

LEARN WHY THEY PICKED OUR PENN FAMILY MEDICINE RESIDENCY PROGRAM

JACOB (JAKE) NAIR, MD

"I wanted to go to a program that embraced the ever changing landscape of healthcare and Penn Family Medicine was that place. They offer great training in my interests, especially LGBTQ+ health. I felt like there were not only talking the talk but also walking the walk when it comes to diversity in medicine. Not to mention, the passionate residents and faculty help support your personal and professional growth from day one!"



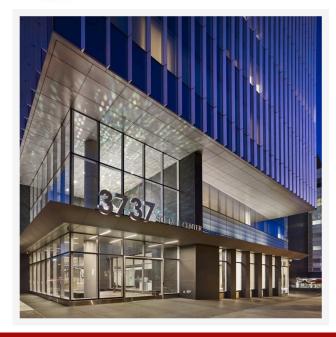


Program Highlights

- · Strong, supportive residents & faculty
- Community Medicine in underserved
 West Philadelphia neighborhood
- Continuity FMOB & FM Inpatient service
- Rigorous inpatient training
- · High-volume, advanced OB
- FQHC and academic clinic sites
- Repro health, terminations, & procedures
- LGBTQ health program
- · Addiction Medicine
- HIV training (AAHIVS eligible)
- · Sports Medicine
- · Healthcare Leadership & Global Health
- Research Mentorship
- · Diverse patient population
- Fellowships in Sports Medicine, Addiction
 Medicine, and Faculty Development







Contact us

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Family Medicine Residency Program
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Questions? Email our Program Coordinator Darcy.MacDonald@pennmedicine.upenn.edu



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UNIVERSITY OF PENNSYLVANIA FAMILY MEDICINE RESIDENCY



Service







Leadership

About Us

Our mission is to prepare residents to deliver full-spectrum primary care, particularly for underserved communities. We cultivate outstanding leadership and clinical skills, combined with a firm grasp of current evidence-based practices. Alongside their technical skills, we aim to instill an understanding of the social and historical factors that impact health outcomes, so that our residents graduate equipped to recognize and dismantle systems that perpetuate disparity and injustice wherever they go.

Family Medicine at Penn

Our Family Medicine residency is in the heart of Penn's campus, with our hospital services, clinical offices, research teams, and medical student teaching opportunities all within walking distance of each other.

Our residents receive full-scope clinical training under our experienced faculty in a variety of urban settings. Within our Family Medicine clinic, residents have the opportunity to train in office procedures, prenatal care, LGBTQ+ care, HIV care, and addiction medicine. Our adult inpatient and OB services support residents to grow into confident, capable, well-rounded physicians under the guidance and mentorship of Family Medicine attendings.

West Philadelphia offers the opportunity to train in a major city with a unique neighborhood feel. Philly is rich in culture and history, with an abundance of art, music, restaurants and outdoor activities to explore with coresidents and friends in your time off!











Resident Salary and Benefits 2024-2025

PGY1 \$71,965 | PGY2 \$74,712 | PGY3 \$78,344

- 3 Weeks Paid Vacation + 1 Week Paid Holiday
 - Paid Conference Time:
 - PGY-2: 3 days & \$1000
 - PGY-3: 5 days & \$1500
 - Access to Penn Library online services, including Up-to-Date®
 - iPhone and computer stipend
 - Mortgage Guarantee for housing in Penn's Neighborhood

Where we practice

- · Hospital of the University of Pennsylvania
 - Obstetrics, Newborn Nursery
- Penn Presbyterian Medical Center
 - Adult inpatient, Cardiac ICU
- Penn Family Care
 - Resident continuity clinic, FM subspecialty clinics
- Children's Hospital of Philadelphia (CHOP)
 - Pediatric inpatient, ED, and Urgent Care
- Community-based organizations
 - eg. Prevention Point mobile MOUD clinic, United Community Clinic, West Philly High School
- Elective sites
 - eg. Puentes de Salud clinic, Pennsylvania Hospital, local FQHCs, rural hospital site, Allentown Women's Center... just to name a few!

