Not Approved – Reason: _____