

**JEFFERSON
INTERNAL MEDICINE RESIDENCY
ELECTIVE GUIDE**

Updated 9/11/2023

Guidelines for Elective Assignments

- Electives are 2 weeks in duration with some exceptions.
- Electives should not be repeated within your residency.
- Electives must represent a variety of different medicine subspecialties.
- 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.
 - The following are considered to be non-core electives:
 - Echo – prioritized to residents going into cardiology or critical care
 - Radiology
 - Dermatology
 - Pathology
 - Global Health
- **Research or Away electives require pre-authorization at the beginning of the academic year** and are subject to approval by the Internal Medicine Program Director. The necessary paperwork for detailing your request should be picked up in 805 College (or you can email Deb Richards). Include your faculty preceptor's name and an explanation regarding your objectives.

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)
- Medical Knowledge (MK)
- Practice-based Learning and Improvement (PBLI)
- Interpersonal and Communication Skills (ICS)
- Professionalism (P)
- Systems-based Practice (SBP)

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Acute Pain Management

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

Rotation Location: TJUH Center City Campus, including JHN

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

Rotation Overview:

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

Goals and Objectives:

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

General Guidelines and Expectations:

Report on time

Please notify Deb Bizup of any anticipated absences two weeks prior to the rotation.

Additional Contact Information:

Deb Bizup (deborah.bizup@jefferson.edu)

Perioperative Medicine

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

Rotation Location: TJUH Center City Campus, including JHN

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

Rotation Overview:

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

Goals and Objectives:

1. Determine cardiac non-cardiac medical risk prior to urgent and elective surgeries using clinical judgment and appropriate guidelines
2. Provide recommendations for medical optimization prior to urgent and elective surgeries
3. Communicate with patients and surgeons about surgical risk, including when delivering a recommendation that surgery should be delayed or reconsidered
4. Complete 5 perioperative risk assessments under attending supervision

General Guidelines and Expectations:

Report on time

Please notify Deb Bizup of any anticipated absences two weeks prior to the rotation.

Additional Contact Information:

Deb Bizup (deborah.bizup@jefferson.edu)

Transitions of Care

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

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

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

Rotation Overview:

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

Goals and Objectives:

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

General Guidelines and Expectations:

Report on time

Use the Kindred rotation guide and review this ahead of your time at Kindred

Please notify Deb Bizup of any anticipated absences two weeks prior to the rotation.

Additional Contact Information:

Deb Bizup (deborah.bizup@jefferson.edu)

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

Acute Care Models

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

Rotation Location: TJUH Center City Campus, including JHN

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

Rotation Overview:

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

Goals and Objectives:

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

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

General Guidelines and Expectations:

- Report on time
- Please notify Deb Bizup of any anticipated absences two weeks prior to the rotation.

Additional Contact Information:

- Deb Bizup (deborah.bizup@jefferson.edu)

Community Medicine

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

Rotation Location: Methodist Hospital; potential option for Aria campuses

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

Rotation Overview:

Residents (PGY2-3) will rotate through a community based, non-teaching general internal medicine service at Methodist Hospital to gain more exposure to bread-and-butter medicine that is sometimes hard to come by on a complex teaching service. They are encouraged to ask questions about scheduling and job factors in a community job, to gain a perspective different from that of their usual faculty mentors at TJUH.

Goals and Objectives:

Residents will experience hospital medicine in a community setting, gaining an appreciation of different models of inpatient general medical care

General Guidelines and Expectations:

Report on time

Please notify Deb Bizup of any anticipated absences two weeks prior to the rotation.

Additional Contact Information:

Deb Bizup (deborah.bizup@jefferson.edu)

Wounds and Clots

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

Rotation Location: TJUH Center City Campus, including JHN

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

Rotation Overview:

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

Goals and Objectives:

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

General Guidelines and Expectations:

Report on time

Please notify Deb Bizup of any anticipated absences two weeks prior to the rotation.

Additional Contact Information:

Deb Bizup (deborah.bizup@jefferson.edu)

Palliative Care

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

Rotation Location: TJUH, MHD

Reporting Information: Virtual rounds are every morning at 9 am at <http://bit.ly/JeffPCsignout>

Conferences:

- Didactic lectures: Thursday AM from 9-12 on above link.

Rotation Overview:

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

Goals and Objectives:

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

General Guidelines and Expectations: This is a predominantly inpatient consultation experience. Individuals interested in focused outpatient time should contact the above individuals prior to rotation to see if coordination is possible. For solely outpatient experience please contact **Dr. Beth Collins at elizabeth.collins@jefferson.edu**. All rotators will participate in weekly fellowship didactic on Thursday AM from 9 AM-12 PM unless other obligations.

Inpatient Medicine Consults

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

Secondary Contact: Dr. Newton Mei (newton.mei@jefferson.edu)

Rotation Location: TJUH Center City Campus

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

Rotation Overview:

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

Goals and Objectives:

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

General Guidelines and Expectations:

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

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

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

Advanced Heart Failure Elective (Inpatient and Outpatient)

Primary Contact:

Indranee Rajapreyar (indranee.rajapreyar@jefferson.edu). Cell: 267-324-1364
Yevgeniy Brailovsky (yevgeniy.brailovsky@jefferson.edu)

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

Rotation Overview:

- The resident will complete inpatient consultations with the team
- The resident will spend 2 weeks with the floor service and 2 weeks with ICU service
- The resident will participate in the outpatient care of LVAD and transplant patients Tuesday and Thursday mornings (optional)
 - LVAD Clinic: 925 Chestnut St. Office, Mezzanine
 - Transplant Clinic: 6th Floor Gibbon

Educational Objectives:

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

Goals and Objectives:

1. The resident will be a member of the advanced heart failure team responsible for the inpatient evaluations of patients with heart failure
2. The trainee will be able to perform a detailed and focused history and systems review pertinent to example medicine, demonstrate skill in the performance of physical examination, demonstrate facility in the proper selection and interpretation of specialized laboratory testing, articulate an understanding of testing sensitivity, specificity and predictive value, and develop a correct diagnosis and a proper, cost-effective management plan. (PC, MK, ICS, SBP)

3. The fellow is responsible for initial evaluation, as well as follow-up of their patients, data review, and learning to synthesize management plans
4. The above is done under the close supervision of a key faculty member who reviews the resident's findings, amends the treatment plan, and acts as an instructor and mentor to the resident.

