MERCY CATHOLIC MEDICAL CENTER

Internal Medicine Residency Program

OVERVIEW 2018 – 2019
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Introduction

Welcome to the Internal Medicine Residency Program at Mercy Catholic Medical Center (MCMC). At MCMC we have a mission-based, clinically and academically-oriented community hospital-based Residency Program. Our program trains physicians to be outstanding, caring clinicians who are accustomed to working in a complex hospital system and who practice an evidence-based approach to healthcare with a focus on patient safety. The core of the MCMC experience at Mercy is the opportunity to encounter a broad diversity of patients and medical problems. We accomplish this by asking residents to rotate through a variety of different types of services, e.g. medical floors, intensive care unit, emergency departments and ambulatory care settings in two hospitals (Mercy Fitzgerald Hospital and Mercy Philadelphia Hospital) that together serve both urban and suburban communities. Our residents work closely with hospitalists, primary care general internists, and subspecialists to care for and learn about these patients while collaborating with nurses, allied health professionals, and informaticists to function as a healthcare team.

In addition to being learners at MCMC, our residents are expected to be teachers. All residents are responsible for teaching medical students, physician assistant students, and pharmacy students assigned to them. Upper year residents are also responsible for supervising and teaching PGY-I residents. Residents make formal presentations in a variety of forums including Management Conference, Journal Club, and Morbidity and Mortality Conference. At these conferences, they are responsible for presenting their own critical analysis of a management issue or journal article as well as a review of the relevant literature.

Unique and Innovative Aspects of Our Curriculum

• Close contact with attending physicians: Our residents work side-by-side with attending physicians on all clinical rotations. Hospitalists and intensivists round on a daily basis with the teams, discussing both the theoretical aspects of medicine and the practical pearls of medical care. On consult rotations and during routine care for hospitalized patients, our residents speak directly with and learn directly from subspecialists rather than interacting with fellows or physician assistants.

• Focused, floor-based inpatient teams: At our hospitals, resident teams serve patients on 1-2 floors. These teams are aligned with a hospitalist who has primary responsibility for the majority of their patients. This organization allows our residents to work closely with a single hospitalist and balance, as a team, patient care responsibilities and education.

• Interdisciplinary inpatient care: Residents round daily with nurses, social workers, physical therapists, case managers, etc. This helps foster a multi-disciplinary team and facilitates education in the complex systems-based practice skills required for the 21st century physician.

• Balanced patient load: Our residency uses an intricate system of numerical caps, “touches,” and floor and attending-based availability to balance patient load and optimize the clinical learning environment.

• Resident-Led, Faculty-Supervised Quality Improvement Teams: Each resident participates in a Quality Improvement project each year. These projects, which are inspired by residents’ observations about care at Mercy and are led by residents with faculty guidance, provide our residents with a greater understanding of research methodology and are helpful in obtaining fellowships or jobs in teaching hospitals. Our residents’ work is often presented at regional and national conferences and has earned awards.

• Resident Management Conference: During the final two years of residency, the resident gets “center stage” to present a clinical case of their choosing. Following the clinical discussion, the resident presents a state of the art discussion of the disease that was diagnosed. This assures the resident of presentation skills as well as the opportunity to know a subject in-depth.
• Daily Didactic Conference: All residents meet 5 days/week at noon for a formal didactic conference. There are a number of many types of conferences that occur during this noon conference time. Attendings present reviews of topics from all specialties. Once each week are Medical Grand Rounds, often featuring speakers from the many University hospitals in the Philadelphia metro region. Morbidity and Mortality conferences, tumor boards, and critical care grand rounds are regularly scheduled. Our internal medicine teaching faculty are supplemented by non-internal medicine subspecialists, statisticians, ethicists, lawyers, and others to present topics important to systems-based practice and practice-based learning. Didactic lectures are rotated on an 18 month basis to ensure residents are exposed to all topics during their 3 year residency.

• Journal Club: Multiple times each month, residents lead a journal club discussing recent articles from major medical journals.

