

THE UNIVERSITY OF PENNSYLVANIA



Department of

**Family Medicine &
Community Health**







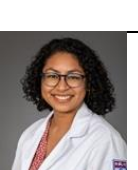
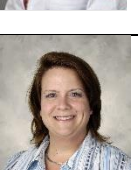







**RESIDENCY HANDBOOK
2023-2024**

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Residency Leadership Team

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Residency Curriculum

See MedHub for the most current rotations. **Variations exist for off-cycle and transfer residents and when track selections require creativity to ensure coverage of our inpatient services.** Rotations are outpatient unless specified.

PGY1 Rotations

- Orientation - 3 weeks
- FM Inpatient Days - 2 months (Presby)
- FM-OB - Days: 1 month; Nights: 2 weeks
- HUP OB-OB - 1 month (HUP)
- Elective – 2 weeks
- Internal Medicine - 1 month (Presby)
- Adult EM - 1 month (Presby)
- Cardiac ICU (CCU) – 2 weeks (Presby)
- Newborn Nursery – 2 weeks (HUP)
- Peds Inpatient (Gen Med team) - 1 month (CHOP)
- Peds Urgent Care - 1 month (CHOP ED)
- FM Office – 2 x 2-week blocks
- Behavioral Health – 4 weeks



PGY2 Rotations

- FM-OB - 1-2 months[#] (HUP)
- Night Float (mix of OB/inpatient)– 3 x 2-week blocks*
- FM Inpatient Days – 1-2 months[#] (Presby)
- FM Office - 0.5 months
- Track specific “selective” rotation – 2-4 weeks[#]
- Peds ED – 1 month (CHOP)
- Acute Care of the Elderly (ACE) - 1 month (Presby)
- Community Medicine - 1 month
- Health Systems Mngmt/Quality Improvement – 2 weeks
- Sports Medicine (“MSK1”) – 1 month
- Elective – 10 weeks

**Night float weeks are Sunday through Thursday nights with Friday-Sunday off
- varies by curricular track for Class of 2024, not for Class of 2025*

PGY3 Rotations

- FM Inpatient – 1-2 months (varies by track, Presby)
- Community Medicine – 1 month
- Derm/Cards/Surg – 1 month
- FM Office – 6 weeks
- Night Float (OB/inpatient) – 1 x 2-week blocks*
- Sports Medicine (MSK3) – 1 month
- Urgent Care Pediatrics – 1 month (CHOP ED)
- Selective – 6 weeks
- Elective – 12 weeks

**Night float weeks are Sunday through Thursday nights with Friday-Sund*



Electives

One of Penn’s strengths is the wide variety of elective experiences available to residents. Residents in the Class of 2024 and onward have a full 6 months of elective time. Design of electives should take into account learning goals as identified by the resident and their advisor. See the link on tiny.cc/pennfmr for the Elective Compendium for ideas on good elective rotations.

Planning Electives

Residents should request electives in writing by completing an elective request form (Appendix A) and submitting it to the Academic Manager for review at least 3 months in advance of the elective block (4-5 months or “120 days” for electives outside UPHS).

1. The resident (with the help of their advisor and Associate Program Director) should develop their Individualized Learning Plan (ILP) with competency-based goals and objectives for their elective that fit within their overall goals for residency and their eventual career. See spreadsheet created by Meg Baylson, which was sent to each rising PGY2 and advisor.
2. The resident (with the help of their advisor and Program Director) should also select an educational supervisor for the elective. If multiple sites will be used, there should be a supervisor at each site who is aware of the goals and objectives and is willing to evaluate the resident. There should be one primary supervisor for the overall elective. The primary supervisor should:
 - a. agree to provide a written evaluation of the resident’s performance
 - b. sign the elective form before the start of the elective
3. The Program Director must sign the elective request prior to final approval. Final approval is granted when the elective request form is signed by the resident, rotation supervisor, and residency director.
4. During electives, residents are responsible for:
 - a. On-call and rounding duties, as scheduled at the beginning of the year

- b. Three (PGY2) or four (PGY3) half-days of patient care in Penn Family Care during each elective block. These days should be specified 3 months in advance of the beginning of the elective. If no request is received in advance, the Academic Manager will create a resident patient care schedule for the block in question and the elective will have to be scheduled around the previously scheduled patient care. Patients will not be rescheduled to accommodate late elective planning, so please plan ahead!
- c. All other residency obligations e.g. **conference attendance**, in-service exams, resident meetings, committee obligations, etc.
- d. Any financial obligations incurred during an elective, e.g. commuting costs, required books and materials, tuition, etc.
- e. See also – Policy on Longitudinal Electives, page 31 of this handbook
- f.

Residents hoping to perform electives outside UPHS should familiarize themselves with GME policy I-D on Educational Affiliations at the UPHS GME policy website.

Resident Website - Tiny.cc

Rotation goals and objectives, logistics, schedule, conference slides and contact information are located online at tiny.cc/pennfmr

Note: This is case sensitive and is NOT preceded by www.

Resident Progress and Promotion

Residency faculty review resident progress during monthly residency faculty meetings and semi-annual CCC meetings. The criteria for promotion and graduation used by faculty as guidelines are noted below. Satisfactory completion of the residency is only one requirement for certification by the American Board of Family Medicine (ABFM).

For promotion to PGY 2, residents must:

- a. Demonstrate satisfactory completion of all assignments during the preceding year.
- b. Register for USMLE Step 3 and schedule a date to take the test
- c. Demonstrate satisfactory continuity patient care as judged by residency faculty.
- d. Demonstrate timely and satisfactory clinical documentation.
- e. Achieve certification in ACLS, ALSO and NRP in their PGY 1 year.
- f. Demonstrate satisfactory participation in the Family Medicine Thursday Conference Series.
- g. Accumulate less than 30 days away from the program (counting combined vacation, sick time and personal leave time) during the PGY I year.
- h. Provide evaluations of faculty, each assignment, and the family medicine program as part of the ongoing evaluation program of the Department and Residency.
- i. Complete procedure documentation logs for required procedures performed in the PGY-1 year.
- j. Demonstrate satisfactory communication skills through regular contact with the Program Director and department using University provided electronic mail and regular mail services.
- k. Abide by the policies and procedures of the University of Pennsylvania, the University of Pennsylvania Health System (including the respective hospitals of the health system: HUP, Presbyterian, and Pennsylvania Hospital), Children's Hospital of Philadelphia, and the Family Medicine residency program.
- l. Be able to fulfill the duties and educational responsibilities of a PGY-2 in the Family Medicine Residency at the University of Pennsylvania.

For promotion to PGY-3, residents must:

- a. Demonstrate satisfactory completion of all assignments during the preceding year.
- b. Demonstrate satisfactory continuity patient care as assessed by residency faculty.
- c. Demonstrate timely and satisfactory patient chart completion and clinical documentation for all rotations.
- d. Demonstrate satisfactory participation in resident conferences as a PGY-2.
- e. Pass USMLE Step 3 (must pass at least 4 months prior to starting PGY-3 year, by UPHS policy)
- f. Participate in the administrative duties of the residency as assigned by Program Director and/or chief residents (e.g. Program or Ops representative, UPHS Housestaff representative, recruiting interviews.)
- g. Satisfactory development and completion of resident electives as per residency policy on electives.
- h. Accumulate less than 30 days away from the program (counting combined vacation, sick time and personal leave time) during the PGY-2 year.
- i. Demonstrate satisfactory participation in residency community projects.
- j. Satisfactorily develop a quality improvement project as evaluated by the Medical Director of Penn Family Care.
- k. Provide evaluations of faculty, each assignment, and the program as part of the ongoing evaluation program of the Department and Residency.
- l. Complete procedure documentation log for procedures performed in the PGY-2 year.
- m. Initiate individual QI project, collect pre-implementation data
- n. Demonstrate satisfactory communication skills through regular contact with the Program Director and department using University provided electronic mail and regular mail services.
- o. Abide by the policies and procedures of the University of Pennsylvania, the University of Pennsylvania Health System (including the respective hospitals of the health system: HUP, Presbyterian, and Pennsylvania Hospital), Children's Hospital of Philadelphia, and the Family Medicine residency program.
- p. Be able to fulfill the duties and educational responsibilities of a PGY-3 in the Family Practice Residency at the University of Pennsylvania.