General Guidelines and Expectations:

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

Additional Contact Information:

Administrative office: 215-955-2050

This elective is limited to PGY2 and 3 residents.

Echocardiography

Primary Contact: Alyssa Coia (admin), Praveen Mehrotra MD (Director of Echo Program)

Rotation Location: TJUH

Reporting Information: Residents should report to the 8th Floor Pavilion/Main (Echo Reading Room) after Morning Report on the first day

Rotation Overview:

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

Goals and Objectives:

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

General Guidelines and Expectations:

Report on Time

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

Additional Contact Information:

N/A

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

Consultative Cardiac Electrophysiology

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

Rotation Location: TJUH

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

Rotation Overview:

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

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

General Guidelines and Expectations:

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

Additional Contact Information:

- Behzad B. Pavri, MD 215-955-8882
- Arnold J. Greenspon, MD 215-955-8659
- Reginald T. Ho, MD, 215-955-7303
- Daniel Frisch, MD, 215-955-0531

Interventional Cardiology

Primary Contact: Nicholas Ruggiero, MD; Nicholas.Ruggiero@jefferson.edu 215-503-3718

Rotation Location: TJUH - 5 Gibbon Cath Lab

Reporting Information: Call cath fellow the Friday before you start service to arrange a meeting time and schedule.

Rotation Overview:

- The resident will have the opportunity to observe and participate in cardiac interventions in the TJUH cath lab for a 2 week period
- They can round on the structural heart disease service and observe the structural heart procedures

Goals and Objectives:

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

Suggested Reading:

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

General Guidelines and Expectations:

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

Additional Contact Information:

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

JHI Cardiology Consults

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

Rotation Location: TJUH

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

Rotation Overview:

- The resident will complete inpatient consultations with the team
- The resident will have the option of attending cardiology fellows conference daily

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

General Guidelines and Expectations:

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

Additional Contact Information:

David Wiener, MD; David.Wiener@jefferson.edu

JHI Cardiology Outpatient

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

Rotation Location: 925 Chestnut Street JHI Offices, Mezzanine

Reporting Information: Please contact Mary Ehly to determine a schedule for your rotation at least 10 days before your start date. If you do not hear from her, please reach out to her at the above email or call.

Conferences (if applicable):

- Cardiology Morning Conference: Room 1840 Gibbon 7:15 am to 8 am

Rotation Overview:

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

Goals and Objectives:

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

General Guidelines and Expectations:

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

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

This rotation is limited to one resident per block.

Cardiology - Dr. Schwartz Outpatient

Primary Contacts: Marc.Schwartz@jefferson.edu

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

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

Rotation Overview:

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

Goals and Objectives:

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

General Guidelines and Expectations:

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

Endocrinology, TJUH

Primary Contact:

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

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

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

Conferences:

Friday Forum at 7:15 AM

Thyroid Conference -1st Wednesday of the month at 7AM

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

Goals and Objectives:

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

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

Additional Contact Information:

Monika Shirodkar, MD - monika.shirodkar@jefferson.edu

This rotation is limited to one resident per block.

Endocrinology, Ruby

Primary Contact: Dr. Edward Ruby, Rubyglandman@aol.com

Rotation Location: 1015 Chestnut Street, Suite 910

Reporting Information: Please contact the office at 215-955-7285 prior to starting the rotation to discuss your schedule. Clinic sessions are normally Mondays, Wednesdays, and Thursdays.

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)

Inpatient Hepatology

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

Rotation Location: TJUH

Reporting Information:

The resident should contact the hepatology fellow on the day of the rotation after Morning Report to arrange for a meeting place.

Conferences:

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

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

**During the pandemic and pending University regulations, these conferences may occur virtually. In these cases, Leah will forward the appropriate links for access to educational conferences.*

Rotation Overview

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

Goals and Objectives:

The trainee will be able to perform a detailed and focused history and systems review in patients admitted with end-stage liver disease, demonstrate skill in the performance of physical examination, demonstrate facility in the proper selection and interpretation of specialized

laboratory testing, articulate an understanding of testing sensitivity, specificity and predictive value, and develop a correct diagnosis and a proper, cost-effective management plan (PC, MK, ICS, SBP). The trainee will become familiar with the process of liver transplant evaluation, listing, list maintenance, evaluation of liver graft dysfunction, interpretation of liver biopsies and management of post transplant immunosuppression (MK).

General Guidelines and Expectations:

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

Additional Contact Information:

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

Outpatient Hepatology

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

Rotation Location: TJUH

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

Conferences:

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

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

**During the pandemic and pending University regulations, these conferences may occur virtually. In these cases, Leah will forward the appropriate links for access to educational conferences.*

Rotation Overview

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

Goals and Objectives:

The trainee will be able to perform a detailed and focused history and systems review in patients with liver disease, demonstrate skill in the performance of physical examination, demonstrate facility in the proper selection and interpretation of specialized laboratory testing, articulate an understanding of testing sensitivity, specificity and predictive value, and develop a

correct diagnosis and a proper, cost-effective management plan (PC, MK, ICS, SBP). The trainee will become familiar with the process of liver transplant evaluation, listing, list maintenance, evaluation of liver graft dysfunction, interpretation of liver biopsies and management of post transplant immunosuppression (MK).

General Guidelines and Expectations:

- Report on Time
- Notify team of any anticipated advances on day one of the rotation
- Perform patient evaluations in a complete and timely manner

Additional Contact Information:

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

Inpatient Gastroenterology

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

Rotation Location: 480 Main Building/TJU

Reporting Information: Residents should contact the fellow on the appropriate service

Conferences:

Residents may attend scheduled GI conferences as schedule allows.

