



2015-2016



Family Medicine and Community Health Residency Handbook

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Ms. MacDonald's duties include maintaining resident files for all current and past residents, maintaining resident schedules, assisting residents with licensure and credentialing, managing key social events for the residency, serving as the residency's point of contact to the PAFP, AAFP, ABFM, NCFPRSM, and coordinating the residency ACGME accreditation process. Ms. MacDonald also serves as academic manager for Sports Medicine Fellows and outside GME rotators.

Ms. Moore's duties include serving as staff assistant to the residency, handling resident expense reimbursement, coordination of residency meetings (including committees, resident conferences, and ad hoc meetings), and assisting with FMC scheduling. She additionally serves as staff assistant to several Mutch based Department faculty.

Chief Residents 2015-2016

Victoria Brosius, MD	PGY-3 Chief
Elisabeth Collins, MD	PGY-2 Chief

The Chief Residents attend and vote at faculty meetings and attend other outside meetings on the Department's behalf. They create and maintain the call schedule and assist in vacation and leave planning, creating the following year's rotation schedule, and plan the graduation banquet each spring. Chief residents are selected by residents from among interested PGY1's each spring.

Residency Curriculum

The most up to date rotation schedule is included in the COAST online system available (behind the firewall) via our residency homepage. The current schedule (as of 6/18/2014) is published on the opposite page for reference. Variations exist for transfer and off-cycle residents.

PGY1 Rotations

- Orientation 0.5 block, FM Office 0.5 block (Holiday)
- Family Medicine Inpatient 2 blocks
- Family Medicine OB 1 block; FM OB Night Float 0.5 block
- HUP OB 1 block; GYN 0.5 block
- Internal Medicine at Presbyterian 1 block
- Adult ER 1 block Presby
- CCU 1 block Presby
- Peds Inpatient 1 block CHOP
- Peds ER 1 block CHOP & 1 block Urgent Care CHOP
- Newborn Nursery 1 block HUP

PGY2 Rotations

- Family Medicine OB 1-2 blocks (varies by track)
- Family Medicine Inpatient/NF 1 block
- Family Medicine Office 2 x 0.5 blocks
- Outpatient Surgery 1 block Presby
- Health Systems Management and Quality Improvement 1 block
- Behavioral Health 1 block/ NF 1 block (alternating 2wk intervals)
- Acute Care of Elders (ACE Unit) 1 block Presby
- Community Medicine/Night Float 1 block
- Sports Medicine 1 block
- Elective 1.5 -2.5 blocks/ 0.5 Night Float (varies by track)

PGY3 Rotations

- Family Medicine Inpatient 1-2 blocks (varies by track)
- Community Medicine 1 block
- Cardiology/ENT/Urology 0.5-1 block (varies by track)
- Orthopedics 1 block
- Office/Night Float 1 block
- Community Medicine/Night Float 1 block
- Emergency Medicine & Dermatology 1 block
- Urgent Care Pediatrics 1 block
- Elective 2.5 - 3.5 blocks / 0.5 block Night Float (varies by track)