For graduation from the residency, residents must:

- a. Demonstrate satisfactory completion of all assignments during the preceding year.
- b. Obtain an unrestricted license to practice medicine in at least one U.S. state if sitting for the ABFM exam.
- c. Demonstrate satisfactory continuity patient care as assessed by residency faculty.
- d. Demonstrate timely and satisfactory patient chart completion and clinical documentation.
- e. Demonstrate satisfactory participation in resident conferences as a PGY-3 as a presenter, coordinator, and participant where appropriate as measured by completed evaluations.
- f. Participate in administrative duties of the residency as assigned by Program Director and/or chief residents.
- g. Satisfactory development and completion of resident electives as per residency policy on electives.
- h. Accumulate less than 30 days away from the program (counting combined vacation, sick time and personal leave time) during the PGY 3 year.
- i. Demonstrate satisfactory participation in residency community projects as determined by your resident class and the appropriate project faculty advisor evaluations (may not be applicable)
- j. Provide evaluations of faculty, each rotation, and the program as part of the ongoing evaluation program of the Department and Residency.
- k. Achieve competence in the required minimum procedure list by logging satisfactory numbers and performance for each by the end of the PGY3 year.
- l. Complete a QI project and present findings during a conference in Block 12 of the year
- m. Complete scholarly activity requirement
- n. Demonstrate satisfactory communication skills through regular contact with the Program Director and department using University provided electronic mail and regular mail services.
- o. Abide by the policies and procedures of the University of Pennsylvania, the University of Pennsylvania Health System (including the respective hospitals of the health system: HUP, Presbyterian, and Pennsylvania Hospital), Children's Hospital of Philadelphia, and the Family Medicine residency program.
- p. Complete the UPHS "Learning Climate Survey".
- q. Return all keys and IDs that were issued during training

Recruitment and Appointment of new residents

The Residency Program committee oversees the recruitment and selection process. The program participates in the National Resident Matching Program (NRMP) and the Electronic Residency Application Service (ERAS). The committee reviews applications and extends interviews to well-qualified candidates. Interviews for prospective candidates are held from mid-October through January each year, with ranking meetings scheduled for early February. Detailed application instructions are maintained on our residency website. COVID-related impacts on the recruitment season are handled at the institutional level and the Family Medicine residency will comply with all UPHS decisions regarding interviews and recruitment. The residency follows UPHS policies regarding appointment and selection of residents: <http://www.uphs.upenn.edu/gme/policies/index.html>

Resident Evaluation

The residency uses MedHub to provide written resident performance feedback. Evaluations are based on direct observation, simulation, videotape, written examination, and review of selected work collected in resident portfolios. We follow [UPHS GME policy II-L](#) on house staff evaluation posted at the GME policy website noted above.

Procedure Logs

Residents should log procedures in MedHub (<https://uphs.medhub.com>). All residents must **document competence** (and minimum cases) in the following required procedures in order to graduate:

1. biopsy of skin lesions (3)
2. pelvic exam and pap smear performance, with appropriate triage of results (5)
3. simple laceration repair of skin or vaginal mucosa (5)
4. joint aspiration/injection (5)
5. EKG interpretation (5)
6. total obstetric deliveries (minimum 40; minimum 30 vaginal, up to 10 c-section cases)
- 7. continuity obstetric deliveries (minimum 10 continuity experiences, and minimum 5 continuity deliveries, can count c-sections) – required for all tracks.**

Residents expecting to request credentials for other procedures commonly taught in the residency must meet minimum numbers of successfully logged and confirmed procedures. Common procedures which residents request include IUD or nexplanon insertion and removal, colposcopy, lumbar puncture, arterial puncture, thoracentesis, and paracentesis.

Resident Conferences

There are two main conference series for residents: Morning Report and Thursday morning core curriculum didactics. Attendance is taken at each conference and becomes a part of the overall resident performance evaluation. Residents who are on vacation are excused from conference attendance. Specific attendance requirements are found below.

Resident Conference Presentations

All PGY 3 residents are required to present one core Thursday morning conference and one morning report conference during the year. Topics for presentation should be discussed in advance with your advisor and the Program Director to ensure your topic is appropriate. In addition to this required core conference residents will participate in morbidity and mortality, quality improvement and community medicine conferences as assigned by the faculty.



Morning Report Conferences

Morning report occurs every weekday morning (except Thursday) from 8:05-8:20am in the Resident Room on the 9th Floor of 3737 Market and is attended by all providers seeing patients at Penn Family Care that morning. One faculty or resident is assigned to present a case or topic each morning. Appropriate cases highlight diagnostic or therapeutic questions and can provide the presenting clinician the chance to exchange knowledge with the group. Morning Report immediately follows the office huddle.

Thursday Didactics

Thursday conferences take place in University City Board Room, 3737 Market on the 6th floor, every Thursday from 8:00 AM until 12:43 PM (huddle at 12:45). Lunch is served. The conference series is designed around a rotating 4-week block schedule with occasional changes in pattern to reflect differing needs according to topic or time of year.

PGY-1 residents are expected to attend the conferences during the following rotations:

- 1) FM inpatient (11 and 11:45 am lectures)
- 2) Newborn nursery (8am start, no AM rounding)
- 3) FM-OB (8am start, no AM rounding)
- 4) HUP-OB
- 5) Presby ED (when shifts allow, do not violate duty hours to attend conference!)
- 6) Elective
- 7) CHOP Urgent Care
- 8) Behavioral Health
- 9) Office blocks

The remaining intern rotations will provide education that is more appropriately timed for the specific rotation.

Didactic Content

PGY-2 and PGY-3 residents are expected to attend all FM conferences on all rotations except PGY-2 ACE Unit and when on-service for PPMC or FM-OB. In general, the following constellation of conference categories will occur on rotating bases:

MFM OB Core Conference, OB M&M, Inpatient M&M, Social Medicine Rounds, Behavioral Health, Geriatrics/Palliative Care, Pediatrics, Neurology/GI/Cardiology/Dermatology, Resident Meetings/Group, Residency Program Meeting, Resident-led Core Conference; Wellness, Journal Watch, Primary Care Pearls, SIMs

Core Family Medicine Conferences/"Primary Care Pearls"

Core conferences are designed to cover fundamental curricular topics in an 18-24 month rotating fashion. They are presented by family medicine faculty and specialty faculty drawn from Penn. PGY2 and PGY3 residents are all required to deliver a core conference during the academic year.

Obstetrics Conferences (MFM, M&M, Core)

Obstetrics conferences include a presentation by a Maternal Fetal Medicine physician, followed by a resident-led M&M. The M&M is devoted to a review of the prior months' deliveries, patient safety concerns and core OB topic reviews, presented by the PGY2 from the prior HUP FM OB block. Residents are expected to arrive ready to discuss current clinical issues germane to their continuity obstetric patients at each block's OB Quality Review.



Practice Management

Topics for individual practice management conferences include: lecture or small group discussion on a topic (e.g. Medicare reimbursement, Insurance Coding & Billing – ICD-10, CPT, DRGs), resident presentation of their own QI project, review of national quality improvement guidelines (HCFA or NCQA), or review of UPHS CEQI initiatives, media training and public relations, personnel management, financial planning, and organized medicine participation. We also review PFC financial, patient satisfaction, and quality reports during this time.

