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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 health care 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

- An elective assignment may be done for up to 4 weeks except those designated as 2 week electives.
- 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 – restricted 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.
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:**
Jessica Salt, MD, jessica.salt@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.**

Allergy and Immunology

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

**Rotation Location:**
1015 Chestnut St, Suite 1300  
Philadelphia, PA 19107  
215-923-7685

**Reporting Information:**  
Please contact Dr. Cohn at least 2 days prior to the start of your rotation. Your reporting time is dependant on the day of the week.

**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 skin tests, obtain spirometry, and see rhinoscopy. In addition, the rotator will evaluate hospital consults.

Additional Contact Information:
Dr. Shirley Fung (shirly.m.fung@jeffersonhospital.org)
Vascular Medicine

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

Rotation Location: TJUH Vascular Center, 6270 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.**
Hospitalist Electives

Primary Contact: Jill Zavodnick, MD

Rotation Location: TJUH Center City Campus, including JHN

Reporting Information: Still in process

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

Rotation Overview:
The rotation is designed to allow medical residents to experience the wide variety of opportunities available within the practice of hospitalist medicine. This elective is being completely revamped this year and consists of six separate electives all being arranged by Dr. Zavodnick:

Pain and perioperative: During this elective residents (PGY1-3) will learn about inpatient management of acute pain and perioperative care. They will spend one week with the acute pain management service, participating in rounds, seeing new consults, and following patients. They will spend the other week in preoperative clinics at JHN and TJUH, learning the principles of preoperative assessment which is common in both general internal medicine and consultative medicine specifically.

Transitions of care: 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.

Acute care models: 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 comanagement by shifts with the neurohospitalist service, in the bone marrow transplant unit, and an evening with the general IM nocturnist.

Community: Residents (PGY2-3) will rotate through a community based, nonteaching 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. Wounds and clots: 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.

**Stroke:** Still early in development, but per Dr. Zavodnic: “I don’t have a formal description yet but it’s definitely a working elective, particularly good for residents who might go on to be hospitalists at institutions where hospitalists are the attendings on the stoke service (many, many places).”

**Goals and Objectives:**
Residents will gain a broader understanding of the hospitalist field including consultative medicine and direct inpatient care.

**General Guidelines and Expectations:**
Report on Time
Please notify Dr. Salt of any anticipated absences two weeks prior to the rotation.

**Additional Contact Information:**
Deb Bizup

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

**Primary Contact:** Susan Parks, MD  Susan.Parks@jefferson.edu

**Rotation Location:** TJUH

**Reporting Information:** Page the palliative care pager (877-656-4509) prior to starting the rotation to make arrangements to meet the team.

**Conferences (if applicable):** resident conferences as able

**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:** NA

**Additional Contact Information:** NA
CHF Consults

Primary Contact: Paul Mather, MD
925 Chestnut Street, Suite 323A
215-955-2050
pager: 877-656-4261
paul.mather@jefferson.edu

Rotation Location: TJUH 5West

Reporting Information: The Resident(s) should meet the team on 5 West at TJUH on the first day of the rotation at 8am.

Conferences (if applicable):
Every Thursday from 8-9am in Suite 323A

Rotation Overview:
- The resident will complete inpatient consultations with the team
- The resident will spend at least one day per week in the CHF office seeing outpatients with Drs. Mather and Rubin.

Goals and Objectives:
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)

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: Patti Gray, 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:** Please contact Dr. Berko the week before you start this elective to determine your meeting time.

**Conferences (if applicable):**
- Friday 7:30 AM: Cardiology Grand Rounds

**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: Patti Gray, 215-955-2050

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:** Helene Pellini, Secretary

**Rotation Location:** TJUH

**Reporting Information:** Report to EP laboratory on 6th floor, Gibbon Building. Please contact the Cardiology fellow on the EP consult service the week before starting your elective to determine a meeting time.

**Conferences (if applicable):**
- Monday 7:30 AM: ECG Conference
- Friday 7:30 AM: Cardiology Grand Rounds

**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)

**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
- Reginal T. Ho, MD, 215-955-7303
- Daniel Frisch, MD, 215-955-0531

This elective is limited to one resident per 2 week block.
Interventional Cardiology

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

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

Conferences (if applicable): Daily Cardiology Fellows Conference at 7:30 am- ask fellow for schedule as the location changes daily

Specific Conferences of Interest:
   Wednesday 7:30 am: Cath Conference
   Thursday 8:30 am: Film Review
   Friday 7:30 am: Cardiology Grand Rounds

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: -NA-

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

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JHI Consults (Jefferson Cardiology Associates)