GI Conference schedule includes:

- Daily noon conference (including M&M, Literature Review, Journal Club, IBD Conference, Endoscopy Conference, Pathophysiology, Core Curriculum)
- Wednesday afternoon conference (these typically start at 4 or 4:30 pm and last 60-90 minutes, topics include Clinical Case Conferences, Multidisciplinary Conference, Research Conference, GI Grand Rounds). Would recommend residents attend this afternoon conference, as it does not conflict with medicine conferences and is very interesting and high yield

**During the pandemic and pending University regulations, these conferences may occur virtually. In these cases, Leah will forward the appropriate links for access to educational conferences.*

Rotation Overview:

The resident will see inpatient GI consults with the fellows and attendings on one of the academic GI services (JDDS-1 or 2). Their time will largely be spent working directly with the fellow and the attending. They will observe rounds with the housestaff team on the primary patients as well for added teaching, but their responsibility is to see new consults and follow-up on active non-primary patients who they are consulted on. It is also recommended that they observe the inpatient procedures on patients they are following to correlate clinical findings.

Goals and Objectives:

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

General Guidelines and Expectations:

Report on time and complete assignments in a timely and satisfactory manner. Attentive, focused and inquisitive residents will excel. Gastroenterology comprises three demanding services with interesting and versatile case loads.

Service Assignments:

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

Additional Contact Information:

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

Outpatient GI

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

Rotation Location: 480 Main Building/TJU

Reporting Information: Residents will receive an email from Leah Straub the week prior to the elective with their individualized schedule. If no email has been received, reach out to Leah at leah.straub@jefferson.edu.

Conferences:

Residents may attend scheduled GI conferences as schedule allows.

GI Conference schedule includes:

- Daily noon conference (including M&M, Literature Review, Journal Club, IBD Conference, Endoscopy Conference, Pathophysiology, Core Curriculum)
- Wednesday afternoon conference (these typically start at 4 or 4:30 pm and last 60-90 minutes, topics include Clinical Case Conferences, Multidisciplinary Conference, Research Conference, GI Grand Rounds). Would recommend residents attend this afternoon conference, as it does not conflict with medicine conferences and is very interesting and high yield

**During the pandemic and pending University regulations, these conferences may occur virtually. In these cases, Leah will forward the appropriate links for access to educational conferences*

Rotation Overview:

This rotation will expose you to various components of the outpatient practice of Gastroenterology. The bulk of the experience will pair residents with multiple attendings with different focus areas ranging from general GI to esophageal disease, inflammatory bowel disease, motility disorders, pancreatobiliary disease and more. The elective will supplement outpatient office sessions with sessions with nutrition, motility lab, endoscopy simulator, and observation of outpatient procedures in the endoscopy suite.

Goals and Objectives:

The resident will be able to perform a history and physical pertinent to all areas of gastroenterology and learn to develop diagnostic and therapeutic plans (PC, MK). There will also be endoscopic correlation of clinical findings with direct observation of outpatient procedures (MK).

General Guidelines and Expectations:

If you know of any conflicts you have during this elective, please notify Leah (and the chiefs) several weeks in advance so she can account for this during her scheduling

Additional Contact Information:

Educational Coordinator, Leah Straub 215-955-3867

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

Methodist Outpatient GI

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

Rotation Location: Methodist Outpatient Offices 1300 Wolf St, Philadelphia

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

Reporting Information: On the first day of the rotation, report to the outpatient offices on the 1st floor of the office building at 8:00 AM. Office building is located directly behind the hospital and near the emergency room.

Roles and Expectations: Each day you will be expected to see new outpatients as assigned by the clinic attending. By the end of the rotation you will be able to perform a history and physical pertinent to all areas of gastroenterology and learn to develop diagnostic and therapeutic plans. You will be expected to write full clinic notes and co-sign to the clinic attending. Familiarizing yourself with guidelines and societal recommendations pertinent to the visit is highly recommended. You will also be given the opportunity to observe various outpatient endoscopies for a few half sessions if interested.

Conferences:

- Since this is an off-site rotation, you are excused from residency Morning Report and Noon conference for the duration of this elective.
- In addition to bedside teaching during clinic sessions, you will have two formal lectures given by the inpatient rounding attending and GI fellow during the month. Topics may include Dyspepsia, GERD, Pancreatitis, Acute Diarrhea, Chronic Diarrhea, Cirrhosis, Celiac disease, GI bleeding.
- It is highly recommended that you also attend the daily GI noon conference via zoom (including Literature Review, Journal Club, IBD Conference, Endoscopy Conference, Pathophysiology, Core Curriculum). This lecture series will cover high yield topics for both the Internal Medicine and Gastroenterology specialty board exams.
- You may also choose to attend the Wednesday afternoon conference (these typically start at 4 or 4:30 pm and last 60-90 minutes, topics include Clinical Case Conferences, Multidisciplinary Conference, Research Conference, GI Grand Rounds). Please contact Leah Straub at leah.straub@jefferson.edu if you have not received the link for these lectures which are sent on a weekly basis (typically on Fridays).

Other Contacts: Leah Straub, leah.straub@jefferson.edu

Methodist Inpatient GI

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

Rotation Location: Methodist Hospital

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

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

Roles and Expectations: Each day you will be expected to see new consults as assigned by the rounding attending. By the end of the rotation you will be able to perform a history and physical pertinent to all areas of gastroenterology and learn to develop diagnostic and therapeutic plans. You will be expected to write full consultation notes and co-sign to the rounding attending. Familiarizing yourself with guidelines and societal recommendations pertinent to the consultation is highly recommended. You will have the opportunity to observe various endoscopies during the day if interested.

Conferences:

- Since this is an off-site rotation, you are excused from residency Morning Report and Noon conference for the duration of this elective.
- In addition to bedside teaching during rounds, you will have two formal lectures given by the rounding attending and GI fellow during the month. Topics may include Dyspepsia, GERD, Pancreatitis, Acute Diarrhea, Chronic Diarrhea, Cirrhosis, Celiac disease, GI bleeding.
- It is highly recommended that you also attend the daily GI noon conference via zoom (including Literature Review, Journal Club, IBD Conference, Endoscopy Conference, Pathophysiology, Core Curriculum). These lecture series will cover high yield topics for both the Internal Medicine and Gastroenterology specialty board exams.
- You may also choose to attend the Wednesday afternoon conference (these typically start at 4 or 4:30 pm and last 60-90 minutes, topics include Clinical Case Conferences, Multidisciplinary Conference, Research Conference, GI Grand Rounds). Please contact Leah Straub at leah.straub@jefferson.edu if you have not received the link for these lectures which are sent on a weekly basis (typically on Fridays).

