

MERCY CATHOLIC MEDICAL CENTER

Internal Medicine Residency Program

OVERVIEW 2024 – 2025

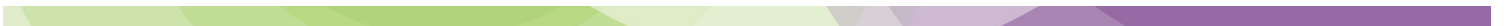


Trinity Health
Mid-Atlantic

Mercy Catholic
Medical Center

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Introduction

Welcome to the Internal Medicine Residency Program at Mercy Catholic Medical Center (MCMC), a mission-driven, clinically and academically-oriented community hospital-based Residency Program. Our program trains physicians to be outstanding, caring clinicians who will practice clinical medicine in a community setting as hospitalists, primary care physicians or, after fellowship, subspecialists. The opportunity to encounter a broad diversity of patients and medical problems is the core of our training. Our residents treat patients from Philadelphia and the suburbs of Delaware County in our emergency room, ambulatory clinics, and inpatient facilities. They work closely with hospitalists, primary care general internists, and subspecialists to care for and learn from 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

- **Recently Implemented “X+Y” schedule:** In 2021-22 we launched an “6+2” schedule. In this schedule cadence, 2 weeks of every 8 are spent in a dedicated ambulatory block. The remaining 6 are spent in pure-inpatient experiences (floors, ICU, nights, etc) and blended inpatient-outpatient subspecialty consultative experiences.
- **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:** 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 structure allows our residents to work closely with a single hospitalist and balance patient care responsibilities and education as a team.
- **Experience in two community teaching hospitals:** Residents at MCMC spend approximately 80% of their clinical time at Mercy Fitzgerald Hospital, a full-service community teaching hospital with on-site physicians from all major medical and surgical subspecialties. The remainder of their time is spent at HUP Cedar, a branch of Penn Medicine. At this campus, residents work under the supervision of hospitalists, and with specialists from the internationally-renowned Hospital of the University of Pennsylvania
- **Interdisciplinary inpatient care:** Residents round daily with nurses, social workers, physical therapists, case managers and other members of the team. 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:** Mercy combines an evening and night float system with with an intricate system of numerical caps and “touches” to determine resident work load. This system allows us to balance patient load and optimize the clinical learning environment.
- **Resident Management Conference:** During the final two years of residency, each resident gets “center stage” to present a clinical case of their choosing. Following the clinical discussion facilitated by a faculty member, 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 daily for a formal didactic conference. There are many types of conferences that occur during this conference time. Faculty review topics from all specialties with a special emphasis on board review. Once each week we have Medical Grand Rounds, often featuring speakers from the many University hospitals in the Philadelphia metro region. Morbidity and Mortality conferences, Tumor Board, 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. During conferences, residents' calls and pages are covered by attending physicians to ensure protected didactic time.
- **Journal Club:** On a regular basis, residents lead a journal club precepted by a member of the teaching faculty, to discuss recent articles from major medical journals.
- **Morning Reports:** Multiple times each week, interns or residents meet with teaching faculty to discuss evaluation and management of challenging cases.
- **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 2 weeks of selective in the emergency department. 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, are happy in their daily work, and are able to achieve their career goals while maintaining a work-life balance. In order to accomplish this task, Mercy creates a friendly, supportive environment. The program leadership and residents interact regularly both formally and informally. Residents 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 a member of the the program's leadership team to assist the resident in his/her career goal. Providing opportunities for residency program input also minimizes resident stress. The senior program leaders 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:

PULMONARY/CRITICAL CARE	NEPHROLOGY
Jefferson/Kennedy Henry Ford Cooper University* Drexel (Hahnemann)* Icahn School of Medicine/St. Lukes Penn State – Hershey Medical College of Wisconsin Inspira Health* Med Star Washington, D.C. Cleveland Clinic University of California, SF-Fresno Saint Luke’s Hospital* Rowan School of Osteopathic Medicine	Mayo Clinic* University of Alabama University of Kansas Baystate Medical Center
	HOSPICE & PALLIATIVE MEDICINE
	NYU Long Island SOM
HEMATOLOGY/ONCOLOGY	GASTROENTEROLOGY
Beaumont** Henry Ford Drexel (Hahnemann) University of Oklahoma University of Texas Western Pennsylvania Hospital Maimonides Medical Center	Drexel (Hahnemann) Allegheny General Hospital (research) Tower Health, Reading Carilion Clinic – Virginia Tech
RHEUMATOLOGY	INFECTIOUS DISEASES
Drexel (Hahnemann) Albany Medical Center* University of Maryland University of Virginia University of Pennsylvania Penn State Hershey	Beaumont Drexel (Hahnemann)* Cooper Medical Center Albert Einstein Medical Center
ENDOCRINOLOGY	CARDIOLOGY
University of Alabama – Birmingham U of Maryland Jefferson Hospital* Drexel (Hahnemann) Cooper University Boston University University of Oklahoma	Deborah Heart & Lung* Drexel (Hahnemann)* Jackson Memorial Hospital Danbury Hospital University of Louisville

(* = 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, since 2017, 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 launched a new three year curriculum in the 2021 – 2022 year 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 uses a “6+2” model of scheduling to balance time spent on inpatient, ICU, ambulatory and electives.