	1	2	3	4	5	6	H	7	8	9	10	11	12
	6/26-7/26	7/27-8/23	8/24-9/20	9/21-10/18	10/19-11/15	11/16-12/20	12/21-1/3	1/4-1/31/16	2/1-2/28	2/29-3/27	3/28-4/24	4/25-5/22	5/23-6/19
PGY1s													
Ben Cocchiaro	PMC ED	HUP-OB*	PMC IM	FM-PMC1	CCU	Peds West	H	Urgent Care	Peds ED*	FM-OB1	FM-PMC1	NBN	OB/GYN
Megan Ffibi	NBN	PMC ED	Urgent Care	Peds ED	PMC IM	FM-PMC1	H	Peds West	FM-PMC1	HUP-OB	CCU	FM-OB1	GYN/OB/G
Brianne Teaboldt	FM-OB1	HUP-OB*	PMC ED	PMC IM	FM-PMC1	Urgent Care	H	Peds ED	Peds Ward	CCU	GYN/DBNF	FM-PMC1	NBN
Seneca Harberger	FM-PMC1	FM-PMC1	Peds Ward	PMC ED	FM-OB1	PMC IM	H	NBN	HUP-OB	Urgent Care*	Peds ED*	GYN/DBNF	CCU
Joshua Thompson	Peds Ward	FM-OB1	PMC IM	FM-PMC1	NBN	PMC ED	H	FM-PMC1	CCU	Urgent Care*	HUP-OB	OB/GYN	Peds ED*
Arber Horner	FM-PMC1	Peds Ward	FM-OB1	NBN	PMC ED	FM-PMC1	H	CCU	PMC IM	GYN/DBNF	Urgent Care	Peds ED	HUP-OB
Kevin Kline	HUP-OB	NBN	FM-PMC1	CCU	FM-PMC1	FM-OB1	H	PMC IM	GYN/DBNF	Peds Ward	PMC ED	Urgent Care	Peds ED*
Adam Lyons	Urgent Care	Peds ED	CCU	Peds Ward	PMC IM	NBN	H	HUP-OB	FM-OB1	OB/GYN	FM-PMC1	PMC ED	FM-PMC1
Mara Gordon	Peds ED	Urgent Care*	NBN	PMC IM	Peds Ward	HUP-OB	H	FM-OB1	FM-PMC1	FM-PMC1	OB/GYN	CCU	PMC ED
PM&R		PM&R	PM&R					PM&R		PM&R			
PENN M4 SUB-I						PENN 11/21					PENN?	PENN?	PENN?
PGY2s													
Tara Ghazi	FM-OB1	MSK1	Office	FM-OB1	FM-PMC1	FP-PMC2	H	Diabetic/Ob/G	HSMQI	PNF/Elective	Comm2	OB-FPS	UCPed3
ob-1 - Claudia	OB-FPS	ELECTIVE-A	Geriatrics	OutpSurg/PNF	OutpSurg/DBNF	Comm2	H	PNF/Elective	FP-PMC2	MSK1	BehavHealth	HSMQI	OB-FPS
ob-2 - Gen	OutpSurg/PNF	OB-FPS	PNF/ElectB	Geriatrics	BehavHealth	OB/GYN/OutpSurg	H	MSK1	ELECTIVE-A	OB-FPS	HSMQI	FP-PMC2	Comm2
ob-3 - Rosa	PNF/Elect	Geriatrics	DBNF/OutpSurg	MSK1	OB-FPS	OutpSurg/PNF	H	BehavHealth	OB-FPS	ELECTIVE-A	FP-PMC2	Comm2	HSMQI
comm-1 - Kingsley	Comm2	ELECTIVE-A	OutpSurg/PNF	FP-PMC2	OB/GYN/COMM2	OB-FPS	H	Geriatrics	OutpSurg/PNF	HSMQI	MSK1	BehavHealth	ELECTIVE-B
comm-2 - Lisa	Geriatrics	FP-PMC2	MSK1	Elect/COAM2	Comm2	HSMQI	H	OB-FPS	OB/GYN/OutpSurg	BehavHealth	ELECTIVE-A	PNF/OutpSurg	PNF/ElectB
aca-1 - ManoJ	FP-PMC2*	Comm2	HSMQI	OB-FPS	PNF/Elect	BehavHealth	H	OB/GYN/Office	Geriatrics	OutpSurg/PNF	OutpSurg/PNF	MSK1	ELECT-AT2
aca-2 - Scott	HSMQI	OB/GYN/Office	OB-FPS	PNF/OutpSurg	ELECTIVE-B	Geriatrics	H	FP-PMC2	MSK1	Comm2	PNF/OutpSurg	ELECT-AT2	BehavHealth
aca-3 - Andrew	BehavHealth	ELECTIVE-B	FP-PMC2	OB/GYN/Office	Geriatrics	MSK1	H	HSMQI	Comm2	ELECT-AT2	OB-FPS	OutpSurg/PNF	OutpSurg/PNF
PGY3s													
Aca3 - Marina	ML	ML/Elect	ELECTIVE	ELECTIVE	Elect/PNF	CARDISS6	H	FP-PMC3	PNF/Behav	ELECTIVE	Comm2	MSK2	FP-PMC3
Aca1 - Gelene	ED/Derm	Elect/HSMQI	FP-PMC3	ELECTIVE	UCPed3	ELECTIVE	H	Comm3	MSK2	Office	CARDISS6	FP-PMC3	ELECTIVE
Aca2 - David	FP-PMC3	ED/Derm	ELECTIVE	MSK2	CARDISS6	PNF/Elect	H	UCPed3	ELECTIVE	Office	FP-PMC3	ELECTIVE	Comm2
Comm1 - Jonah	Comm2	PNF/Elect	ELECTIVE	UCPed3	PNF/PMC2*	Office/DBNF	H	ELECTIVE	ED/Derm	FP-PMC3	MSK2	Gen/RSU/COMM3	COMM3
Comm2 - Jenna	OB/GYN/Office	FP-PMC3	ELECTIVE	Comm2	MSK1	ELECTIVE	H	CARDISS6/RSU	COMM/UCOMM3	COMM3	UCPed3	Comm2	ELECTIVE
Comm3 - Anne	Office/DBNF	CARDISS6/PNF	ELECTIVE	FP-PMC3	ED/Derm	ELECTIVE	H	ELECTIVE	Comm2	UCPed3	COMM3	COMM3/Elect	MSK2
OB-1 - Mini	ELECTIVE	Office/DBNF	CARDISS6	Comm2	MSK2	FP-PMC3	H	ED/Derm	ELECTIVE	ELECTIVE	Office	UCPed3	ELECTIVE-OB
OB-2 - Tori	CARDISS6	ELECTIVE	Office/DBNF	ED/Derm	Comm2	UCPed3	H	MSK2	FP-PMC3	ELECTIVE	ELECTIVE	Office	ELECTIVE
OB-3 - Joy	ELECTIVE	ELECTIVE	Comm2	Office/DBNF	FP-PMC3	ED/Derm	H	Office	UCPed3	MSK2	ELECTIVE-OB	ELECTIVE	CARDISS6
Make-up times													
Alycia	PMC2/off*/zone1												
Rose	ELECTIVE	ELECTIVE/DBNF											
Rory	ML	ML	Office/DBNF										