Primary Contact: David Weiner, MD; David.Wiener@jefferson.edu- please contact the fellowship coordinator with any questions first: kim.berger@jefferson.edu or 5-1976

Rotation Location: TJUH

Reporting Information: call fellow on the consult service- the cardiology service schedule can be found online on the TJUH intranet

Conferences (if applicable): Daily Cardiology Fellows Conference at 7:30 am- ask fellow for schedule as the location changes daily

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: -NA-
JHI Outpatient (Jefferson Cardiology Associates)

**Primary Contact**: John Doherty, MD. jud101@jefferson.edu

**Rotation Location**: 925 Chestnut Street JHI Offices

**Reporting Information**: Please contact Mary Ehly to determine a schedule for your rotation at least 2 weeks before your start date.

**Conferences (if applicable)**: Daily Cardiology Fellows Conference at 7:30 am- ask fellow for schedule as the location changes daily

**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**: Mary.Ehly@jefferson.edu

This rotation is limited to one resident per block.
Heart Center of Philadelphia (formerly G/N/C/S Cardiology)

Primary Contact: Jack Garden, MD Jack.garden@jeffersonhospital.org, Glenn Cooper MD Glenn.Cooper@jeffersonhospital.org

Rotation Location: 834 Chestnut Street ~ Mezzanine 202
Philadelphia, PA 19107
215.955.6314 ~ 215.923.0690
Fax: 215.923.1062

2422-24 South Broad Street
Philadelphia, PA 19145
215.389.1814
Fax: 215.952.1943

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

Conferences (if applicable): resident conferences as possible

Rotation Overview:
Residents will be able to participate in a robust private cardiology office that provides comprehensive cardiovascular care. All of the doctors are affiliated with Thomas Jefferson University Hospital and Methodist Hospital a division of Thomas Jefferson University Hospital. Their practice includes a variety of diseases (arrhythmias, coronary artery disease, valvular heart disease, congenital heart disease, heart failure, pacemakers, defibrillator, cardiomyopathies, and peripheral vascular disease) as well as provides a number of different testing modalities (Electrocardiograms, Two Dimensional Echocardiography, Stress Echocardiograms, Nuclear Stress Testing, Carotid Ultrasounds, Abdominal Aortic Aneurysm Screening, Monitoring, Peripheral Vascular Disease Testing, Access to Three Dimensional Cardiac Computed Tomography, and Advanced Lipid Testing). Residents are able to tailor their experience to their interest by working with different members of the group in different locations- both outpatient office work and inpatient consults.

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:
Dr. Jack Garden
Dr. Steven Nierenberg
Dr. Glenn Cooper
Dr. David Shipon
Dr. Mital Sheth
Dr. Brian Fedgchin
Cardiology Elective- Breecker and Schwartz

Primary Contacts:
Steven.W.Breecker@jeffersonhospital.org
Marc.Schwartz@jeffersonhospital.org

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. Drs. Breecker and Schwartz are Jefferson University Hospital attendings. Their 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 four week period in their 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

Additional Contact Information:
Endocrinology, TJUH

Primary Contact: Intekhab Ahmed, MD

Rotation Location: Center City Campus, Walnut Towers

Reporting Information: Please come to 211 South 9th Street Suite 600 on the first day of the rotation (before 8AM) to discuss your schedule. The office phone is 215-955-1925.

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 both in an in and out patient setting in order to get a comprehensive experience. the consult service Residents are expected to present literature related to the cases seen to reinforce evidence based medicine.

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: A four week rotation is strongly recommended. Professionalism, in particular punctuality is the first expectation. (P)

Additional Contact Information:
Kathleen Butler – office manager
215-955-5752
Endocrinology, Ruby

Primary Contact: Dr. Edward Ruby

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)

Additional Contact Information:
Dr. Ruby’s email: Rubyglandman@aol.com
Inpatient Hepatology

Primary Contact: Steven K. Herrine, MD  
132 S. 10th Street, Suite 450  
Phone: 215-955-5247  
Pager: 877-656-4671  
steven.herrine@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.