Other Contacts: Leah Straub, leah.straub@jefferson.edu

Infectious Diseases

Primary Contact:

Devin Weber, MD

Devin.Weber@jefferson.edu, 215-503-8575

Additional Contact Information:

Sean Moss, MD- Transplant rotation

Sean.Moss@jefferson.edu, 215-503-8575

Christina Melton, Division Administrator, 215-503-8575

Rotations Offered:

Teaching/Green service - all residents

Teaching/Methodist service - all residents

Surgical/ Blue service - all residents

Transplant ID Service - motivated PGY 2/3 residents interested in a career in ID

Rotation Location:

ID Office: 1101 Market Street, Suite 2720

- Consults are for the Gibbon/Pavillion/Thompson buildings with the exception of the Methodist team, which will be based at Jefferson Methodist Hospital

Reporting Information:

- Secure Chat the ID GREEN pager (fellow) the morning of your rotation to confirm meeting time and schedule
- If the service is attending-only (Methodist, Surgical, Transplant), please Secure Chat the attending the week prior to confirm meeting time and schedule.

Conferences:

*Tuesdays 12 noon ID rotation curriculum lecture (directed to students, but open to other trainees if resident available), not available for Methodist rotators

*Wednesday 11 am: Microbiology Rounds

(Microbiology Lab- 2nd floor Pavillion), not available for Methodist rotators

*Friday 8:00 am: ID Management Conference/ Journal Club/ Guidelines Conferences

(Zoom or 1101 Market Street Suite 2720 Conference room)

*Friday 9:00 am: Clinical and Basic Science Lectures by faculty

(Zoom or 1101 Market Street Suite 2720 Conference room)

*Monthly Tuesday morning Citywide conference at 8:00am

(Zoom or 1101 Market Street)

Rotation Overview:

Interns and residents will have the opportunity to gain experience performing initial ID consults, including taking a relevant history such as travel, prior antibiotic use, prior cultures, and making recommendations to the primary team. Additionally, they will follow the patients' inpatient

course and possibly as an outpatient, by shadowing certain attendings, on occasion, in their afternoon clinics.

Goals and Objectives:

The goal of these rotations is to learn diagnosis, treatment and management of common infectious diseases, especially HIV/AIDs, immunocompromised patients with fever, TB, PNA, endocarditis, and a spectrum of skin and soft tissue infections, including DM foot and catheter related infections (PC, MK). For the Transplant ID rotation, additional focus on the mechanism of immunosuppressing drugs and the interplay with various opportunistic infections within the solid organ and bone marrow transplant patient population will be emphasized. Additional education includes learning where to turn for further information and updates on these diseases (i.e., online resources, landmark papers, core journals, subject matter experts), as well as participating in conferences, as outlined on the schedule (MK, PBLI). Other, less obvious, benefits of the rotation include understanding how the field of infectious disease works with other fields on issues such as hand washing, infection control, and environmental services (PBLI, ICS, SBP). Also, residents are expected to participate in helping to educate patients about their disease processes (PBLI, ICS).

General Guidelines and Expectations:

Pre-rounding

- Residents are expected to pre-round on all of their patients they are following
- Pre-rounding should include chart review, interim history from patient, and physical exam

Rounds

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

Presentation Expectations

- New Consults
 - Provide any Infectious Diseases history as able as part of the pertinent past medical history
 - Describe any recent admissions and antibiotic usage (both inpatient and outpatient if applicable)
 - Obtain a detailed antibiotic allergy history
 - Detail any immunosuppressive medications
 - Perform a thorough social history, including but not limited to travel, occupation, hobbies, sexual history, drug use, barriers to health
 - Obtain outside microbiology data and records as needed
 - Review any images before rounds and with the team on rounds

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

Notes

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

Suggested Readings:

Please refer to Confluence 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.

TJUH Intranet or Confluence Topics:

Antimicrobial Guidelines and Stewardship (numerous institutional and national guidelines; antibiogram)

Dosage Guidelines for Commonly Used Drugs in Adults with Renal Impairment

IDSA Practice Guidelines

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

Transplant Infectious Disease Guidelines

<https://onlinelibrary.wiley.com/toc/13990012/2019/33/9>

Nephrology Consults

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

Rotation Location: TJUH

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

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)

Outpatient Nephrology

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

Rotation Location: 833 Chestnut St, Suite 700

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

Rotation Overview: Residents will assess and manage acute and chronic renal disease in the outpatient setting while working with different attending nephrologists during their two week rotation.

Goals and Objectives:

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

Renal Transplant Service

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

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

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

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

Goals and Objectives:

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

Filippone Renal

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

Rotation Location: 2228 South Broad St. and TJUH

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

Rotation Overview:

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

Goals and Objectives:

1. 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 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 Hematology Consults

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

Rotation Location: TJUH, JHN

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

Rotation Overview: Residents will complete inpatient consults for patients admitted to the center city campus at both TJUH and JHN. Residents will be exposed to the diagnosis and management of general hematologic conditions:

Goals and Objectives:

- Perform the initial evaluation of inpatients referred for hematology consultation including formulation of a diagnostic impression and management plan (PC, MK)
- Communicate with the referring physicians to elicit background information, clinical suspicions and the specific reasons for the consultation (ICS)
- Complete thorough H&P's on newly evaluated patients with particular attention to signs and symptoms pertinent to hematologic diseases (PC, ICS)
- Provide a synopsis of the database, summarize their impressions and present these to the hematology team in formulating a diagnosis and management plan (ICS)
- Describe the sensitivity and specificity, limitations, indications, contraindications, risks and costs associated with and interpretation of common hematologic studies (PBLI)
- Practice the examination of peripheral blood and bone marrow smears (MK)
- Master the initial inpatient diagnostic approach to anemia, thrombocytopenia, and coagulopathy (MK)
- Understand the general principles of blood component transfusion (MK)
- Facilitate and record daily progress of patients previously evaluated, including their response to ongoing management (PC, ICS)
- Work closely with house staff in guiding the diagnosis and management of hematologic conditions (PBLI, ICS)
- Identify the circumstances that warrant consultation from a hematologist (SBP)