Electives

One of Penn's strengths is the wide variety of elective experiences available to residents. Residents in good standing may schedule two elective blocks during their PGY-2 year and four blocks during their PGY-3 year. Design of electives should take into account learning needs as identified by the resident and their advisor. See the link on Pulse for the Elective Compendium for ideas on good elective rotations.

Requesting 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 three months in advance of the elective block (4-5 months for electives outside UPHS).

1. The resident (with the help of their advisor and program director) should develop goals and objectives for their elective that fit within their overall goals for residency and their eventual career, a full-time schedule which would meet those goals and objectives.
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 residency 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. Residents are responsible for:
 - a. 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 bumped to accommodate late elective planning, so please plan ahead!
 - b. on call and rounding duties.
 - 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.
5. Residents must submit an evaluation of their elective on completion. The evaluation should include contact information and other pertinent information that would aid other residents interested in a similar experience.
6. Residents hoping to perform electives outside UPHS should be familiar with GME policy I-D on Educational Affiliations at the UPHS GME policy website.

Pulse

The residency home page includes links to our Pulse page, where rotation goals and objectives, logistics, schedule, conference slides and contact information are kept. Changes to selected pulse pages can be made by anyone using their password, with all changes monitored by Dr. Baylson and Philip Maher (PGY-3).