Physical Exam/Simulation Workshops

Workshop time is scheduled throughout the year to augment resident acquisition of required procedural skills and improvement in physical examination skills. Procedures performed in our office and for which workshops are scheduled include joint aspiration and injection, suturing, colposcopy, endometrial biopsy, manual vacuum aspiration of the uterus, obstetric ultrasound, ultrasound-guided procedures, medical termination of pregnancy, no scalpel vasectomy, IUD insertion and removal, contraceptive implant insertion and removal, and common office procedures. Workshops are scheduled both in the University City Boardroom and at Penn's Simulation Center located at 1800 Lombard Street.

Morbidity and Mortality Conference / Hospital Service Review

Each block the members of the in-patient service team are expected to coordinate a review of the service experience. This conference includes statistics on admissions, discharges, and diagnoses seen over the block, including deliveries. The PGY2 on the service is in charge of coordinating a safety event analysis surrounding a safety net report from their month on service, and the interns and senior resident will contribute to presentation of this huddle during M&M.

Wellness

Swetha Iruku coordinates a series of activities within the curriculum, designed to support doctors in training to identify ways to maintain wellness in their professional careers.

Community Medicine, Advocacy & Social Medicine

Kristina Laguerre coordinates this longitudinal series, which is an element of our community medicine curriculum. Time is allotted for presentations by the resident on the community medicine rotation, along with invited speakers on topics of anti-racism, social medicine and advocacy.



Behavioral Health

Rachel Kishton is double-boarded in both Family Medicine and Psychiatry and provides a monthly lecture in the area of Behavioral Health. Judy Chertok and Navid Roder provide additional content in the area of Addiction Medicine.

Journal Watch

David Nicklin leads a review of current medical literature using Journal Watch (www.jwatch.org) as a guide. Residents are provided a copy of each session's issue in hard copy or email.

Board Review (season-dependent)

Residents present Board Review questions from a selected text in preparation for our In-Training Exam (ITE) and ABFM board. Selected sessions are used to assist residents in test-taking skills related to the ABFM in-training exam. Analysis of in-training group and individual performance is reviewed during spring sessions.

Geriatrics and Palliative Care

Geriatrics faculty present didactics on core content in the field of geriatric medicine such as end of life care, polypharmacy, nursing home care, etc.

Quality Improvement

Each PGY3 resident is expected to present results of their QI project at the end of the year, typically as a group with their other project team members. Meg Baylson oversees the QI curriculum.

Residency Committees

Residency Program Evaluation Committee

The charge of our Residency Program committee is to systematically review residency curriculum, recruiting and administration to ensure compliance with our own standards of excellence and UPHS and ACGME guidelines. The committee is chaired by the Program Director

and includes core precepting faculty, two resident representatives from each class and the chief residents. **All residents should attend Program Meetings as per conference attendance expectations above.** Meetings are held at 8 AM on the first Thursday of each block.

Residency Faculty Meetings/Clinical Competence Committee (CCC)

Core residency faculty meet at 8 AM on the third Thursday of each block to review resident progress in the curriculum. These meetings occur concurrent with monthly resident meetings which occur at the same time. Residents meet in the PMUC 6 Conference room and faculty in the PMUC 9 Faculty Touchdown area.

Residency Working Groups & Committees

Family Medicine Inpatient Working Group

Involved residents meet with Stephen Iannacone, our Director of Inpatient Services, on a monthly or bi-monthly basis to discuss issues related to our inpatient Presbyterian service.

Family Medicine Residency Wellness Committee

All residents are welcome to participate in these meetings, led by the resident Chairs of the committee in partnership with Swetha Iruku.

Other Committees:

Family Medicine OB Working Group

Residency Recruitment Committee, UIM Recruitment Sub-committee

Anti-Racism Task Force

OB Severe Maternal Morbidity Committee

Ad-hoc committees as situations arise

UPHS Housestaff Committee

Advising

Penn's Family Medicine residency assigns preliminary faculty advisors at the beginning of the PGY1 year. Advisors counsel residents regarding educational evaluations, elective planning, conference preparation, quality improvement and community medicine projects and, most importantly, personal and professional development.

Interns are queried at the 6-month mark of residency to ensure that their preliminarily assigned faculty advisor is a good fit. If not, reassignments are made. Ideally, no faculty member may advise more than 3 residents at any given time point.

Residents meet with advisors on a schedule determined by the resident and advisor. Often times these meetings will be quick and informal, at other times longer and pre-scheduled to address specific issues of interest to the resident. You should meet with your advisor a minimum of twice each year, before or after your Clinical Competency committee (CCC) review.

Residents and their advisees are asked to document scheduled meetings via a form in MedHub. In addition to the faculty advisor system we utilize a resident buddy system that pairs incoming PGY-1's with upper level residents who can provide information and support for specific residency related issues.

Advisee - Advisor Pairs for 2023-2024

Class of 2024

- Graciela Cando – Peter Cronholm
- Sophia Desrosiers –Kristina Laguerre
- Maha Elgawly –Jennifer Lee
- Danielle Horridge –Laura Kurash
- Elizabeth Kane –Swetha Iruku
- Nicole Mair –Judy Chertok
- Nahara Saballos –Joseph Teel
- Alana Ticali –Jenna Cohn

Class of 2025

- Nisha Hodge – Renee Betancourt
- Emily Sadecki – Jenny Wang
- Samir El-Sawaf – Navid Roder
- Sean Jordan – Mike Maloney
- Yasmin Lachir – Kevin Kline
- Riyana Lalani – Laura Kurash
- Joel Goldshore – David Ganetzky
- Varsha Kripalu – Pam Garcia
- Maahika Srinivasan – Jennifer Lee
- Joseph Laseter – Amy Holland
- Aline Le – Shelley Henderson
- Kyra Valentine – Kristina Laguerre

Class of 2026

- Emma Chung – Stephen Iannacone
- Spencer Dunleavy – Amy Holland
- Harrison Goodall – Ilan Caplan
- Ewen Liu – Jenna Cohn
- Jamal Moss – Judy Chertok
- Jacob (Jake) Nair – Kevin Kline
- Camara Perkins – Pam Garcia
- Amulya Raju – Swetha Iruku
- Brenly Rowland – Renee Betancourt
- Zoe Ruhl – Becca Simon
- Gabriele (Gaby) Ruzgas – Zack Kosak
- Ruhee Shah – Margaret (Meg) Baylson

Penn Family Care Clinical Teams

We strive for patient-doctor continuity as much as possible, however we recognize the challenges that academia and residency training create. We have designed 9 “pods” within the practice. Physicians have geographic continuity within the clinic, in an attempt to create the feeling of small practices within the larger practice.

When you are not in the clinic, we strive to have patients seen by a fellow clinician in your pod. Each pod includes an RN, several medical assistants (MAs), and a clerical staff member (patient service representatives or PSRs) to assist with patient care needs, such as scheduling and triage calls.