Outpatient Oncology Elective

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

Rotation Location: Variable depending on sub-specialty assignment

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

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

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

Goals and Objectives:

- become proficient in taking full histories and physical exams for newly and previously diagnosed solid tumor patients (including lung, breast, colorectal, prostate, head and neck, upper gastrointestinal, genitor-urinary cancers) and hematologic malignancy patients (including hematologic malignancies such as acute leukemias, lymphomas, myelomas, myelodysplastic syndromes, and myeloproliferative diseases) with regards to presentation, risk factors, staging, treatment modalities, and prognosis (PC).
- become proficient in recognizing common presenting solid and liquid cancer signs and symptoms (such as anemia, malaise, weight loss, ascites, bowel obstruction, hoarseness, hemoptysis, lymphadenopathy, venous thromboembolism, soft tissue mass, organomegaly, pleural effusion, focal neurologic deficits, painless hematuria, urinary obstruction). (MK)
- learn and apply principles of diagnosis and staging of hematologic malignancies and solid cancers (MK)
- help transition care to the inpatient oncology services when appropriate (SBP)
- be cognizant of acute emergencies common to oncologic patients which need escalation of care, including malignant pleural effusions, pathologic fractures, bowel obstruction, hypercalcemia, spinal cord compression, and intracranial metastases.(MK)

- become familiar with appropriate ordering of imaging and diagnostic procedures, including CT, MRI, PET, FNA, core biopsies. (MK)
- become familiar with treatment options including chemotherapy regimens, biologics, and hematopoietic stem cell transplantation (MK)
- learn how to perform and interpret bone marrow biopsies under the supervision of hematology/oncology fellows and faculty(MK, PBLI)
- work with hematology/oncology fellows and attending physicians to provide appropriate recommendations for the management of these patients (MK, ICS)
- address the potential for the patient to be enrolled in a clinical trial for his/her oncologic illness. (PBLI)
- educate patients regarding their disease, helping them to have an accurate understanding of expected treatment, course, and outcomes (PBLI, ICS)
- provide supportive care to these patients along with the primary team, nurses, and ancillary staff (PBLI, ICS, SBP)
- become familiar with multidisciplinary treatment plans, involving medical oncology, radiation oncology, surgical oncology, etc. (MK, SBP)
- become familiar with appropriate information on these diseases, including online resources, landmark papers, core journals, subject matter experts. (PBLI)
- become familiar with appropriate techniques for discussing goals of care, end of life decisions, palliative measures, and “breaking bad news.” (PBLI, ICS)
- understand the role of primary care in the sphere of public health (i.e., cancer prevention and screening) and general trends in cancer epidemiology (with regards to obesity, smoking, etc). (SBP)
- understand when to involve another specialty in the patient’s multidisciplinary care (including Surgery, Radiation Oncology, Physical and Occupational Therapy, Psychiatry, Dietary/Nutrition, Palliative Care) and to establish effective communication with these consultants. (ICS, SBP)

Additional Contact Information:

- Director of Educational Programs, Department of Medical Oncology: Dr. Joanne Filicko-O’Hara (joanne.filicko@jefferson.edu)

Solid Tumor Oncology Inpatient Consults

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

Rotation Location: TJU Hospitals Center City

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

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

Goals and Objectives:

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

Additional Contact Information:

Dr. William Kelly; william.kelly@jefferson.edu

Bone Marrow Transplant Service Elective

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

Rotation Location:

- 14th Floor Pavilion Building, TJUH
- Sidney Kimmel Cancer Center (SKCC) at Jefferson – Center City Outpatient Office 925 Chestnut Street, Suite 420

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

Rotation Overview: Residents will participate in the inpatient and outpatient care of patients with hematologic malignancies and other disorders undergoing cellular therapies, including high dose therapy and autologous stem cell rescue, allogeneic stem cell transplant and CAR-T (immune effector cell) therapy.

Goals and Objectives:

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

Additional Contact Information: Director of Educational Programs, Department of Medical Oncology: Dr. Joanne Filicko-O’Hara (joanne.filicko@jefferson.edu)

Women's Health

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

Reporting Information: Refer to calendar sent by Ms. Deborah Bizup

Conferences: Women's health case-based conference on Thursday mornings from 10:00 am to 11:30 am; cases and readings will be available to review prior to these sessions.

Rotation Overview:

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

Goals and Objectives:

- To understand the diagnosis of common women's health complaints
- To describe the management of common women's health complaints
- To contrast how illnesses may present differently in women compared to men

General Guidelines and Expectations:

- To attend and actively participate in all assigned sessions and conferences

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

Primary Care

Primary Contact: Jason Ojeda MD, jason.ojeda@jefferson.edu

Rotation Location: 33 S 9th Street (and other clinical locations as requested)

Reporting Information: You will be contacted at least 6 weeks prior to your elective to discuss individualizing the goals and objectives of the rotation and given a schedule with reporting information. Please feel free to contact Jason Ojeda at any point prior to the elective.

Rotation Overview: This elective is designed to give residents interested in primary care and ambulatory residents experience with higher volumes and the opportunity to work directly with JIMA attendings doing acute care. You will be responsible to evaluating patients, developing plans, writing notes, etc. There is ample opportunity to gain exposure in other areas of primary care as well like musculoskeletal medicine and procedures, obesity medicine, dermatology depending on resident interest. Upper year residents can also practice their skills as a preceptor in a mentored way.

Goals and Objectives:

- Evaluate and develop management plans for common ambulatory conditions. (PC, MK)
- Demonstrate familiarity with common diagnostic and therapeutic procedures used in ambulatory medicine. (MK)
- Work effectively as part of the ambulatory care team. (SBP)
- Identify clinical situations requiring escalation of care and referral to the emergency department. (PBLI, SBP)

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

Critical Care

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

Rotation Location: TJUH

Reporting Information: Please contact the 5 MICU fellow the day of the rotation after Morning Report to determine where to meet them. 215-200-5747.