• Morning Reports: Multiple times each week, interns, residents, or both meet with faculty to discuss evaluation and management of challenging cases. Reports are scheduled to integrate night teams each month.

• Added instruction in biopsychosocial, legal, ethical and professional aspects of internal medicine: Medical knowledge topics are supplemented with lectures that address behavioral health issues, medicolegal issues, ethics, and systems-based practice. In addition, an ethicist leads weekly multi-disciplinary ethics rounds to discuss ethical issues that often arise in clinical settings. Ethics consults are available to review and discuss difficult ethical problems that the residents encounter.

• Specialized rotations in observation medicine and emergency medicine: Recognizing that internists are increasingly expected to care for patients in these areas, all residents have a 2 week selective in the observation unit and 4 weeks of selective in the emergency department focusing on urgent care. In each of the rotations, the resident works directly with the attending.

• Flexibility in scheduling: Residents have opportunities for electives starting in internship, and the program works with residents to construct a three year curriculum that supports a resident’s individual goals. For example, residents can elect for an away elective, research elective, and non-internal medicine electives in addition to specialist electives.

Resident Life

It is important that our residents are satisfied with our program, happy performing their daily work and are able to achieve their career goals. In order to accomplish this task, we work very hard to create a friendly, supportive environment. The program leadership and residents interact regularly both formally and informally. Residents are encouraged to meet with the program director or other faculty whenever they have a problem, concern, suggestion, or anytime they feel the need for personal or professional guidance. To foster this support, the program has established a mentor program where each resident is assigned to one of the faculty members to assist the resident in his/her career goal. Providing opportunities for residency program input also minimizes resident stress. The Program Director and the Associate Program Directors meet weekly with the Chief Residents and monthly with the house staff representatives to discuss problems or potential changes in the program. They also meet with all the residents at regular intervals to assess the program’s strengths and weaknesses, to discuss possible improvements, and to discover any potential interpersonal conflicts between residents and other hospital staff. Many residents take advantage of our location to experience the cultural and other opportunities available in center city Philadelphia. Many residents enjoy the city’s rich history, parks, museums, and events. A short drive outside of the city brings ample opportunity for 4-season outdoor recreation. New York and Washington, DC are easy day trips. Affordable, safe housing is available near Mercy Fitzgerald hospital.
## Post-graduate success

Residents from Mercy have gone on to successful careers in general internal medicine and hospital medicine at both University and Community hospitals. In addition, many of our graduates have gone on to fellowship training. Recent fellowships have included:

<table>
<thead>
<tr>
<th>PULMONARY/CRITICAL CARE</th>
<th>NEPHROLOGY</th>
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<tbody>
<tr>
<td>Maine Medical Center</td>
<td>Mayo Clinic*</td>
</tr>
<tr>
<td>Cooper University*</td>
<td>University of Alabama</td>
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<tr>
<td>Drexel (Hahnemann)*</td>
<td>University of Kansas</td>
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<tr>
<td>Icahn School of Medicine/St. Lukes</td>
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<td>Cedars Sinai</td>
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<td>Penn State – Hershey</td>
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<td>Medical College of Wisconsin</td>
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<td>Inspira Health*</td>
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<td>SUNY – Stony brook</td>
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<thead>
<tr>
<th>HEMATOLOGY/ONCOLOGY</th>
<th>GASTROENTEROLOGY</th>
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<tbody>
<tr>
<td>Beaumont**</td>
<td>University of Iowa</td>
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<tr>
<td>Henry Ford</td>
<td>Drexel (Hahnemann)</td>
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<tr>
<td>Drexel (Hahnemann)</td>
<td>Allegheny General Hospital (research)</td>
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<thead>
<tr>
<th>RHEUMATOLOGY</th>
<th>INFECTIOUS DISEASES</th>
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<tr>
<td>Drexel (Hahnemann)</td>
<td>Beaumont</td>
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<tr>
<td>Albany Medical Center*</td>
<td>Drexel (Hahnemann)</td>
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<td>University of Maryland</td>
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<td>University of Virginia</td>
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<td>University of Pennsylvania</td>
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<tr>
<th>ENDOCRINOLOGY</th>
<th>CARDIOLOGY</th>
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<tr>
<td>University of Alabama – Birmingham</td>
<td>Deborah Heart &amp; Lung *</td>
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<tr>
<td>University of Arkansas</td>
<td>Drexel (Hahnemann)</td>
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<tr>
<td>Georgetown</td>
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<td>U of Maryland</td>
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<tr>
<td>Jefferson Hospital*</td>
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<td>Drexel (Hahnemann)</td>
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<td>Cooper University</td>
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<td>SUNY - Buffalo</td>
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(* = multiple graduates have matched in this program)
Osteopathic Recognition