Conferences:
- Transplant Candidate Selection Conference  
  o Presentations by Attendings and Fellows  
  o Monday at 4:00 pm  
  o Transplant Conference Room, 833 Chestnut, 6th floor
- Multidisciplinary Transplant Rounds  
  o Presentations by Fellows and Residents  
  o Tuesdays and Thursdays at 3:00 pm  
  o Friday at 12:00 noon  
  o 9th floor Gibbon Conference Room
- GI Case Conference  
  o Presentations by Fellows  
  o Wednesdays at 4:00 pm  
  o GI Conference Room, 4 Thompson
- Liver Biopsy Conference  
  o Presentations by Pathology Faculty  
  o Friday at 1:00 PM  
  o 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
- The resident will spend one day per week 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:**
Administration Office (215) 955-8900
Outpatient Hepatology Elective

Primary Contact: Steven K. Herrine, MD  
Main Building- Suite 480  
Phone: 215-955-8900  
Pager: 877-656-4671  
steven.herrine@jefferson.edu

Rotation Location: TJUH

Reporting Information:  
The resident should contact Maryann Marino at maryann.marino@jefferson.edu prior to starting the rotation to confirm the outpatient schedule.

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

Rotation Overview  
- The resident will work in the office seeing outpatients for initial consultation and follow up visits.

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:**
Administration Office (215) 955-8900
Inpatient GI Elective

Primary Contact: Robert Coben
Phone: 215-955-8900; cell 609-280-8436
Robert.Coben@jefferson.edu

Rotation Location: 480 Main Building/TJU

Reporting Information:
Residents should contact Ali Murtha at 215-955-3867 or alexandra.murtha@jefferson.edu at least one day before starting rotation to be given an assignment and the contact information for the fellow with whom they will be working.

Conferences (if applicable):
Resident may attend scheduled GI conferences as schedule allows.
GI Conference schedule includes:

- Morbidity and Mortality (monthly)
- Literature Review (bi-weekly)
- Journal Club (weekly)
- IBD Conference (monthly)
- Endoscopy Conference (monthly)
- Pathophysiology (monthly)
- Pathology Conference (monthly)
- Clinical Case Conference (weekly)
- Multidisciplinary Conference (monthly)
- GI Research Conference (monthly)
- GI Grand Rounds (monthly)
- Nutrition Conference (monthly)

Rotation Overview:
The resident will see inpatient GI consults with the fellows and attendings of one or more of the academic GI services (JDDS-1, 2, and 3).

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).

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:

a. Attempts will be made to equally distribute residents among the JDDS services
b. If special requests are made in advance, we will honor the requests on a first come, first serve basis
c. If more than one resident wishes to be on a particular service, we will require that time is split (2 weeks each) on the service requested and one other service.

Additional Contact Information:
Leah Straub, 215-955-3867
Outpatient GI Elective

Primary Contact:  Chris Henry, MD

Rotation Location:  480 Main Building/TJU

Reporting Information:
Residents should contact Nicole Eppright at Nicole.eppright@jefferson.edu the day before the rotation starts to arrange a place/time to meet Dr. Katz.

Conferences (if applicable):
Resident may attend scheduled GI conferences as schedule allows.
GI Conference schedule includes:

Morbidity and Mortality   (monthly)
Literature Review   (bi-weekly)
Journal Club   (weekly)
IBD Conference   (monthly)
Endoscopy Conference   (monthly)
Pathophysiology   (monthly)
Pathology Conference   (monthly)
Clinical Case Conference   (weekly)
Multidisciplinary Conference   (monthly)
GI Research Conference   (monthly)
GI Grand Rounds   (monthly)
Nutrition Conference   (monthly)

Rotation Overview:
The resident will see outpatients in the office and the outpatient endoscopy suites.

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.

Additional Contact Information:
Secretary, Leah Straub 215-955-3867

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

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

Rotation Location: 211 S 9th St, Suite 210 (ID offices)
*Consults are for the Gibbon / Pavilion buildings

Reporting Information: Call the ID fellow the weekday before starting service to confirm meeting time and schedule.

Conferences:
*Wednesday 11 am: Microbiology Rounds
  (Microbiology Lab)
*Friday 8:30 am: ID Management Conference
  (Pulmonary Conference room, 834 Walnut Suite 650)
*Friday 9:30 am: Clinical and Basic Science Lectures
  (Pulmonary Conference room, 834 Walnut Suite 650)
*1st Friday of each month 12 pm: Pulmonary / ID Management
  (Pulmonary Conference room, 834 Walnut Suite 650)
*2nd Wednesday of each month 12 pm: HIV Resistance Conference
  (211 S 9th St Conference room)
*3rd Wednesday of each month 12 pm: Journal Club
  (211 S 9th St Conference room)

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:** Kathleen E. Squires, MD (Division Director)
Kathleen.Squires@jefferson.edu, 215-503-8575
ID Consult Service- Methodist

**Primary Contact:** Dr. Joseph DeSimone, Jr., MD  
[Joseph.DeSimone@jefferson.edu](mailto:Joseph.DeSimone@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,
2. Infectious Disease Core Curriculum Lecture
3. HIV Topics Conference.