The Pulse link (intranet only) is: <http://pulse.uphs.upenn.edu/family/>

Resident Progress and Promotion

Residency faculty review resident progress during monthly residency faculty meetings and semi-annual REACH 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 Core 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. Achieve a composite score of 30% or higher (for PGY level) on the annual ABFM in-service exam administered each November. If lower than 30% residents must develop and implement an individualized educational plan in conjunction with their advisor and the program director.
- i. Provide evaluations of faculty, each assignment, and the family medicine program as part of the ongoing evaluation program of the Department and Residency.
- j. Complete procedure documentation logs for required procedures performed in the PGY-1 year.
- k. Demonstrate satisfactory communication skills through regular contact with the program director and department using University provided electronic mail and regular mail services.
- l. 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.
- m. 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 judged 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. PGY-2 residents must present 3 conferences during their PGY-2 year (1 behavioral science case conference , 1 core conference, 1 board review conference.)
- e. Pass USMLE Step 3 (must pass at least 4 months prior to starting PGY3 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. Achieve a composite score of 35% or higher (for PGY level) on the annual ABFM in-service exam administered each November. If lower than 35% residents must develop and implement an individualized educational plan in conjunction with their advisor and the program director.
- l. Provide evaluations of faculty, each assignment, and the program as part of the ongoing evaluation program of the Department and Residency.
- m. Complete the procedure documentation log for procedures performed in the PGY-2 year.
- n. Initiate individual QI project, collect pre-implementation data
- o. Demonstrate satisfactory communication skills through regular contact with the program director and department using University provided electronic mail and regular mail services.
- p. 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 Practice residency program.
- q. 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 judged 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. PGY-3 residents must present 3 conferences during their PGY-3 year (1 behavioral science case conference , 1 core conference, 1 board review conference.)
- 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.
- 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 its findings during a conference in Block 12 of the year

- m. Demonstrate satisfactory communication skills through regular contact with the program director and department using University provided electronic mail and regular mail services.
- n. 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 Practice residency program.

Resident Transfer Policy

The residency program adheres to all rules related to transfer of residents to and from other residency programs. These rules are dictated by the American Board of Family Medicine and details can be found at <https://www.theabfm.org/cert/advlevel.aspx>. In the rare instance that a resident is considering transfer away from the program, the resident should meet with the program director, their advisor and/or a university ombudsman for guidance and counseling prior to this action.

Recruitment and Appointment of new residents

The Residency Program committee oversees the recruitment and selection process. Penn's Family Medicine residency participates in the National Resident Matching Program (NRMP) and the Electronic Residency Application Service (ERAS). The committee screens applications and extends interviews to candidates based on their medical school record, letters of recommendation, and USMLE scores. 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 web site. The residency follows UPHS policies regarding appointment and selection of residents as found at: <http://www.uphs.upenn.edu/gme/policies/index.html>

Resident Evaluation

The residency uses several systems to provide written resident performance feedback, including New Innovations (www.new-innov.com) and GME-Oasis (<http://gme-evals.med.upenn.edu/index.html>). 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 housestaff evaluation posted at the GME policy website noted above.

Procedure Logs

Residents should log procedures in MedHub (<https://uphs.medhub.com/index.mh>). All residents must **document competence** in seven required procedures in order to graduate from the program:

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

Residents expecting to request credentials for other procedures commonly taught in the residency must meet minimum numbers of successfully logged and confirmed procedures. See the

workshop section of the handbook or the procedures curriculum wiki for additional information on procedure training. Common procedures which residents request include IUD insertion and removal, colposcopy, lumbar puncture, arterial puncture, thoracentesis, and paracentesis. Additional training is required (usually through electives) to gain competence in stress testing, colonoscopy, manual vacuum aspiration, vasectomy, or nasopharyngoscopy

Conferences

There are two main conference series for residents: morning case conference and Thursday morning core curriculum conferences. Attendance is taken at each conference and becomes a part of their 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-2 and 3 residents are required to present one core conference and one case 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 Case Conferences

The morning case conference occurs every weekday morning (except Thursday) from 8:10–8:30 AM in the Mutch 6 conference room and is attended by all providers seeing patients in the Mutch office that morning including interns. One faculty or resident is assigned to present a case or cases from their continuity practice prior to each block. Appropriate cases highlight diagnostic or therapeutic questions and can provide the presenting clinician the chance to gain from the knowledge of the group. Morning conference immediately follows the office huddle.