Core Curriculum*

PGY 1 Rotations

Family Medicine Inpatient
Family Medicine OB /OB with OB
Family Medicine OB Nights
Family Medicine Outpatient
Behavioral Health and Addiction Medicine
Adult Emergency Department
Cardiac Care ICU
Internal Medicine Inpatient
CHOP Pediatric Inpatient
CHOP Pediatric Urgent Care
Newborn Nursery
Elective

PGY 2 Rotations

Community Medicine
Family Medicine Inpatient
Family Medicine OB
Family Medicine Outpatient
Inpatient Geriatrics
Health Systems Quality Improvement
Sports Medicine/Musculoskeletal
Pediatric Outpatient
Electives

PGY 3 Rotations

Community Medicine
Family Medicine Inpatient
Family Medicine OB Nights
Family Medicine Outpatient
Outpatient Subspecialties
Dermatology
Adult Emergency Department
Sports Medicine/Musculoskeletal
CHOP Pediatric Urgent Care
Electives

*Varies by curricular track, total elective time equal in all tracks.

Longitudinal Elements: prenatal care, procedure training, continuity patient care, quality improvement



The Alliance of Minority Physicians Renn Medicine | Handle Children's Hospital of Philadelphia

The Alliance of Minority Physician's mission is to develop leaders in clinical, academic, and community medicine through active recruitment, career development, mentorship, social opportunities and community outreach.





AMP's efforts are geared towards underrepresented (UIM) faculty, housestaff, and medical students across Penn and CHOP, as well as those economically disadvantaged, first-generation medical students and those underrepresented in their specific discipline.



| Pipeline & Recruitment | Mentorship | Social Events |
|---|---|--|
| Visiting Clerkship for UIM Medical Students Participation in local and national conferences eg. SNMA, LMSA | "Mentoring Families" support relationships between our medical students, residents, fellows, and attendings | New Housestaff Welcome Reception Happy Hours Housestaff Holiday Potluck Graduation Gala |



Visiting Clerkship Program

In partnership with the Alliance of Minority Physicians, the University of Pennsylvania's Department of Family Medicine and Community Health offers a Visiting Student Clerkship experience for rising 4th year medical students. This 4 week rotation pairs each student with faculty and resident mentors. Students also have the opportunity to meet one-on-one with our program director. Students selected for this competitive

program will receive scholarship amounts up to \$1500 to help reimburse the costs of travel and housing.





Apply through VSLO. Find out more here:



Clinical Experience

Choose from one of our dedicated Family Medicine experiences:

- Externship
- Maternal & Child Health
- Sub-Internship

Mentorship

Meet with your faculty and resident mentor to discuss family medicine career goals. Receive feedback on your personal statement and ERAS application.

Community

Find your community here at Penn! Throughout the block connect with residents and faculty, while also forming connections with the other visiting students across specialties at Penn/CHOP.







INPATIENT MEDICINE

OUR PHILOSOPHY

We believe that robust inpatient training is critical for Family Physicians to be prepared to manage chronic conditions, slow disease progression, and support patients' goals of care. We highly value patient-provider continuity and interdisciplinary collaboration.

OVERVIEW

Our curriculum includes rigorous inpatient training, in which junior residents are closely supervised by senior residents and faculty, gaining progressive autonomy over the 3 years of residency.



OUR HOSPITAL

Our FM service is located at Penn Presbyterian Medical Center, a longstanding hospital in West Philadelphia, beloved for its intimate "community hospital" feel. Residents develop close relationships with nursing, social work and specialist teams throughout their residency.