**Rotation Overview:** During the rotation in Infectious Disease (ID), residents and medical students will see both inpatient and outpatient 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. Residents and medical students will rotate with us on the inpatient service. They will have the option to spend time in the HIV outpatient clinic. There will also be a built in series of lectures on the proper selection and use of antibiotics that will occur daily during the rotation. Additionally, the residents and medical students will participate in mini-presentations on various general Infectious Disease topics that are encountered during 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.
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)
- 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. (P)

General Guidelines and Expectations: NA

Additional Contact Information: NA
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.

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.

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)

General Guidelines and Expectations: NA

Additional Contact Information: NA
Renal Transplant Service

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

Rotation Location: TJUH

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.

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)

General Guidelines and Expectations: NA

Additional Contact Information: NA
Filippone Renal

Primary Contact: Dr. Filippone     Cell: 215-906-4241

Rotation Location: 2228 South Broad St. and TJUH

Reporting Information: Contact Dr. Filippone prior to start of block

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. Neuman and assist him in caring for both hospitalized and ambulatory nephrology patients.

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)

General Guidelines and Expectations: NA

Additional Contact Information: NA
Benign Hematology Consults

Primary Contact: Jaime Caro; Jaime.Caroadjefferson.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 before you 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 thrombocytopenia
- 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

Additional Contact Information: NA
Hematologic Malignancies

**Primary Contact:** Joanne Filicko Joanne.Filicko-O'Hara@jefferson.edu

**Rotation Location:** TJUH, 925 Chestnut Street

**Reporting Information:** Please contact Kathy Sparano the week before your rotation begins to make arrangements. Kathleen.sparano@jefferson.edu

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

**Rotation Overview:** Residents will be able to participate in a combination of both inpatient and outpatient care of patients with hematologic malignancies and myeloproliferative disorders with the academic oncologists at TJUH.

**Goals and Objectives:**
- evaluate patients with previously or newly diagnosed hematologic malignancies, including acute leukemias, lymphomas, myelomas, myelodysplastic syndromes, and myeloproliferative diseases (PC)
- learn and apply principles of diagnosis and staging of hematologic malignancies (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 (MK, PBLI)
- attend conferences during which bone marrow biopsies and other relevant pathologic specimens are reviewed (PBLI)
- work with hematology/oncology fellows and attending physicians to provide appropriate recommendations for the management of these patients (MK, ICS)
- educate patients regarding their disease, helping them to have an accurate understanding of expected treatment, course, and outcomes (PBLI, ICS)
- educate the primary team regarding possible complications that could occur in these patients during their hospital course, as well as appropriate management (PBLI, ICS)
- provide supportive care to these patients along with the primary team, nurses, and ancillary staff (PBLI, ICS, SBP)
- help transition care to the primary hematology malignancies services when appropriate (SBP)

**General Guidelines and Expectations:** See Above

**Additional Contact Information:** NA
Solid Tumor Oncology

**Primary Contact:** Rita Axelrod, Rita.Axelrod@jefferson.edu

**Rotation Location:** TJUH, 925 Chestnut Street

**Reporting Information:** Please contact Kathy Sparano the week before your rotation begins to make arrangements. Kathleen.sparano@jefferson.edu

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

**Rotation Overview:** Residents will be able to participate in the outpatient care of patients with solid tumor malignancies with the academic oncologists at TJUH. Clinics will reflect a variety of different solid tumor malignancies.

**Goals and Objectives:**
- Become proficient in taking full histories and physical exams for new solid tumor patients as well as targeted follow ups for return patients. (PC)
- 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 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)

**General Guidelines and Expectations:** See Above

**Additional Contact Information:**
Joanne Filicko Joanne.Filicko-O'Hara@jefferson.edu
Solid Tumor Oncology Inpatient Consult

**Primary Contact:** Consult Fellow on On-Call Schedules; Kathleen.sparano@jefferson.edu

**Rotation Location:** TJU Hospitals Center City

**Reporting Information:** Please contact consult fellow on-call one week before your elective to make arrangements. Kathleen.sparano@jefferson.edu

**Conferences (if applicable):** Heme-Onc conference at noon on weekdays in the Cardeza library. Kathy Sparano 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
Regional Cancer Care Oncology

Primary Contact: Andrew Chapman, DO; Andrew.Chapman@jefferson.edu

Rotation Locations:
Jefferson Infusion Center, 925 Chestnut Street, Suite 420
Methodist Infusion Center, 1300 Wolf Street, 3rd Floor
Nazareth Hospital Physician Office Building, Suite 320
Jefferson at the Navy Yard, 3 Crescent Drive

Reporting Information: Please contact the office at 215-955-8874 the week before beginning this rotation to determine a meeting time for the first day.