Mercy has, for many years, sponsored a highly successful osteopathic internal medicine residency. In keeping with the Single Accreditation efforts by the ACGME and AOA, effective the 2017-18 academic year, the osteopathic and allopathic residencies have merged. The allopathic residency has osteopathic recognition. Through our Osteopathic Education curriculum, Osteopathic residents undergo additional training in osteopathic manipulative medicine, which is integrated into the three year curriculum. Osteopathic graduates are eligible for board certification by either the ABIM or ABOIM, and are eligible for ACGME or AOA fellowships.

The Three Year Curriculum

MCMC carefully built a three year curriculum that is designed to produce skilled physicians who are able to pursue subspecialty training as well as practice independently as either Hospitalists or Ambulatory physicians. Our program balances time spent on inpatient, ICU, ambulatory and electives. A recent change in our overall schedule has increased elective opportunities for residents.

TYPICAL 3 YEAR ROTATION SCHEDULE

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MEDICAL FLOOR SERVICE</th>
<th>ICU/CCU</th>
<th>AOD</th>
<th>AMBULATORY CARE</th>
<th>ELECTIVES</th>
<th>SELECTIVES*</th>
<th>VACATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>RI</td>
<td>7 Blocks</td>
<td>2 blocks</td>
<td>0.5 block</td>
<td>½ day/week + 1 block</td>
<td>1 blocks</td>
<td>0.5 block</td>
<td>3 weeks</td>
</tr>
<tr>
<td>R2</td>
<td>4 Blocks</td>
<td>2 blocks</td>
<td>2 block</td>
<td>½ day/week + 2 blocks</td>
<td>2.5 blocks</td>
<td>0.5 blocks</td>
<td>4 weeks</td>
</tr>
<tr>
<td>R3</td>
<td>3 blocks</td>
<td>1 block</td>
<td>0.5 block</td>
<td>½ day/week + 2 blocks</td>
<td>4 blocks</td>
<td>1.5 block</td>
<td>1 block</td>
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*Selectives for allopathic residents: PGY 1 = observation medicine (2 weeks); PGY 2 = Emergency Medicine (2 weeks); PGY 3 = Internal Medicine Consultations (2 weeks); Geriatrics (2 weeks), Emergency Medicine (2 weeks)
Inpatient Floor Rotation

OVERVIEW
At both Mercy Fitzgerald Hospital and Mercy Philadelphia Hospital, the residents work in teams of one or two interns (PGY 1) and one resident (PGY-2 or PGY-3) with the exception of 1 team where one intern works directly with an attending. Our teams are geographically based, with each team responsible for patients on 1-2 floors. All teams care for patients with both general medicine and/or subspecialty medical problems. Residents evaluate patients and develop diagnostic and therapeutic management plans in collaboration with the attending physician and, when applicable, the subspecialist caring for the patient.

Physicians work 6:30 a.m. – 4:30 p.m. with regular long shifts to 7:30 p.m. Once each month, interns and residents take call overnight. Otherwise, night work is covered by the night float team. All residents get one day off each week.

A separate night float team cares for patients overnight. This 2 resident 1 intern team is responsible for initial management of patients admitted overnight as well as the urgent needs of patients already admitted to the teaching service. The night team works 7:00 p.m. to 7:00 a.m. five days each week.