OUR TRAINING

- Management of "bread and butter" conditions like CHF, COPD, sepsis, stroke, chest pain, PE, and addiction medicine
- Point-of-care ultrasound
- Management of rapid responses
- ACLS training with regular simulations



of Care







PROMOTE OB

PRimary care Obstetrics and Maternal Outcomes Training Enhancement

- PROMOTE is the advanced obstetrical training track in the Penn Family Medicine Residency program. All residents are required to select a track (Community Medicine, Inpatient, or PROMOTE OB) at the end of intern year.
- Upon graduation, PROMOTE residents will be equipped to practice pregnancy care in a variety of practice settings including academic, community, urban, and rural. Graduates will be able to provide high quality care to marginalized and vulnerable patient populations in low resource settings, helping to reduce health care disparities in pregnancy care.
- PROMOTE residents spend additional weeks on the labor floor at the Hospital of University of Pennsylvania and Pennsylvania Hospital. There are also PROMOTE 2 and PROMOTE 3 rotations, where residents spend time on the antepartum service, in high-risk clinic, and in the antenatal testing unit to learn advanced obstetrical skills and management.
- PROMOTE residents can participate in cesarean deliveries, group prenatal care, a rural OB month in New Hampshire, and a longitudinal experience at an FQHC managing prenatal patients.
 - Advanced didactics and FMOB mentorship are benefits of the PROMOTE track. Residents also have opportunities to be involved in OB related QI work, participate in hospital and city based perinatal committees, and get involved in research opportunities related to pregnancy care.

6

PROMOTE residents can obtain procedural skills:

- Minimum of 80 vaginal deliveries
- Perineal laceration repair
- Opportunity for assisted vaginal deliveries
- OB ultrasound including dating, AFI/BPP, and basic biometry
- Minimum of 20 cesarean deliveries with opportunity for competency if desired
- Colposcopy
- And more!

7

PROMOTE residents will learn to manage:

- Hypertensive disorders of pregnancy
- Diabetes in pregnancy
- Perinatal Opioid Use Disorder
- HIV/Hepatitis B/Hepatitis C
- Preterm Premature Rupture of Membranes
- Refugee patient care
- LGBTQ+ reproductive care
- 4th Trimester Postpartum Care

• And more!



Please contact the director of the PROMOTE OB track with any additional questions: Jennifer Cohn, MD jennifer.cohn2@pennmedicine.upenn.edu



Program for LGBT Health

Penn Family Medicine is one of the leading LGBTQ+ healthcare providers in the city of Philadelphia and the clinical home of LGBTQ+ primary care at Penn. We provide an affirming patient experience within our clinics and lead efforts across the health system to optimize the experience for patients in this community.

CLINICAL CARE

- Trauma-informed approach to all aspects of care
- Gender-affirming care e.g., hormone therapy, pre/post-surgical care
- Inclusive reproductive and obstetric care
- Proactive PrEP counseling and prescribing (oral and injectable)
- Collaborative care approach including a "PrEP navigator" and on-site pharmacist for injection trainings and medication management, behavioral health team and partnerships with specialists across Penn

EDUCATION

- Required LGBTQ+ clinic sessions, where residents train with faculty who specialize in the care of LGBTQ+ patients
- LGBTO+ Health elective for residents and medical students
- Longitudinal didactic series focused on transgender health, traumainformed care, LGBTQ+ health disparities and PrEP management

ADVOCACY

- Family Medicine residents and faculty have successfully led many initiatives to advance inclusive best-practices at the health system level
- Family Medicine participates annually in Penn's Health Equity Week, to highlight issues of LGBTQ+ health equity
- Penn organizes a group annually for Philadelphia's Pride Parade

RESEARCH

Residents can participate in (or design!) research and quality
 improvement projects to improve LGBTQ+ healthcare quality and access





ADDICTION MEDICINE

Background: Philadelphia is at the epicenter of the opioid overdose epidemic and addressing substance use is the key priority for community. In response, our program has exponentially increased our capacity to respond to this need over the past few years. We have multiple core residency faculty dual-boarded in Family Medicine and Addiction Medicine. Our program hosts a fellowship in Addiction Medicine. All our residents graduate with competency in treating opioid use disorder (OUD).