Conferences (if applicable): Conferences are cased on the weekly roster for the Department of Medical Oncology.

Rotation Overview:
Residents will see patients with the members of the Regional Cancer Care Division of the Department of Medical Oncology. The Division of Regional Cancer Care was established in 2009 with the goal of developing strategically located practice sites throughout the tri-state area in efforts to extend the highest quality cancer care from the Kimmel Cancer Center at Jefferson into the community. Andrew E. Chapman D.O. serves as the Division Director. The division currently consists of seven board certified physicians, who specialize in the evaluation and treatment of adults with all types of cancer and blood diseases. These physicians are available to see patients at any one of four conveniently located practice sites. Additional services include on site blood testing to facilitate planned treatments.

Members of the division actively participate in clinical trials and treatment pathways coordinated through the Kimmel Cancer Center. This enables the clinicians at the various sites to rapidly access all programs and resources to further enhance the quality of care delivered in Center City as well as the community. Additionally, the Senior Adult Oncology Center was established in September 2010, and continues to see elders, age 70 and above, in a multidisciplinary office setting at both the Jefferson and Methodist sites.

Goals and Objectives:
- learn how to troubleshoot and prioritize in outpatient setting where the bulk of medical oncology and hematology are practiced (MK, SBP)

General Guidelines and Expectations:
- directed reading and assimilation of new information

Additional Contact Information:
Basu Mallick, Atrayee
Bhatia, Avnish
Brus, Christina
Chapman, Andrew
Ramirez, Michael
Rose, Lewis
Zibelli, Allison
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:
     o initiation, maintenance, and weaning of ventilatory support;
     o respiratory care techniques; and
     o 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.

**Additional Contact Information:** NA
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)
     o obstructive lung diseases, including asthma, bronchitis, emphysema, bronchiecstasy
     o pulmonary malignancy -- primary and metastatic
     o pulmonary infections, including tuberculosis, fungal, and those in the immunocompromised host
     o diffuse interstitial lung disease
     o pulmonary vascular disease, including primary and secondary pulmonary hypertension and the vasculitis and pulmonary hemorrhage syndromes
     o occupational and environmental lung diseases
     o iatrogenic respiratory diseases, including drug-induced disease
     o acute lung injury, including radiation, inhalation, and trauma
     o genetic and developmental disorders of the respiratory system, including cystic fibrosis
     o pulmonary manifestations of systemic diseases, including collagen vascular disease and diseases that are primary in other organs
     o lung transplantation
     o disorders of the pleura and the mediastinum
     o 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
     o 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)

**Additional Contact Information:** NA
Outpatient Pulmonology (currently on hold)

Primary Contact: Urvashi Vaid; Urvashi.Vaid@jefferson.edu

Rotation Location: 834 Walnut St, Suite 650

Reporting Information: Please contact Dr. Vaid 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>
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<tr>
<td>Wednesday</td>
<td>Dr. Kane</td>
<td>Dr. Mangione</td>
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<td>Thursday</td>
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<td>Dr. Weibel</td>
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<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, P C, 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:
Constant (Connie) Pedicone 955-6591
Nancy Actman 215-955-1672

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

**Primary Contact:** Shivani Desai; 215-955-4703

**Rotation Location:** Jefferson Sleep Disorders Center

**Reporting Information:** Please email Shivani Desai, 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)

**General Guidelines and Expectations:** NA

**Additional Contact Information:** NA

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.**
Rheumatology Elective

Primary Contact: Oscar Irigoyen, M.D.
1015 Walnut St.
613 Curtis
Phone: 215-955-1410
oscar.irigoyen@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.

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 principals of treating common rheumatology disorders and performing detailed physical examinations of joints and muscle groups. (PC, MK)

General Guidelines and Expectations: NA

Additional Contact Information:
Rheumatology Administration Office: Gwen Cade (215) 955-1410

**This is a recommended elective for members of Primary Care Career Pathway.
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
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:
Department of Pharmacology and Experimental Therapeutics Administrative Assistant
Ros Tate 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)

**Additional Contact Information:**
None

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

**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
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)

Additional Contact Information: N/A
Neurology Consults

Primary Contact: Christopher Skidmore, MD. Christopher.Skidmore@jefferson.edu

Rotation Location: TJUH

Reporting Information: Please page the neuro consult pager, short range 3118, 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)

General Guidelines and Expectations: NA

Additional Contact Information: NA