Red Suite		Blue Suite		Purple Suite		Orange Suite		Yellow	Suite		
Cobbs Creek	Cedar Park	Overbrook	Mill Creek	Parkside	Mantua	Spruce Hill	Walnut Hill	Powelton	University	City	
Purcell (3)	Chertok (3)	Wang (1)	Roder (2)	Nicklin (5)	Kurash (2)	Ganetzky (4)	Kosak (5)	Garcia (3)	Wender	Fayock	Day
Cronholm (1)	Laguerre (2)	Teel (1.5)	Baylson (2)	Iannacone (3)	Ambrose (4)	DeMarco (1)	Iruku (4)	Lee (3)	Bream	Kishton	Bruehlman
Betancourt (2)	Swain (2)	Ayubcha (6)	Maloney (2)	Wetterer (4)	Kline (3)	Peifer (1.5)	Cohn (1)	Mannella (5)	Harris	Flattery	Bhadra-He
Simon (4)	Schultheiss (4)	Caplan (4)	Petrongolo (3)						Dorsey	Remy	
		Ruffin (4)									
10	11	11.5	13	17	9	6.5	10	11			
Cando (PC)	Mair (JC)	Saballos (JT)	Kane (Sir)	Elgawly (JL)	Horridge (LK)	Nyanin (DG)	Ticali (JCo)	Desrosiers (KL)			
Hodge (RB)	Jordan (MM)	Sadecki (JW)	El-Sawaf (NR)	Lalani (LK)	Lachir (KK)	Goldshore (DG)	Srinivasan (JL)	Kripalu (PG)	Lasseter	Le	Valentine
Ruhl (RS)	Moss (JC)	Goodall (IC)	Shaw (MB)	Liu (JCo)	Nair (KK)	Raju (Sir)	Ruzgas (ZK)	Perkins (PG)	Dunleavy	Chung	Rowland
	Damorura				Rochelle Jones &						
Tracey Tidwell	Martinez	Rob Vaughn	Anita Pagan	Shawna Davis	Robin Davis	Taleea Brown	Shara Johnson	Teonna Pierce			
Sugel Fernandez	Brandi Hall	Melinda	Chenara Vaughn	Joy Harris	Stephanie Ishmael	Ivangelys Morales	Tanik/Ivangelys	Tanik Rollerson			
Juscynthia	Juscynthia	Regina	Regina	Semaj	Joy	Semaj/Joy	Marlo	Marlo			
Traci	Traci	Traci	Traci	Traci	Traci	Traci	Traci	Traci			
Ardi / Chante	Ardi / Chante	Ardi / Chante	Ardi / Chante	Ardi / Chante	Ardi / Chante	Ardi / Chante	Ardi / Chante	Ardi / Chante			
Sheba	Sheba	Charmaine	Charmaine	Shante	Shante	MaryEllen	Stella	Stella			
Shahedah	Shahedah	Fardiah	Talisha	Kaliah	Kaliah	Michelle	Michelle	Deborah			
Betancourt	Dorsey	Wang	Roder	Iruku	Kline	DeMarco	Cohn	Remy			





Vacation and Leave Policies

Vacation Policy

Our vacation and leave policy allows maximum flexibility for residents to grow in their personal lives and at the same time protects residents' eligibility to sit for the ABFP exam. We follow UPHS GME vacation policy (II.E), ACGME Special Requirements for Training in Family Medicine as well as the American Board of Family Medicine requirements for certification. These are distributed to residents during their PGY-1 orientation and are also available online at the following URL's:

UPHS GME policy II.E.: <http://uphsxnet.uphs.upenn.edu/gme/policies.htm>

American Board of Family Medicine: <http://www.theabfm.org>

ACGME Family Medicine Residency Program Requirements: <http://www.acgme.org>

Vacation time permitted per academic year:

- ✓ 3 x 7-day periods during vacation-eligible rotations*
- ✓ 1 x 7-day period during winter holiday block period

**note that non-holiday vacation weeks can be split into 5 business days and 2 weekend days if requested by the resident in writing to the PD and PC*

The process for requesting vacation, leave, or continuing medical education time includes these steps:

1. Submit a vacation request via MedHub. Requests are due 4 months before the month in question. A reminder email is sent to you approximately 1 week before each monthly deadline.
2. Ask for assistance from chief residents for weekend or jeopardy calls that fall during your vacation request period (if applicable).
3. When you receive an approved absence request, you should notify your rotation supervisor/coordinator in writing of your scheduled time away.

PGY-1 Vacation

PGY-1 residents are allowed three weeks of vacation per year taken as three blocks of seven contiguous days with no more than one week of vacation per rotation block. It is strongly suggested that vacation be requested for the last week of these blocks and that every effort be made to spread out the three weeks of vacation over the year. Vacation may be taken during:

- Pediatric Urgent Care rotation (with advanced notice, must be requested in REDCAP (CHOP's system) and MedHub by published deadlines (typically 4.5 months in advance)
- Adult EM (with advanced notice, by May 15th prior to start date)
- HUP OB (but not on the family medicine OB service)
- Office Blocks
- Behavioral Health
- Elective

**(Note that Newborn/Well Baby Nursery (NBN/WBN) is NOT vacation eligible)*

PGY-2/PGY-3 Vacation

PGY-2 and 3 residents are allowed three weeks of vacation taken in three blocks of seven contiguous days. (Exceptions may be made for residents who wish to use vacation time for interviews, in the case of illness or in other exceptional circumstances (eg your own wedding), but this must be discussed and approved by the program director in advance). Residents may not take more than one week of vacation per block except during electives or in other extraordinary circumstances that require approval by the program director. You are permitted to request vacation during the last week of one block and the first week of the following block to obtain 2 consecutive weeks. Check with the chief resident(s) prior to scheduling your time off to arrange call coverage as necessary.

As with PGY-1 residents, upper level residents are strongly encouraged to space their vacations over the year and to take their vacation in the last week of the block. Vacations may be taken during the following blocks in the PGY 2/3 years:

PGY 2

- Electives/Selectives
- Pediatric ED (with advanced notice, must be requested in REDCAP (CHOP's system) and MedHub by published deadlines (typically 4.5 months in advance)
- Behavioral Health
- Musculoskeletal 1 (*only 1 week allowed between MSK 1 and MSK 2)
- Community Medicine (only when coverage is provided for the free clinics covered during this rotation, ideally ONLY when there are 2 residents on the community medicine rotation)

*(Note that Health Systems Management/QI is **NOT** vacation eligible)*

PGY 3

- Electives/Selectives
- Office
- Musculoskeletal 2 (*only 1 week allowed between MSK 1 and MSK 2)
- Cardiology/ENT/Urology/Derm
- Urgent Care Pediatrics (with advanced notice, must be requested in REDCAP (CHOP's system) and MedHub by published deadlines (typically 4.5 months in advance)
- Community Medicine (only when coverage is provided for the free clinics covered during this rotation, ideally ONLY when there are 2 residents on the community medicine rotation, which occurs 6/12 months of the year)

Note: No residents will be granted vacation during the annual in-service exam (scheduled in the last week of October) or during the final two weeks of June when orientation occurs.

Vacation requests should be made as early as possible in the academic year. Requests are given priority in the order in which they are received. **Please do not make air/hotel reservations or other plans without first receiving written approval from the program director.** Vacation time should not be considered granted until you receive your approved request, signed by the program director. Vacation time that is not requested with proper advance notice may be denied by the medical director or program director, particularly if it affects scheduled patient care. Residents that do not plan ahead for use of their vacation time may end up forfeiting this time. It is the responsibility of the resident to plan their vacation time with sufficient advance notice to the program. It is the resident's responsibility to notify the clinical office of your absence via the Inbox Management Expectations document on the residency website (tiny.cc/pennfmr).

Holiday Time

All Family Medicine House Staff receive 1 week off during the winter holiday season. These are grouped such that residents receive either Christmas or New Year's Day off in addition to additional days surrounding these holidays each year. Residents should make their requests for holiday time as they would for vacation time with the chief resident or residency program director. The holiday schedule is typically finalized in the Fall. PGY1 and 2 residents assigned to an internal medicine-based rotation during blocks 6 and 7 may have different vacation dates over the holiday but will still have a continuous 7-day break.



Educational Conference Time – PGY-2/PGY-3

Second and third year residents will be allowed three and five days respectively to attend one or two educational conferences during their second and third years respectively. Conference leave does not count as time away from the program. Conferences may not be scheduled during inpatient service months.

Approval by the program director of the specific conference is required. Half-day education sessions or programs outside of the continental US/Canada will not be approved. Please do not make air/hotel reservations or other plans without first receiving written approval from the program director. Residents should submit a copy of the conference agenda with their absence request and provide a certificate of conference attendance/completion on return. Requests for approval of conference time should be made at least six weeks in advance of the conference start date. As with vacation and other leave, residents should arrange coverage for patient care and call prior to their absence. Residents that do not plan ahead for use of their conference funds/time may end up forfeiting this opportunity.

PGY-2 and 3 residents receive a \$1000 or \$1500 stipend respectively to be used to defray conference expenses. Requests for reimbursement for conferences should be created in Chrome River. Residents will not be reimbursed for alcoholic beverages or food that exceeds reasonable expectations for the city they have traveled to. Please confer with the Education Office before you depart regarding allowable expenses.