Clinical Training Opportunities:

<u>Medication for Opioid Use Disorder at Penn Family Care:</u>

We have four half-days per week of clustered clinical sessions for adult patients with OUD. All residents spend at least 8 sessions per year rotating through these clinics, starting as PGY1s. Residents work in collaboration with a multi-disciplinary team which includes a care manager and clinical pharmacist.

Peripartum OUD:

We have three half-days per week of clustered sessions for pregnant or postpartum patients with OUD and their newborns. Our practice is the main treatment site for all pregnant patients with OUD across Penn. Residents can gain experience with antepartum buprenorphine induction and maintenance, intrapartum and postpartum pain management and care for patients with OUD.

Inpatient Medical Care:

Our inpatient and labor and delivery service care oversee the care of patients admitted to the team who are seeking to initiate treatment for addiction. In addition, our department runs the inpatient Addiction Medicine consult service in at Penn Presbyterian. Residents can do elective time on this team.

Community-Based Care:

We have a long-standing partnership with Prevention Point Philadelphia, a harm reduction organization that provides services for folks with substance use. During the community medicine rotation in both the PGY2 and PGY3 years, residents provide harm reduction and MOUD care at the "Overdose Surge" Bus – a novel street-based low barrier mobile site, run by core Penn Family Medicine faculty.

Quality Improvement Opportunities:

There have been many projects led by residents to promote improved care for this rapidly growing patient population. Recent examples include promoting closure of gaps in preventive care (eg. pap tests, vaccines and mammograms) and improving our patient registry for population health management. Residents can also participate in ongoing research projects led by faculty in Addiction.







One-year clinical fellowship designed for future leaders

Our mission is to train physicians in the highest quality provision of care to people and communities affected by substance use disorders with an emphasis on harm reduction, health equity, and health care innovation and research.

We are seeking applicants following completion of an ACGME accredited primary residency in family medicine, internal medicine, pediatrics, obstetrics and gynecology or emergency medicine.

For more information:





Program Director:

Judy.Chertok@pennmedicine.upenn.edu

Program Coordinator:

Rhonda.Chappelle@pennmedicine.upenn.edu



REDUCING



STIGMA & BIAS: EXAMPLES & SUGGESTIONS



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Suggestions for Improvement



| **Sligmanzing Language** | o for improvement o |
|--|--|
| Adherence and compliance (non-adherent, non-compliant) | List barriers to treatment plan (unable to refrigerate insulin due to displaced housing) |
| Chief compliant | Chief concern, primary reason for visit |
| Chronic medical condition management (uncontrolled diabetes) | X level above X goal (Elevated A1C above X goal, hyperglycemia) |
| Elderly | Use numerical age |
| Failed treatment | Medication was not effective in treating X condition |
| Gender | Ask if patient is amenable to their gender identity and pronouns being documented |
| History (denies, endorses, states, reports) | Use has or does not have (no fever, knee pain 10/10) |
| Obesity | Document patient's BMI or person in a larger body (change "display as" in problem list) |
| Perpetrator/Abuser | Person who uses violence |
| Player, Frequent Flyer | Patient |
| Quotation Marks | Use with extreme caution given it suggests skepticism |

This is not one size fits all Ask your patient what language they prefer

For More Information

Fernández L, Fossa A, Dong Z, et al. Words Matter: What Do Patients Find Judgmental or Offensive in Outpatient Notes?. J Gen Intern Med. 2021;36(9):2571–2578.

USE PATIENT-FIRST LANGUAGE

Document conditions as nouns instead of adjectives

Instead of "diabetic", use patient with diabetes Instead of "smoker", use patient who smokes Instead of "sickler", use patient with sickle cell disease

Instead of "addict", use patient with substance use disorder Instead of "alcoholic", use patient with alcohol use disorder