The conference schedule and attendance records can be reviewed online using New Innovations.

Thursday Conferences

Thursday conferences take place in the Mutch Conference Room on the sixth floor and in the Solarium on the eighth floor of the Mutch Building every Thursday from 8:00 AM until 12:43 PM (huddle at 12:45). Breakfast and lunch are served on Thursday conference days. 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 when on FM inpatient, newborn nursery, all obstetrics blocks, Presby ER (when shifts allow), and on their FM GYN block. PGY2 and PGY3 residents are expected to attend all FM conferences on all rotations except PGY2 ACE Unit. In general the following constellation of conference categories will occur each month:

MFM OB Core Conference, OB M&M; Practice Management; Core Workshop; Behavioral Science/Geriatrics; Community Medicine; Resident Support Group; Pharmacy; Residency Program Meeting; Journal Watch; Resident-given Core Conference; Balint; Core Conferences; All-Resident Meeting; Morbidity and Mortality -Hospital Service Review, Core Family Medicine Conferences x 3

Core Family Medicine Conferences

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 are devoted to a review of the prior months' deliveries, upcoming deliveries, continuity patient care concerns and core OB topic reviews. Residents are expected to arrive ready to discuss current clinical issues germane to their continuity obstetric patients at each block's OB Quality Review. The PGY2 from the prior HUP OB block is responsible for the OB morbidity and mortality conference, a review of the block's deliveries and selected cases from our obstetric practice. This entire set of obstetric conferences is augmented by use of a common text (Ratcliffe's Family Medicine Obstetrics, 3rd edition) to guide review of common obstetrics topics.

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-9, CPT, DRGs), resident presentation of their own QA 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. Each PGY3 resident is expected to present results of their QA project during QA conference.

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. In addition each death on the service for the month should be presented briefly for review. The team should choose one or two patient cases to present that illustrate interesting diagnostic or management points. Pathology slides, radiology films, or other teaching material generated during the course of care of these patients should be presented as well. In some instances the team may wish to invite others involved in the case to the discussion (e.g., social workers, consultants, basic scientists). The senior resident on the in-patient service should coordinate this effort.

Behavioral Science Didactic/Case Conference

Residents present behavioral science cases for discussion with Drs. Stinnett during case conferences. Common cases would include mood disorders, family dysfunction, or management of chronic mental illness. Didactic sessions cover core mental health topics and are delivered by Dr. Stinnett or the faculty.

Balint Group

Drs. Margo and Doubeni facilitate our Balint group, a confidential case-based conference that explores the patient-physician relationship. Additional information on Balint, his groups and the process can be found at the American Balint Society Web site:
<http://familymed.musc.edu/balint/Balintgroups.html>

Community Medicine

Dr. Cronholm coordinates this longitudinal conference that is one element of our community medicine curriculum. It allows time for resident reports on progress with group or individual projects, planning sessions related to projects, or didactics related to community medicine.

Journal Watch

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. Each resident is responsible for reviewing and being prepared to present on at least two pages of each issue.

Board Review (season-dependent)

Residents present Board Review questions from a selected text in preparation for our intraining exam 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.

Pharmacy

Dr. Dougherty presents pharmacotherapeutic topics on core conditions six times per year.

Geriatrics

Geriatric faculty supervising residents in nursing home care review continuity of care concerns and core geriatric assessment topics during these sessions.

Exam/ Workshop

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 and cervical biopsy, endometrial biopsy, manual vacuum aspiration of the uterus, obstetric ultrasound, medical termination of pregnancy, no scalpel vasectomy, IUD insertion and removal, contraceptive implant insertion and removal, and common office procedures (audiometry, tympanometry, vision screening, cerumen disimpaction, cryosurgery and electrosurgery of skin lesions.) Workshops are scheduled both at Mutch and at Penn's simulation center.