Rotation Overview:

Residents will assist the critical care fellow with ICU consults and triage, and be able to participate in procedures, if appropriate (including thoracentesis, chest tubes, bronchoscopies). They may also see Pulmonology Consults. Residents may work along with the critical care fellow overseeing the care of patients in the 5MICU including participating in 5MICU rounds.

Goals and Objectives:

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

- Shock syndromes
- Sepsis and sepsis syndrome
- Acute and chronic respiratory failure
- Acute metabolic disturbances, including overdosages and intoxication syndromes
- Multi-organ system failure
- Metabolic, nutritional, hematologic, and endocrine effects of critical illnesses
- Management of the immunosuppressed patient
- Hemodynamic and ventilatory support of patients with organ system damage
- The use of paralytic agents and sedative and analgesic drugs
- Health care associated pneumonia
- Airway management
- The use of a variety of positive pressure ventilatory modes including:
 - initiation, maintenance, and weaning of ventilatory support;
 - respiratory care techniques; and
 - withdrawal of mechanical ventilatory support
- The use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
- Flexible fiberoptic bronchoscopy in the ICU
- Operation of bedside hemodynamic monitoring systems
- Nutritional support
- Imaging techniques commonly employed in the evaluation of patients with critical illness and/or pulmonary disorders
- Pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness.

Starting June 2022 this elective is only for PGY-2 and PGY-3 residents

Inpatient Pulmonology Consults

Primary Contact: Dr. Summer; ross.summer@jefferson.edu

Rotation Location: TJUH

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

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

Goals and Objectives:

- Master pulmonary-focused H&P's (PC)
- Master treatment plans including timeframe for return visits and necessity for further diagnostic testing for outpatients (MK)
- Gain knowledge in the evaluation and management of inpatients with: (MK)
 - obstructive lung diseases, including asthma, bronchitis, emphysema, bronchiectasis
 - pulmonary malignancy -- primary and metastatic
 - pulmonary infections, including tuberculosis, fungal, and those in the immunocompromised host
 - diffuse interstitial lung disease
 - pulmonary vascular disease, including primary and secondary pulmonary hypertension and the vasculitis and pulmonary hemorrhage syndromes
 - occupational and environmental lung diseases
 - iatrogenic respiratory diseases, including drug-induced disease
 - acute lung injury, including radiation, inhalation, and trauma
 - genetic and developmental disorders of the respiratory system, including cystic fibrosis
 - pulmonary manifestations of systemic diseases, including collagen vascular disease and diseases that are primary in other organs
 - lung transplantation
 - disorders of the pleura and the mediastinum
 - sleep disorders, including the recognition and differential diagnosis of common sleep symptoms, the effects of sleep on pulmonary diseases and treatments, and basic interpretation of cardiopulmonary monitoring
 - pulmonary embolism and pulmonary embolic disease.
- Residents will be able to complete basic interpretation of pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies, and to understand the appropriate ordering of thoracentesis and the ability to interpret radiologic studies of the chest, including chest radiographs and CT studies

Outpatient Pulmonology

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

Rotation Location: 834 Walnut St, Suite 650

Reporting Information: Please contact Dr. Kramer 1 week prior to the rotation to determine a schedule.

[] You have to tell him what your continuity clinic schedule will be during your rotation weeks.

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)
 - Obstructive lung diseases, including asthma, chronic bronchitis, emphysema, bronchiolitis, and bronchiectasis.
 - Pulmonary malignancy -- primary and metastatic.
 - Pulmonary infections
 - Diffuse interstitial lung disease.
 - Pulmonary vascular disease, and pulmonary hypertension
 - Occupational and environmental lung diseases.
 - Drug-induced lung disease.
 - Pulmonary manifestations of systemic diseases, including collagen vascular disease and vasculitis.
 - Evaluation of the solitary pulmonary nodule.
 - Initial evaluation of disorders of the pleura and the mediastinum.
 - Preoperative pulmonary evaluation.
 - The performance and basic interpretation of pulmonary function tests

Additional Contact Information:

Constance (Connie) Pedicone constance.pedicone@jefferson.edu 215-955-6591

Nancy Actman 215-955-1672

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

Sleep Medicine

Primary Contact: Coordinator Christina Oh, Christina.Oh@jefferson.edu

Rotation Location: Jefferson Sleep Disorders Center

Reporting Information: Please email Christina Oh, 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 any days that you will be on continuity clinic or pull during the rotation.

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)

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

Neurology Consults

Primary Contact: Neuro Scheduling Chief, Patricia Graese patricia.graese@jefferson.edu
(2023-2024)

Rotation Location: TJUH

Reporting Information: Please look at QGenda or *** for the Neuro resident schedule. Contact the “Consults 1” resident regarding reporting information. Generally will report to ***

Rotation Overview:

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

Goals and Objectives:

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

Stroke

Primary Contact: Neuro Scheduling Chief, Patricia Graese patricia.graese@jefferson.edu
(2023-2024)

Rotation Location: TJUH

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

Conferences: Stroke Conference on Wednesdays 7-8am. Resident conferences as possible.

Rotation Overview:

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

Goals and Objectives:

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

Out-patient Neurology Multi-Specialty rotation

open to neurology prelims ONLY

Primary Contact: Patricia Graese, Patricia.Graese@jefferson.edu (2023-24 Neuro Clinic Chief)

Secondary contact: Dr. Jeffrey Ratliff, Jeffrey.Ratliff@jefferson.edu

Report Location: 909 Walnut 2nd floor clinic. Full instructions to be provided upon contacting the neurology clinic chief resident. The elective will be only Monday-Thursday

Didactic lectures: Rotators should present to neurology conference rather than internal medicine conference when on this elective. This is located on 4th floor Edison conference room Monday – Thursday 8am-9am and 12pm-1pm except Monday mornings

Rotation Overview:

The goal of this required rotation is to improve/refine your ability to diagnose and manage outpatients with various neurologic illnesses. You will also enhance your relationship with the attending staff by working closely with them each day on this rotation.