Personal Leave

Residents may request up to three days in any academic year for personal time away from the program. These may be taken as a block or individually, but in any event should be requested in writing prior to or concurrent with the leave. Typical uses for personal time would include interviewing for job positions, personal sick time, caring for sick children, or extending vacation or meeting time. **Residents should note that the RRC for family medicine states that any combination of vacation/personal leave (excluding FMLA time) from the program in excess of thirty days in a given academic year will extend the resident's training by the length of the leave over thirty days as determined by the program director.** As a result, residents should be aware that planning for other than 'emergency' use puts them at risk of having to extend their residency. Use of personal days over national holidays is strongly discouraged unless it is contiguous with a week of vacation, or is planned well in advance. Last minute use of personal days surrounding a holiday reflects poorly on our program's professionalism and thus will not be granted. Residents must notify their rotation site supervisor as well as either a Family Medicine chief resident, Darcy MacDonald or Jenny Wang. Notification of last-minute absences should be done by phone (NOT text or email).

****Please note that you do not advance to the next academic year, and gain access to more vacation/personal days, until you have completed 12 months of training and been advanced**

to the next academic level (PGY), EXCEPT in cases of FMLA where up to 8 weeks may be exempt. **

Notification of last-minute absences should be done by phone (NOT text or email).

Family/Medical/Parental Leave

The ABFM updated their policy on Family Leave in May of 2020 to allow for up to 8 weeks away from training. Family Leave provided under this new policy is intended to be provided in the same circumstances specified in the federal Family and Medical Family Leave Act (FMLA), including:

- The birth and care of a newborn, adopted, or foster child, including both birth- and non-birth parents of a newborn.
- The care of a family member* with a serious health condition, including end of life care
- A resident's own serious health condition requiring prolonged evaluation and treatment

This policy does **not** apply to other types of personal leave and/or interruptions from a residency (e.g., prolonged vacation/travel, unaccredited research experience, unaccredited clinical experience, military or government assignment outside the scope of the specialty, etc.). This policy likewise does not apply to periods of time for which a resident does not qualify for credit by reason of resident's failure to meet academic, clinical, or professional performance standards.



Family Leave Within a Training Year: ABFM will allow up to (12) weeks away from the program in a given academic year without requiring an extension of training, as long as the Program Director and CCC agree that the resident is ready for advancement, and ultimately for autonomous practice. This includes up to (8) weeks total attributable to Family Leave, with any remaining time up to (4) weeks for Other Leave as allowed by the program/ABFM.

Total Time Away Across Training: A resident may take up to a maximum of 20 weeks of leave over the three years of residency without requiring an extension of training. Generally speaking, 9-12 weeks (3-4 weeks per year) of this leave will be from institutional allowances for time off for all residents; programs will continue to follow their own institutional or programmatic leave policies for this.

Residents opting to take Family Leave will still need to:

- Complete all ACGME requirements
- Complete all rotations required by the program with the exception of electives
- Recognize that schedule alterations may be necessary for maintenance of program and hospital stability when Family Leave is announced after the rotation schedule has been made annually.
- Residents who take leave will need to make up missed sessions and this will impact other elective time if they do not extend residency training.
- Recognize that extension of residency **MAY** be required if a PGY3 resident is unable to complete all rotation requirements prior to completion of 40 weeks of training in that

year. This is more likely to occur if a resident announces their Family Leave time later or delivers prematurely.

- **Recognize that the decision to graduate a resident is that of the Program Director who may determine that a resident requires a full 36 months of training, if he/she/they have not met competency goals for graduation.**

Example of commonplace implementation of this policy:

Resident John becomes a parent during his PGY3 year. His partner's due date is in August, so he is aware of the pregnancy midway through his PGY2 and is able to make schedule requests for his PGY3 so that his rotations allow for optimal use of FMLA time. He takes 2 weeks of vacation after the birth of their child. His partner then takes 12 weeks of leave. Following this time, he opts to take 8 weeks of Family Leave. His schedule has been arranged such that he can forfeit 2 months of elective time for this leave. He returns to training after this leave and retains 1 additional week of vacation plus a week during the winter holidays. He completes 1800 continuity visits. He does not need to extend residency training and graduates on time with his class.

Longer leaves

If a resident's leave exceeds either 12 weeks away from the program in a given year, and/or a maximum of 20 weeks total, (e.g. second pregnancy, extended or recurrent personal or family leave) extension of the resident's training will be necessary to cover the duration of time that the individual was away from the program in excess of 20 weeks.

Many residents who become parents during residency will want to combine vacation/leave with a one-month maternal-child health elective. Elective time performed as part of the maternal fetal medicine elective is not counted as time away from the residency.

While taking the maternal-child health elective, residents will continue to see patients in the on a schedule congruent with their year of training and may be asked by the chief residents to participate in the primary or back-up call schedules as need dictates. In addition, residents participate in an active reading program, which includes topical references in the area of maternal and fetal health, family development, and parenting skills. Finally, residents participating in this elective present a conference (one conference for each four weeks of elective credit) on a relevant topic during department conference time. This conference is in addition to the yearly presentation required of PGY-2 and 3 residents.

Residents may also elect to take time away from the program by taking leave without pay in accordance with the family medical leave act. Any combination of vacation/personal leave from the program in excess of thirty days in a given academic year will extend the resident's training by the length of the leave over thirty days. This option allows residents to extend their leave for longer periods of time while deferring their board certification.

Sick Leave / Family and Medical Leave

Sick time is the same as personal leave (see above.) These days do not accumulate/carry-over from year to year. Any sick day should be reported to the rotation team leader and academic manager prior to 7:00 a.m. on the day of leave. Sick leave does count towards time away from the residency for purposes of ABFM eligibility.

Residents may absolutely schedule health/doctor's visits during business hours, even when this conflicts with clinical duty assignments.

Personal day time will be used in most circumstances (eg ¼ personal day). We ask that residents are professional in their use of leave time when scheduling non-time sensitive appointments, and that they recognize the impact of cancelling scheduled visits in the outpatient setting.

Residents can also take advantage of up to 12 weeks of Family Medical Leave. Please refer to the GME Vacation and Leave Policy (<http://uphsxnet.uphs.upenn.edu/gme/policies.htm>) for details on this benefit. UPHS policy states that residents are immediately eligible for the protections typically afforded by FMLA, even when they have not reached the 12-month employment mark required for federal protections.

Shift Coverage AKA “Jeopardy” Policy

When a resident needs to be relieved from duty for any reason, they are NOT responsible for finding alternate coverage. This responsibility lies with program leadership (Chief Residents in conjunction with the Program Director and Program Coordinator). **Residents are responsible for notifying program leadership (Chiefs AND/or Program Coordinators AND/or PD/APDs) as soon as possible by phone (not email or text) when they need to be relieved from duty.** Sending emails or text messages is not considered adequate notification unless substantial lead time is available to ensure closed-loop communication.

Residents enrolled in the program will occasionally be called upon to fill in for another program resident who is unable to work for any number of reasons (illness, family emergency, etc). When this occurs, residents are reassigned from their current rotation (usually one where the role is less critical to hospital/office workflow) to fill the vacancy. At this institution, the common terminology used to describe this back-up system is “jeopardy” or “being jeopardized”. **When residents are jeopardized to cover weekend shifts, they will work with the chief residents to swap calls so that their total number of weekend calls remains the same for the academic year.** When residents are jeopardized for weekday shifts (M-F) they will not be “repaid” in this same way, but rather just reassigned away from the work that they would otherwise have been doing on that day. This applies to overnight weekday shifts as well, although when possible program leadership will do what they can to account for additional hours worked.