TYPICAL 3 YEAR ROTATION SCHEDULE

	MEDICAL FLOOR SERVICE	CRITICAL CARE	AMBULATORY CARE	AOD	NIGHT FLOAT	SELECTIVES AND ELECTIVES	VACATION
R1	18 weeks	6 weeks	12 weeks		4 weeks	7 weeks	3 weeks
R2	10 weeks	6 weeks	12 weeks	4 weeks	4 weeks	10 weeks	4 weeks
R3	8 weeks	4 weeks	12 weeks	4 weeks	4 weeks	16 weeks	4 weeks

INTERN/RESIDENT ROLE AND RESPONSIBILITIES ON INPATIENT FLOORS

Inpatient Floor Rotation

OVERVIEW

Our residents work in teams of one or two interns (PGY 1) and one resident (PGY-2 or PGY-3.) 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.

Residents typically work 6:30 a.m. – 4:30 p.m., staying until 7:00 p.m. every 4th day. 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 or 2 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. – 7:00 a.m. five days each week.

PRINCIPLE TEACHING/LEARNING ACTIVITIES

- **Attending Rounds:** Teaching rounds are held five times per week for 1½ 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 resident assists the teaching attending by reviewing aspects of the case using an evidenced-based approach. 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.
- **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.
- **Ethics rounds:** Each team rounds monthly with the medical ethics team, discussing medicolegal and ethical aspects of care for all patients

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 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: Write progress notes, follow-up on tests, labs/procedures, work up new patients, do procedures under supervision when indicated

12:00 p.m. – 1:00 p.m.

Noon conference

1:00 p.m. – 2:30 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, re-round on floors and check in with nursing & patients

2:30 p.m. – 3:30 p.m.

Intern or Resident Report (1x/week) or continue daily work

4:00 p.m. – 4:30 p.m.

Prepare sign-out as a Team. Sign-out rounds with long shift team

7:00 p.m.

Long shift team signs out to night float team

INTERN/RESIDENT ROLE AND RESPONSIBILITIES ON INPATIENT FLOORS

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. Our ICU provides state-of-the-art treatment including therapeutic hypothermia, continuous EEG and ICP monitoring, and continuous veno-veno hemodialysis. 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

- **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.
- **Structured didactics:** 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 rounds:** The ICU team rounds weekly with the medical ethics team, discussing medicolegal and ethical aspects of care for all patients
- **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 perform 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.

Ambulatory

GENERAL MEDICINE AMBULATORY CURRICULUM

Each resident is assigned to a hospital-based resident practice at Mercy Fitzgerald Hospital. Residents will follow patients in the practice throughout their three years of residency. Our hospital-based clinic features an integrated electronic health record and collaborates with major insurers in unique programs of case management. During a clinic session, each patient is reviewed with faculty preceptor. 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.

In addition to continuity clinic sessions, residents attend other ambulatory medicine experiences. These include time spent in internal medicine and non-internal medicine sub-specialties as well as time spent with ancillary services such as physical therapy and home-care. Residents participate in a dedicated ambulatory didactic half day to learn about topics in ambulatory medicine.

Other Rotations

ELECTIVES

Residents have ample elective time during their training. Residents focus their elective time in core internal medicine electives (Cardiology, Endocrine, **Gastroenterology**, 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, administrative medicine, medical education, research and anesthesia). Electives are a blend 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.

Categorical residents may also do a 4-week “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 geriatric selectives. During this experience, 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.

INTERNAL MEDICINE CONSULTATION

All residents rotate on the medical consult service, co-managing patients admitted to other services (surgery, orthopedics, psychiatry, physical medicine and rehabilitation, etc). In addition, residents participate in dedicated didactics around medical consultation and specialized rounds in our acute rehabilitation unit.

EMERGENCY MEDICINE

Residents rotate in our busy emergency room. During their emergency medicine rotations, they act as emergency department physicians, focusing especially on patients presenting with acute complaints not likely to require admission. In addition, during their 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 teams.