During this rotation you will spend your time in the out-patient office. You will be scheduled to see patients with various sub-specialists within the department and see a mixture of new and follow-up patients.

Goals/Objectives:

1. Recognize/develop the different skills utilized by various sub-specialty neurologists to obtain a history and perform an examination in their field. (PC)
2. Develop your knowledge base within the various sub-specialties of neurology. (MK)
3. Demonstrate the ability to acquire new knowledge from the medical literature. (PBLI)
4. Understand the role of the neurologist as an out-patient consultant. (SBP)
5. Learn how to dictate an effective/appropriate consultation letter. (PC, P, SBP)
6. Learn how to discuss various neurologic conditions with patients, families, or other medical professionals. (SBP, P, IPCS)

Limitations:

- Only offered September – June
- Only one prelim may rotate through at a time
- Each prelim can do up to 2 weeks of this elective, scheduled in one 2 week block or 2 one week blocks
- Final availability will need to be confirmed with the neurology clinic chief resident
- Once dates are confirmed cannot be adjusted
- You may still be scheduled to be on “pull” while on this elective
- There is no “personal day” allowed given that it is only a Monday-Thursday elective

Rheumatology Elective

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

Reporting Information: The resident should contact the rheumatology fellow, cell 267-252-1169, on the day of the rotation after Morning Report to arrange for a meeting time and place. Please also reach out to Lynette Simmons (Lynette.Simmons@jefferson.edu) 215-955-2820 to let her know you will be in clinic starting the following week.

Rotation Overview:

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

Goals and Objectives:

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

Additional Contact Information:

Rheumatology Administration Office: Lynette.Simmons@jefferson.edu

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

Outpatient Dermatology

Primary Contact: Dr. Rebecca Krain (Derm Chief 2023-24) rebecca.krain@jefferson.edu

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.

Rotation Overview: Patients are seen with attendings in the outpatient setting from 8a to 5p

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 clinics. Show initiative in learning basic dermatology. (P)

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

Point of Care Ultrasound

Primary Contact: Rebecca Davis, MD – Rebecca.Davis@jefferson.edu

Rotation Location: TJUH/JIMA

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

Conferences :

- POCUS Conference – Mondays from 10AM – 4:30PM, currently by zoom
- IM POCUS QA (Image Review) – Every third Thursday PM

Rotation Overview:

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

Goals and Objectives:

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

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

Additional Contact Information:

Rebecca Davis, MD – Rebecca.davis@jefferson.edu

Mae West, MD – frances.west@jefferson.edu

****This elective is for PGY2s and PGY3s only and is a one-week elective****

Radiology

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

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

Goals and Objectives:

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

Pathology

Primary Contact: Joanna Chan, MD (joanna.chan@jefferson.edu)

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

Scheduling Information: Requests for pathology electives should be submitted no later than a month in advance. Scheduling requests should include the rotating resident's specific areas of interest.

Reporting Information: Contact Dr. Chan one week prior to the previously scheduled rotation beginning of the rotation to confirm a meeting time and schedule.

Rotation Overview: The resident will have the opportunity to study, in greater detail, a variety of pathology, including surgical, autopsy, and cytopathology.

Goals and Objectives:

1. Describe the role of a pathologist in diagnosis, patient care and management
2. Identify the multiple diagnostic modalities available in an anatomic pathology department, including but not limited to surgical pathology, cytopathology, autopsy, and haematology
3. Review basic pathology principles, including but not limited to, cell injury, inflammation, neoplasia, developmental and genetic diseases, and hemodynamic disorders.
4. Identify the importance of clinicopathologic correlation – i.e. correlation with history, surgery, endoscopy, radiology, labs, and pathology to guide treatment.

Additional Contact Information: Mildred Figueroa (Mildred.Figueroa@jefferson.edu)

Conferences:

- **Every Monday, 4p:** GI Tumour Board, Conference ID: 929 5596 5593, Password: 933721
- **Every Tuesday except the last Tuesday of the month, 1p:** Haematologic Malignancy Conference, Conference ID: 716 114 7181, Passcode: 81517
- **1st Wednesday of the month, 12p:** Thyroid Tumour board, Conference ID: 843.8135.1134, Password: Thyroid
- **Every Wednesday, 7.30a:** GU Tumour board, Conference ID: 924 8594 2687 Password: 951038
- **Every Wednesday, 8.30a:** Head and Neck Tumour board, Conference ID: 972 8939 8906, Password: jeffoto
- **Every Wednesday, 4p:** Breast Tumour Board, Conference ID: 990.0074.3509, Password: r9AZHX
- **Every Friday, 7.45a:** Heme/Onc Fellow's clinical/pathology case conference, Conference ID: 716 114 7181, Passcode: 81517
- **2nd and 4th Friday of the Month, 8a:** Gynaecological tumour board, Conference ID: 981 4709 1314

Resident Research Scholar Program

Primary Contact:

Raymond Penn, PhD. Raymond.Penn@jefferson.edu

Christopher Henry, MD. Christopher.Henry@jefferson.edu

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

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

Rotation Overview:

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

Goals and Objectives

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

General Guidelines and Expectations

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

Mentors and Available Projects: Faculty mentors, corresponding lab projects, and additional information regarding expectations and outcomes are detailed below:

- Jason Choi Laboratory
- Deepak Deshpande Laboratory
- Ajay Nayak Laboratory
- Raymond Penn Laboratory
- Tonio Pera Laboratory

- Maria Ramirez Laboratory
- Mudit Tyagi Laboratory
- Jonathan Woo Laboratory

Application Process: Please download and fill out the application by August 31 for the first half (July-December) of the upcoming academic year or by November 30 for the second half (January-June) of the upcoming academic year, so your schedule can be made accordingly. Please email the finished application to both Debbie Bizup Deborah.bizup@jefferson.edu and Christopher Henry Christopher.henry@jefferson.edu

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

Medical Education

Primary Contact: Dr. Gretchen Diemer

Rotation Location: TJUH

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

Conferences: 2-3 times/week education seminars

Rotation Overview:

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

Goals and Objectives:

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

General Guidelines and Expectations:

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

Additional Contact Information:

Debbie Bizup (deborah.bizup@jefferson.edu)

Emily Stewart, MD (emily.stewart@jefferson.edu)

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

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

Allergy, Asthma, and Immunology (ON HOLD)

Primary Contact: Dr. Megan Ford

Rotation Location:

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

Reporting Information: Please contact Dr. Ford via email at least 2 days prior to the start of your rotation.