PGY2/3 Residents:

In order to streamline the process, the chief residents design a jeopardy schedule for the entire academic year, at the same time that they create the call schedule. One resident is assigned to “Jeopardy Coverage” for each week of the year. During this week, they will remain on their scheduled rotation unless called upon by the program to fill a vacancy as described above. As there are 21 PGY2+3 residents in the program and 52 weeks per year, each resident has approximately 2-3 weeks out of each academic year. Residents are provided with this jeopardy schedule prior to the start of the academic year and are asked to ensure that they have back-up plans enabled for pet, child or other dependent care during these weeks so that they can be called upon to work different hours than the scheduled rotation would usually require. Vacations may not be scheduled during pre-assigned jeopardy weeks. Residents assigned to jeopardy are asked to refrain from consuming substances that impair judgement (eg. alcohol) and be prepared to present for duty within 1 hour if asked. (Once the schedule is made for the year, if residents desire to schedule a vacation during a jeopardy week, they are responsible for working with the chief resident to find alternate coverage for that week.)

The resident assigned to jeopardy will be scheduled ONLY for acute care office sessions at Penn Family Care. These templates are only filled 24 hours in advance. This minimizes potential visit cancellations (“bumps”). Residents are NOT responsible for bumping patient templates but help with identifying sessions or other office-related responsibilities is appreciated by the Office Manager and Program Coordinator so that patient care is not disrupted. In general, clinical sessions that are next-day or later will not be jeopardized (and instead cancelled). A list of rotations requiring jeopardy coverage is listed below.

PGY1 residents:

PGY1 residents are typically called upon to fill vacancies left by other PGY1 residents. Typically, the resident assigned to the well-baby, behavioral health, HUP-OB, elective or office rotation will fill any vacancy. In some cases, there is no PGY1 available, and the PGY2/3 system detailed above is utilized instead. For the first 3 months of residency, PGY1 absences/vacancies will be covered by the PGY2/3 jeopardy system (with the possible exception of CHOP RHT rotation for PGY3s in FY23 only). After the first 3 months, the interns will be assigned to jeopardy coverage in a manner similar to the PGY2/3 resident jeopardy schedule. This schedule is maintained on the tiny.cc/pennfmr for the residency program.

Prolonged absences:

Absences lasting more than 1-2 weeks (such Family Leave) in duration have more profound impacts on the program. In these cases, bigger rotation shifts are often made to reassign an entire block such that the full curriculum may be preserved for all residents. The program leadership will always strive to find the most workable solution but does reserve the right to alter rotation assignments with sufficient notice to involved parties.

Chiefs:

Once the Chiefs have been notified and identified the resident who will cover the clinical service, the Chiefs should immediately email FamilyMedicineProviderAbsence@PennMedicine.upenn.edu and notify the relevant preceptors. If there are clinical shifts requiring notification of other services such as OB/CHOP/etc, the Program Coordinators will notify the other services.

Appendix – Rotations requiring Jeopardy Coverage:

PGY 1:

FM inpatient

IM

CCU

Peds Inpatient

FM-OB NF

Peds UC – can be negotiated with CHOP on a case-by-case basis

FM-OB - can be negotiated with program leadership on a case-by-case basis

Adult ED – can be negotiated with ED leadership on a case-by-case basis

PGY2:

FM Inpatient

ACE Unit (Inpatient Geriatrics)

NF (OB and PPMC)

Community Medicine (only some elements require jeopardy coverage – discuss with Kristina Laguerre)

Peds ED – can be negotiated with CHOP on a case-by-case basis but most shifts are essential

PGY3:

FM Inpatient

NF (OB and PPMC)

Community Medicine (only some elements require jeopardy coverage – discuss with Kristina Laguerre)

Peds UC – can be negotiated with CHOP on a case-by-case basis

Moonlighting / Duty Hours

The Family Medicine Residency recognizes the educational and financial benefit derived from providing professional services outside the residency. We are also committed to monitoring resident workload to ensure that residency education is not jeopardized by excessive professional service demands. To this end, we recognize and abide by **UPHS GME policy III.F.** and ACGME guidelines on work hours and moonlighting, and have adopted the following guidelines regarding call and moonlighting to help us continue to meet these standards:

1. Residents must complete the Moonlighting Request form (UPHS GME policy III.F.)
2. Outside professional activities should not interfere with resident education or resident well-being as determined by the Program Director and must be approved prior to

participation. Participation in unapproved moonlighting opportunities may be grounds for program dismissal, as it violates the UPHS GME policy on moonlighting.

3. Moonlighting opportunities are limited to internal (UPHS) activities or those activities which can provide documentation of actual hours worked. For further information, see our policy as posted on Penn Point. Other moonlighting activities are not permitted by UPHS policy.

Our call schedule and office care schedule are structured to conform to the ACGME duty hour guidelines. Residents are required to report their work hours using an online system that all UPHS residents are trained to use during orientation.

Residents must have:

- One day in seven free of patient care responsibilities, averaged over a four-week period;
- Call no more frequently than every third night, averaged over a four-week period;
- A 24-hour limit on on-call duty, with an added period of up to 4 hours for inpatient and outpatient continuity and transfer of care, educational debriefing and didactic activities – interns may work a maximum of 16 hours per shift;
- An 8-hour minimum rest period between duty periods.
- Residents must have at least 14 hours free of duty after 24 hours of in-house duty
- ≤ 80 duty hours per week averaged over a four-week block.

In addition to monitoring resident work hours, we provide several support mechanisms for residents in the formal curriculum. Monthly Wellness sessions are offered (see conferences), where resident physicians can discuss issues arising from patient care. There is also a resident support group that meets with a faculty facilitator during Thursday conferences.

Resident Wellness

Penn's Graduate Medical Education (GME) Office has a helpful resource page dedicated to wellness of all sorts. We highly recommend that you check this out.

<https://penmedicine.sharepoint.com/sites/GMEResources>

The health system provides confidential counseling services specifically for residents via the Employee Assistance Program (EAP), which can be accessed by calling 888-321-4433 or at <http://www.pennbehavioralhealth.org/>. The residency engages in the following to promote and maintain wellness during residency:

- Administers wellness survey to all residents annually in July to assess the overall wellness of our program. Individual scores can be made available to each resident if requested.
- Maintains a “Wellness Committee” of faculty (chaired by Swetha Iruku and two senior residents). This committee pilots multiple interventions per year.
- Offers an anonymous online reporting system, located on the tiny.cc, for reporting “wellness violations” and allowing for a system improvement by the Wellness Committee
- A series of Wellness sessions during Thursday conference, at least monthly), to provide space for reflection, processing, skill-building



- Lastly, the residency buddy system and the many voluntary social events held throughout the year provide various opportunities for balancing resident professional and personal lives.

Resident Supervision

The residency program in Family Medicine and Community Health complies with the hospital policy on resident supervision I-I, in order to maintain an adequate level of supervision for trainees. This policy can be found on GME Policy Manual site:

<http://uphsxnet.uphs.upenn.edu/gme/policies.htm>

Resident Educational Funds

PGY-2 and 3 residents may request up to \$1000 and \$1500 respectively towards the reimbursement of expenses related to attendance at an approved conference. These typically include registration (virtual or in-person), travel, accommodation, and meals (though not alcohol or entertainment). Electronic copies of receipts should be submitted via the Chrome River application, found on the Penn Intranet. These funds are not a right but a privilege of residency participation. In all circumstances, but especially for meeting expenses, request approval prior to purchasing travel tickets or paying registration fees.

In some instances (e.g., AAFP National Conference of Residents and Students) the department may invite resident participation at department expense. In these instances, residents will be advised in advance whether the time away will be counted against their conference time.

If you are interested in attending a meeting, you should fill out an absence request form, attach a copy of the meeting brochure and forward these to the Academic Manager at least six weeks in advance. The greater the advance notice, the greater the chance of approval (and reimbursement).



Once approved, the resident should pay all tuition/course registration fees and make travel arrangements through the University travel agency. The program will reimburse approved expenses once you return provided you are able to document attendance and expenses with receipts. The program cannot reimburse residents for the added costs of spouse or family attendance at meetings. Once you have the required receipts you should submit them to the residency office for reimbursement.