PRINCIPLE TEACHING/LEARNING ACTIVITIES
• Attending Rounds: Teaching rounds are held five times/week for 1 ½ hours. Medical students and interns present cases for an in-depth discussion of differential diagnosis and management. Bedside teaching is integrated into daily rounds. The team resident assists the teaching attending by reviewing aspects of the case using an evidenced-based approach. Team members are strongly encouraged to bring supporting articles to rounds. For the most part, teams are organized so that the teaching attending has clinical responsibility for the majority of patients cared for by the team. Thus, rounds advance education and clinical care simultaneously.

• Intern and Resident Morning Reports: Multiple times each week interns, residents, or both meet with a Chief Resident and other faculty members in a formal didactic setting to discuss 1 – 2 patients admitted recently. Some of these reports integrate the night teams.

• Interdisciplinary Rounds: Inpatient floor residents meet daily with attendings, case managers, social workers, discharge planners and others to discuss the ongoing care of patients.

• Antibiotic Rounds: Each team rounds monthly with an ID attending to discuss antibiotic usage on their patients and reinforce general principals of clinical infectious disease.
INTERN/RESIDENT ROLE AND RESPONSIBILITIES ON INPATIENT FLOORS

6:30 A.M. – 7:00 A.M.
Arrive, get sign-out from intern night float team

7:00 A.M. – 8:30 A.M.
Pre-rounding and bedside work rounds with student/intern/resident/nurse when possible with focus on targeted physical exam, daily patient plans, and writing daily orders

8:30 A.M. – 11:00 A.M.
Interdisciplinary rounds and teaching rounds with floor team intern(s), resident(s), student(s), and teaching attending

11:00 A.M. – 12:00 P.M.
Daily Work or Morning Report

12:00 P.M. – 1:00 P.M. NOON CONFERENCE.

1:00 P.M. – 4:00 P.M.
Daily Work: Write progress notes, follow-up on tests, labs/procedures, work up new patients, do procedures under supervision when indicated, antibiotic and subspecialty rounds

4:00 P.M. – 4:30 P.M.
Meet with team – Prepare sign-out

4:30 P.M.
Sign-out rounds with long shift team

7:00 P.M.
Long shift team signs out to night float team.

Medical Intensive Care Unit (MICU/CCU)

The MICU at Mercy Fitzgerald Hospital is an 18 bed Intensive Care unit (with combined CCU and SICU beds) specializing in the care of medically critically ill patients from a wide spectrum of medical and neurological etiologies. Conditions cared for in the MICU include but are not limited to: acute respiratory distress and failure, acid-based imbalance, liver and renal failure, acute stroke, intracranial hemorrhage, status epilepticus, sepsis and coma. While in the MICU, residents work closely with the Attending Intensivist. The multi-disciplinary team also includes a registered dietician, ethicist, spiritual care representative, clinical pharmacist, respiratory therapist, wound care specialist, physical therapist, speech and language pathologist, case manager and nursing supervisor.

- 4 resident/5 intern team
- Interns and residents work as a team, alternating stretches of day and night shifts
PRINCIPLE TEACHING/LEARNING ACTIVITIES

- Write daily orders and progress notes on all ICU patients

- Daily Work/Teaching Rounds: These rounds are held daily with the ICU team of residents, interns, students, and the Attending Intensivist making rounds on patients that day. Bedside teaching is combined with didactic sessions to enhance understanding of the management of critically ill patients. Residents are expected to actively participate in rounds and present new patients admitted to the ICU service. An emphasis on procedural skills is a cornerstone of this rotation experience.

- Supplemental education is provided via the Society of Critical Care Medicine’s Virtual Critical Care Rounds, which offers our residents access to over 20 online education modules, from basic to advanced topics, in critical care medicine.

- Ethics Conference weekly

- Directly-Supervised Procedures: All procedures are done by residents under the direct supervision of the Intensivist and/or a certified resident. This includes training in the use of ultrasound to place central and arterial lines and do venipuncture. Through small group hands-on sessions with an Intensivist and Chief Resident, the trainee is able to practice on life-like models in addition to real time procedures in the ICU.