Conferences:

Mandatory: Chest Conference on Tuesdays at noon.

Optional: Allergy Fellowship Didactic Conference Wednesdays 8am – 12pm

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 interpret and perform spirometry, FeNO, skin testing to

aeroallergens, drugs, venom and foods, and oral graded challenge to drugs and foods. Rotators may also see inpatient Allergy & Immunology consult

Resources and Supplemental Reading:

- aaaai.org
- Journals
 - Journal of Allergy & Clinical Immunology
 - Journal of Allergy & Clinical Immunology in Practice
 - Annals of Allergy, Asthma & Immunology

Additional Contact Information:

Charlotte Dennis - Practice Manager (charlotte.dennis@jefferson.edu)

Global Health Elective

Primary Contact:

For Questions Specific to Floating Doctors/about the rotation

- Nick Young: Floating Doctors Lead Medical Provider
 - Email: roussinaa@gmail.com
 - Phone: 609-330-3747
- Chris Henry: Global Health Elective Faculty Sponsor
 - Email: Christopher.Henry@Jefferson.edu
- For Schedule Requests (elective starts November 1st) - Michelle Hannon: Chief Resident
 - Email: michelle.hannon@jefferson.edu

Additional Contact Information:

- Samantha Horn: Executive Director, Floating Doctors
 - Email: sam@floatingdoctors.com
 - WhatsApp: +1-919-448-1380

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

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

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

To help maximize your learning experience and prepare you for this one-of-a-kind experience, we have compiled a mandatory syllabus and workbook prior to the start of this global health elective.

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

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

Expected Cost: Room and board at the Floating Doctors base costs \$1400 for two weeks. Round-trip cost to Boca del Toros is usually around \$1,000, including the flight from Panama City to Boca del Toros. Newark Airport typically has cheaper options than Philadelphia International Airport. In total, the trip will cost an approximate total of \$2,400 for flight, room and board for two weeks. Fortunately, you can use your Jefferson \$1,000 travel stipend for travel costs, which will bring it down to a personal cost of \$1,400. Depending on how many people sign up, there is also a potential travel ID stipend that would be split amongst all interested participants. This would be reimbursed after the expenditure through Joanne Gotto. (For example, if 5 people participate, the stipend will cover approximately an additional \$200 per person, bringing the individuals' expense down to \$1,200).

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

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

Vascular Medicine (JATS)

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

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

Rotation Location: TJUH Vascular Center, 6210 Gibbon Building

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

Rotation Overview:

The field of vascular medicine focuses on the evaluation and treatment of patients with a variety of conditions that include but are not limited to venous and arterial thrombosis, venous insufficiency, lymphedema, peripheral arterial disease, Raynaud syndrome, wound healing and unusual vascular disorders such as acrocyanosis and erythromelalgia. The Jefferson Vascular Center (JVC) is a unique institution that provides a comprehensive and integrated approach to the evaluation and treatment of patients with a variety of such conditions. The educational experience at the JVC will focus on four components: wound healing and hyperbaric therapy, outpatient vascular medicine consultation, inpatient vascular medicine consultation, and vascular ultrasonography.

Goals and Objectives:

Wound Healing and Hyperbaric Therapy

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

Inpatient Vascular Consultation

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

Outpatient Vascular Consultation

1. To understand the evaluation and treatment of a patient with edema due to venous insufficiency, lymphedema, post-thrombotic syndrome as well as lipedema. (PC, MK)

2. To understand the preoperative assessment of a patient on antithrombotic/antiplatelet 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 peripheral artery disease.

General Guidelines and Expectations:

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

Resources

1. Antithrombotic and Thrombolytic Therapy: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th edition). This reference is available online at <http://chestjournal.chestpubs.org/>.
2. Vascular Medicine and Endovascular Interventions by Thom W. Rooke. This is a vascular medicine textbook that provides an excellent introduction to the evaluation and management of a variety of vascular conditions.
3. Hyperbaric Oxygen Therapy Indications by Laurie Beth Gesell. This textbook provides an overview of the evidence behind the management of approved indications for hyperbaric therapy.
4. Society of Vascular Medicine website at <http://www.svmb.org/>. This website contains many case studies with an overview of the evaluation and treatment of the pertinent vascular condition.
5. Chronic Wound Care by Diane L. Krasner. This is a textbook that provides an overview of the management wounds.
6. American Society of Hematology Guidelines: <https://www.hematology.org/education/clinicians/guidelines-and-quality-care/clinical-practice-guidelines/venous-thromboembolism-guidelines>

Addiction Medicine

Primary Contact: Dr. Phil Durney(Philip.Durney@jefferson.edu)

Rotation Location: TJUH Center City

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

As you well know, people experiencing addiction face enormous personal and societal challenges to reclaim their lives and health. Compassionate, highly skilled addiction physician specialists can make an enormous positive impact on this population. The Addiction Medicine rotation provides an opportunity to train in an environment known for clinical excellence, innovative community-based research, and a commitment to improving the experience of care for highly stigmatized populations.

Goals and Objectives:

- Communicate with patients based on medical and public health understanding of drug use and addiction in a manner that is respectful and non-judgmental, based on accurate and non-stigmatizing nomenclature, structured and motivating as appropriate.
- Address addiction as a chronic medical illness and harmful drug use as a personal and public health problem in all contexts. .
- Obtain core medical knowledge about substance, substance use disorders, substance-related health conditions, and common co-occurring disorders.
- Learn about treatment for opiate use disorder, including the risks/benefits of methadone and suboxone
- Learn about treatment of pain in a patient with substance use disorder
- Learn about treatment of alcohol use disorder
- Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law.
- Use validated standardized screening instruments and interview questions to assess substance use and complications of use.
- Respond to positive substance use screening results with brief counseling strategies, appropriate to the patient's readiness to change