Resident education funds **cannot** be used for purchases of books or educational materials, however the residency provides access online to Up-to-Date and nearly all online medical journals through the biomedical library. Airfare and lodging for international/away electives (eg. Botswana, Guatemala) may be reimbursed via these funds (up to the \$1500 limit), with prior approval from the Program Director.

Computing Resources

The Department of Family Medicine & Community Health is aware that practice as a primary care physician involves a significant amount of non-face-to-face time. To facilitate this work, the department will provide a one-time computing stipend of up to \$300 towards the purchase of any home computing device. This purchase can be made at any time during your residency training. Any laptop, tablet or desktop computer is eligible. Phones are not eligible for reimbursement. Receipts should be submitted to department administration for reimbursement, via the Chrome River application on the Penn Intranet. The purchased device remains your own, and consequently IT support will not be available for any device that is not an approved Penn Medicine device. Devices which are supported by IT can be found at: http://uphsxnet.uphs.upenn.edu/is/servicesdesk/help_laptop.html

Note: The purchase of a non-supported device is acceptable and may be preferable due to the substantially cheaper cost. However, residents may benefit from discussion with peers to ensure compatibility with Citrix Receiver and Duo Verification prior to any purchase.

Epic (aka Penn Chart) – Electronic Medical Record

All staff at Penn Family Care are trained in Epic/Penn Chart, the ambulatory electronic record for all outpatient practices at UPHS and inpatient facilities in the UPHS. Staff (including faculty and residents) are responsible for checking their Epic In-Basket with sufficient timeliness and frequency necessary to deliver excellent patient care. **Notes must be completed on the day of the visit and patients notified of all results (including normal results) within 7 days.** Detailed expectations for in-basket management can be found under the “Outpatient” section of the tiny.cc.

Policy on Longitudinal Electives

PGY2 elective rotation includes **6 elective half-days per week** (+3 continuity sessions and 1 conference half-day)

- **1 week of elective time is converted to full time office block (8 sessions/week) for every 5 half-days of continuity clinic missed**

PGY3 elective rotation includes **5 elective half-days per week** (+4 continuity sessions and 1 conference half-day)

- **1 week of elective time is converted to full time office block (8 sessions/week) for every 4 half-days of continuity clinic missed**

(If the above bullets are confusing, please read it a few times – it makes sense because the number of missed sessions works out with this re-allocation strategy. We cannot expect people to do more than 8 sessions of continuity care in an office block week).

Longitudinal Elective Format A

For clinical experiences that occur outside of weekday/daytime hours

- Residents may choose to pursue educational experiences outside of the traditional Monday through Friday daytime work week. These can include evening, e.g. UCC or sports game coverage, or weekend, e.g. Allentown Women's Center, experiences.
- If a resident chooses to, they may retroactively gain administrative time up to the amount of time spent in this activity. *This administrative time can only be used during elective time and in lieu of an elective experience.* It may not replace clinical content or PFC clinic time.
- For every 4 hours spent at the longitudinal site, a resident may schedule 1 additional session of administrative/QI/self-study time during his or her elective block. (Half-day increments are the smallest level at which this will be tracked. Eg – If a resident has spent 6 hours at a longitudinal site, they will get credit for 1 half-day session, but not 1.5 half-days.)
- Some discretion may be possible in scheduling of this time, but residents should not expect to arrange 5 day weekends or plan to have extra vacation time. PFC clinical time will be scheduled per the usual process and small requests can be made per usual. Bumping patients to create administrative/QI/self-study time for a resident does not create a patient-centered practice and will not be undertaken except in extraordinary circumstances.
- If a resident chooses to participate in this, they are expected to complete an elective form as for any other elective. In this form, they should record each experience and the time spent there. The running list of activities/time spent may be updated quarterly if the initial proposed schedule has changed. If paperwork is not completed and submitted for a longitudinal elective, then a resident may not apply the time spent towards their elective block.
- Application of the longitudinal elective format can be convenient for residents, but does require additional effort on the part of the resident. *Residents should anticipate that **they** will need to have ongoing oversight over the process to ensure that it is working the way they desire it to.*
- Residents who volunteer for longitudinal activities are not required to forfeit their opportunity for clinical experiences during their elective time. Many residents choose to volunteer longitudinally and still use their valuable elective-block time to bolster their clinical knowledge before graduation.

The longitudinal elective form can be found on the residency website and on the tiny.cc: [Elective Planning Form Template.docx](#) within the residency handbook (pages Appendix B).

Policy continues on next page!

Longitudinal Elective Format B

For clinical experiences that occur during weekday/daytime hours

- Some educational experiences are best acquired longitudinally, either due to scheduling or learning constraints. When these opportunities exist only during weekday/daytime hours a longitudinal elective using “Format B” may be employed.
- Use of this format requires substantial resident oversight and effort.
- A resident may request to be excused from PFC clinical sessions that would be scheduled during a specified rotation, in order to complete their elective experience. The number of missed PFC continuity clinic sessions should be tallied and submitted to the program coordinator *prospectively*, to avoid bumping patients. (Clinical schedules are made and inputted 4 months in advance.)
- Missed PFC continuity sessions will be “made-up” during an elective block. Half-day increments are the smallest level at which this will be tracked.

Example:

Resident Awesome decides to gain competency in colonoscopy and arranges for 8 half-day sessions in the procedure suite on Friday mornings with a GI physician over a 6-month period. This will require her to miss 8 half-day PFC continuity sessions. Resident Awesome looked ahead to determine which rotation schedules had either administrative or PFC clinical sessions on Friday mornings. Resident Awesome detailed these requests in a longitudinal elective request form and submitted this in advance to the program coordinator. She then reinforced these requests each month when the program coordinator asked for elective-related scheduling requests. On some rotations, the resident was not able to engage in the elective because Friday mornings were scheduled for educational content unique to that rotation (eg MSK 2 rotation has Friday mornings with Dr. Maloney). Resident Awesome did not push her luck and did not ask for further accommodations and alterations to rotation schedules as she realized that this was not feasible and would impact her and her co-residents’ clinical experience. When her elective month rolled around in block 10, she did an additional 2 half-day sessions of PFC clinic per week (8 half-day sessions total) to make up the 8 sessions she missed over the 6-month longitudinal elective. This meant that she did 6 clinic sessions per week during her 4 week long elective and had only 3 half-days per week to designate to other elective experience. Resident Awesome did not complain about this because she was happy that she had achieved the unique training experience that she desired AND also managed to meet the requirements for graduation by completing continuity patient care visits at PFC.

The longitudinal elective form can be found on the residency website and on the tiny.cc: [Elective Planning Form Template.docx](#) within the residency handbook (pages Appendix B).

RESEARCH FACULTY BIOS



Kimberly Arnold, PhD, MPH, is Assistant Professor of Family Medicine and Community Health in the Perelman School of Medicine. Dr. Arnold's research and practice are focused on addressing health disparities disproportionately experienced by Black people and achieving health equity through a combination of grassroots and evidence-based interventions in community settings (e.g., schools and churches), holistic health services, policy solutions, and multi-sector collaboration to address inequities in social determinants of health (e.g., housing, education, food security).



Hillary Bogner, MD, MSCE, is Associate Professor of Family Medicine and Community Health and a Senior Scholar in the Center for Clinical Epidemiology and Biostatistics in the Perelman School of Medicine. Dr. Bogner investigates how medical co-morbidity -- such as cardiovascular disease, diabetes, and other chronic medical conditions -- modifies response to depression treatment. Her work in depression and cardiovascular disease has focused on adherence to depression treatment as a serious problem limiting the public health impact of available effective treatment.



Carolyn Cannuscio, ScD is Associate Professor of Family Medicine and Community Health in the Perelman School of Medicine and Director of Research for Center for Public Health Initiatives. She is committed to improving the health of populations, especially disadvantaged urban populations, through her scholarship and public health practice. She is committed to strengthening cross-sectoral partnerships with organizations that have been largely untapped as agents for promoting population health, such as public libraries and arts institutions.