- Critical Care Grand Rounds are held monthly

Ambulatory

GENERAL MEDICINE AMBULATORY CURRICULUM

The ambulatory curriculum at MCMC is split into two parts: a longitudinal continuity clinic and the ambulatory rotation.

For continuity clinic, each resident is assigned to a hospital-based resident practice at Mercy Fitzgerald Hospital, Mercy Philadelphia Hospital or to an internal medicine attending in his/her private practice. Residents will follow patients in the practice throughout the three years of residency. Our hospital-based clinics feature an integrated electronic health record and they collaborate with major insurers in unique programs of case management. During a clinic session, each patient is presented and reviewed with faculty preceptor. Residents attend continuity practice one half-day per week except during vacation, ICU and night float rotations. The treated patient population is quite heterogeneous. Through continuity clinic sessions, residents will gain experience in chronic disease management of a panel of patients. They also gain proficiency in acute and episodic care of patients primarily followed by other resident providers.

Interns have a total of 1 block, and residents have two blocks each year dedicated to ambulatory medicine. During these rotations, residents receive additional experience in specialty clinics including gynecology, neurology, endocrinology, physical therapy/chronic pain management, rheumatology, ophthalmology, orthopedics and dermatology. During their ambulatory rotation, residents will supplement their weekly continuity clinic with additional clinic sessions at both their own site and others. This allows residents to gain increased exposure in team-based medical care and “cross-coverage” as well as experience different office-based practices. Residents participate in a formal didactic series of case-based discussions about topics in ambulatory medicine and have an opportunity to complete on-line distance learning.
Other Rotations

ELECTIVES
Residents have ample elective time during their training. Residents focus their elective time in core internal medicine electives (Cardiology, Endocrine, GI, Hematology-Oncology, Pulmonary, Infectious Diseases, and Nephrology). The remaining elective time can be done in other internal medicine electives or, on occasion, non-IM electives (psychiatry, radiology, and anesthesia). Electives are a mix of inpatient and ambulatory clinical work. During electives our residents work side by side with attending physicians. Clinical learning is enhanced by formal and informal didactic learning.

Residents may also do one “away” elective outside of MCMC. Many residents take advantage of this opportunity to gain experience with medical care in one of the University Hospitals in the Philadelphia area.

GERIATRIC MEDICINE
All residents participate in a two-week geriatric rotation. During this rotation, residents are guided by a board-certified geriatrician in a variety of experiences with elderly patients including:

- Long-Term Acute Care: Medical Residents see patients in Long-Term Acute Care, participate in wound care rounds, and work with a nutritionist.
- Nursing Home: Residents round with a faculty member in a nursing home.
- Hospice Visit: The residents spend time with a hospice nurse doing home visits.
- Topic Review: Residents present an evidence-based topic review each month.

INTERNAL MEDICINE CONSULTATION
All residents participate in a two-week consultation rotation during their third year. During the rotation, the resident will:

1. Perform in-house medical consults required by other services (i.e., Ortho/Surgery/GYN/Neurosurgery/Physical Medicine and Rehab).
2. One half–day each week, the resident will have an opportunity to review topics in consultative medicine assigned by the preceptor.
3. Once per week, the resident attends teaching rounds with PM&R attending as well as physical and occupational therapists to discuss all patients admitted to the rehab floor.
4. Teach important concepts of hospitalist medicine including billing and coding.

EMERGENCY MEDICINE
Residents rotate in the busy emergency rooms at our hospitals. During the PGY2 and PGY3 year, they act as emergency department physicians, focusing especially on patients presenting with acute complaints not likely to require admission. During PGY-2 and 3 year, residents are assigned as the admitting officer of the day (AOD). The AOD is a first-contact physician for admitted patients, and helps facilitate triage and management of the patient while in the process of being admitted. In addition, the AOD acts as a liaison between ED and inpatient staff.