Peter F. Cronholm, MD, MSCE, CAQHPM, FFAFP is Associate Professor and Vice Chair for Research in the Department of Family Medicine and Community Health at the Perelman School of Medicine. Dr. Cronholm's research interests have focused on community-based, participatory health services regarding: 1) Addressing the care needs of patients who have medical and social complexity; 2) Integration of trauma-informed care and primary prevention strategies into systems of primary care; and 3) Advancing the use of mixed methodologies and patient-centered outcomes into research.



Rebecca Arden Harris, MD, MSc, is Assistant Professor of Family Medicine and Community Health in the Perelman School of Medicine. Dr. Harris' research has included investigating the immune response to hepatitis B and C viruses and antiretroviral medication adherence among HIV-positive persons who were experiencing homelessness. Her current efforts focus on pain management, opioid prescribing and misuse, the design and evaluation of treatment interventions for opioid use disorder in primary care, and clinical and policy impacts related to controlled substances,



Matthew Kearney, PhD, MPH is Assistant Professor of Family Medicine and Community Health in the Perelman School of Medicine, Associate Director of the Mixed Methods Research Lab, and Research Fellow with Penn Medicine's Center for Health Equity Advancement. Dr. Kearney's research utilizes mixed methods in identifying innovative strategies to assess health behaviors and other phenomena within the digital environment of social media focusing on: 1) social media surveillance and evaluation, 2) community-engaged health promotion research, and 3) health equity and inclusion.



Shimrit Keddem, PhD, MPH is Assistant Professor of Family Medicine and Community Health in the Perelman School of Medicine and Co-Director of the Qualitative Methods Core for the Center for Health Equity Research & Promotion in the Michael J. Crescenz VA Medical Center. Dr. Keddem's research is focused on health services, public health, social welfare, mixed-methods, and implementation science, integrating quantitative, qualitative, and geographic methods to improve quality of care for women's sexual and reproductive health, particularly for Veterans and other vulnerable populations.



Eliza Kinsey, PhD, MPH, MS, MA is Assistant Professor of Family Medicine and Community Health in the Perelman School of Medicine. Dr. Kinsey's research examines the relationships between the built environment, food insecurity and urban health disparities. She uses a mixed-methods approach to explore spatiotemporal dynamics of food policy and health across the urban planning, epidemiology and social welfare disciplines.



Katharine A. Rendle, PhD, MSW, MPH is Assistant Professor of Family Medicine and Community Health and of Epidemiology in the Perelman School of Medicine, Director of Implementation Science - Penn Center for Cancer Care Innovation, Associate Director - Penn Implementation Science Center, and member of the Abramson Cancer Center at the University of Pennsylvania. Dr. Rendle's research integrates diverse quantitative and qualitative methods to improve the quality, equity, and implementation of cancer care delivery, with a substantial focus in cervical and lung cancer.



J. Deanna Wilson, MD, MPH is Assistant Professor of Family Medicine and Community Health and of Epidemiology in the Perelman School of Medicine. Dr. Wilson's research interests include reducing substance use-related health disparities, with an emphasis on innovative strategies to treat opioid use disorders (OUD) in adolescent and adult populations. Her work includes integrating harm reduction into primary care settings, developing low threshold models of care to improve engagement and retention of vulnerable populations, and improving engagement and retention of adolescents and young adults in OUD treatment.

Appendix A:

Advisor/Advisee Meeting Documentation

Please notify the Academic Manager at least 5 business days prior to your scheduled meeting in order to obtain the necessary items for review (evaluations, password resets, etc).

Standard Schedule for Advisor/Advisee meetings:

- Meeting 1: October/November
- Meeting 2: January/February

Potential topics for review: (Please see the following page for notes on these topics)

- ✓ Rotation Evaluations
- ✓ In-training Exam Results and Goals
- ✓ PFC metrics/visit volume (available on the I:\ Drive)
- ✓ Epic In-Basket
- ✓ Patient Care Feedback (Press-Ganey)
- ✓ 360 evaluations
- ✓ Med Hub Procedure Log
- ✓ Elective, Conference & Career Planning, CV review
- ✓ Quality Improvement project (PGY2/3 only)
- ✓ Participation in residency committee

Notes:

Action Steps:

Next advisor meeting date planned for:

Resident: _____ Date: _____

Faculty: _____ Date: _____

Appendix A:

Advisor/Advisee Meeting Documentation

Rotation Evaluations: Some evaluations can be viewed by the residents in MedHub. Those evaluations from CHOP and some internal medicine rotations, may not be in MedHub. These evaluations will be in the resident's file, kept with the Academic Manager. Please discuss the commentary from evaluators.

In-Training Exam Results: Residents can access their results via www.theabfm.org using their ID and password. The Program Director and coordinator can access these passwords if needed. Please compare results to the national mean and review the Z-score (comparison to the national mean for their year of training). Discuss plans for studying, if needed.

PFC Metrics: Please review the resident's visit volume thus far to ensure that they are on-track to achieve RRC previously required visit numbers. PGY-1: 150 visits, PGY2/3 total: 1500 visits. Please review no-show rates and discuss patient care quality.

Epic In-Basket: Please have the resident open his/her Epic In-Basket and review the number of results and patient calls. Please discuss ways to improve patient care through good patient communication and follow-up.

Patient Care Feedback: Review any commentary from precepting faculty (found in resident's portfolio).

MedHub: The list of required procedures can be found in the Residency Handbook (page 9). Continuity deliveries are required for graduation. Please ensure that the resident has their current password to access MedHub.

Elective, Conference and Career Planning: Faculty advisors are an excellent resource for residents with regard to career planning. Residents may desire to choose electives and conferences that support their career plans. Electives that require a particular schedule should be planned well in advance (3-4 months) to ensure that office hours do not interfere with elective goals.

QI: Verify that residents have completed their A3 while on their HSM/QI rotation.

Participation in Residency Committees: Epic operations, Housestaff Committee, PCMH, social planning

Wellness Check-in:

- Self-care
- Emotional health
- Relationships with partner/family/friends
- Self-assessment

Appendix B: Resident Elective Planning

University Of Pennsylvania
Department Of Family Medicine & Community Health

RESIDENT ELECTIVE RECORD SHEET

Name: _____

Title of Elective: _____

Main Site of Elective: _____

Dates: _____

Block: _____

PGY: _____

1. What are your educational goals for this rotation? What activities do you propose to help you meet them? Attach additional sheets if needed.

2. Signatures:

RESIDENCY DIRECTOR / ASSOCIATE RESIDENCY DIRECTOR

_____	_____	_____
Print Name	Signature	
Date		

MAIN SITE ADVISOR

_____	_____	_____
Print Name	Signature	
Date		

Advisor/Director/Supervisor Comments:

3. Elective Rotation Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					
Eve					

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					
Eve					

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					
Eve					

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					
Eve					

Appendix C: 2023-2024 Dates

<u>DATE</u>	<u>EVENT</u>
7/4/2023	Independence Day Observed (PFC/Cedar Closed)
7/27-7/29/2023	National Conference of Resident & Student Members of AAFP
9/4/2023	Labor Day (PFC/Cedar Closed)
11/1/2023	Interviewing begins for entering class of 2023 (tentative)
10/12 – 10/26/2023	ABFM In-training Exam
11/23/2023	Thanksgiving (PFC/Cedar Closed, OPEN ON BLACK FRIDAY)
12/25/2023	Christmas Day Observed (PFC/Cedar Closed)
1/1/2024	New Year's Day Observed (PFC/Cedar Closed)
1/31/2024	Deadline for receipt of applications for 2024 entering class
1/15/2024	Last day to interview for 2024 entering class for traditional applicants (tentative)
2/5/2024	Rank order meeting (tentative)
3/15/2024	Match Day
5/27/2024	Memorial Day (PFC/Cedar Closed)
6/14/2024	Residency Graduation Ceremony/Banquet (tentative)