Journal Club

Evening Journal Club meetings are hosted by faculty approximately once each quarter in their home. One to four articles on a selected topic are chosen and distributed prior to the meeting. Dinner is provided by the host.



Residency Committees

Residency Program 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.** Meetings are held at 8 AM on the fourth Thursday of each block.

Residency Faculty Meetings

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 Mutch 6 Conference room and faculty in the Mutch Solarium.

Penn Family Care PCMH Meeting

The PCMH working group of Penn Family Care meets on the first Wednesday of each month at 1 PM in the Mutch 6 conference room. The group is chaired by the medical director of Penn Family Care and includes the program director, chief operating officer of the department, PFC Business Manager, PFC Nurse Manager, and one named resident from each class. PGY3 residents on their subspecialty rotation are required to attend the operations meeting weekly as part of their required practice management curriculum.



Advising

Penn's Family Medicine residency assigns 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.

You may choose to change your advisor at any time by notifying Ms. MacDonald or Dr. Baylson of your desire to do so.

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. Residents and their advisees are asked to document scheduled meetings with signed notes to the resident record to ensure that important issues are addressed in timely fashion. A sample form to guide meetings is included in Appendix B.

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 2015-2016 are:

Class of 2016:

Jennifer Abraczinskas – Katie Margo
Miriam Agisim – Anna Doubeni
Victoria Brosius – Giang Nguyen
Gelane Gemechisa – Elaine Reed
Anne Jennings – Elaine Reed
Jonah Mink – Richard Neill
David Ross – Rahul Kapur
Marina Zeltser – Lee Erickson
X. Joy Zheng – Anna Doubeni

Class of 2017:

Claudia Castillo – Katie Margo
Elisabeth Collins – Mario Demarco
Manoj Easaw – David Nicklin
Michael Kingsley – Richard Neill
Andrew McBride – Peter Cronholm
Rosa Mendoza – Joe Teel
Tara Ghazi – Renee Betencort
Genevieve Ochs – Judy Chertok
Michael Scott – Elaine Reed

Class of 2018:

Benjamin Cocchiaro – Peter Cronholm
Meghan Fibbi – Judy Chertok
Brianna Teaboldt – Amy Kaleka
Seneca Harberger – David Nicklin
Joshua Thompson – Allison Myers
Amber Horner – Shormeh Yeboah
Kevin Kline – David Ganetzky
Adam Lyons – Rahul Kapur
Mara Gordon – Amy Kaleka

Penn Family Care Teams

We strive for absolute patient-doctor continuity as much as possible, however we recognize the challenges that academia and residency training create. We have designed 9 “Pods” within our new clinical space at 3737 Market. When we move to this space, physicians will have geographic continuity within our new large space, in an attempt to create the sense of small practices within a practice. When you are away, we will strive to have patients seen by a fellow physician in your pod. Each pod will be assigned an RN, several Medical assistants, and a secretarial staff member to assist with patient care needs.

Color Suite #1		Color Suite #2		Color Suite #3		Color Suite #4		
Pod A	Pod B	Pod C	Pod D	Pod E	Pod F	Pod G	Pod H	Pod I
Betancourt (5)	Chertok (6)	Ganetzky (7)	Neill (5)	Nicklin (5) A.	Olivier (8)	Reed (5)	Yeboah (7.5)	New Faculty
Cronholm (1)	Myers (4.5)	DeMarco (2)	Kaleka (4)	Doubeni (2)	Mao (0.5)	Deen (2)	Baylson (2)	
Petrongolo (4)		Dhanota (2)	Kapur (1)	Margo (2)	Ghazi (2)	Teel (3)	C. Doubeni (1)	
Zeltser (LE*)	Mink (RN*)	Jennings (ER*)	Ross (RK)	Zheng (AD)	Brosius (NG)	Gemechisa (ER)	Agism (AD)	Abracz (KM*)
TGhazi (RB)	Ochs (JC)	Collins (MD)	McBride (RK)	Castillo (KM)	Mendoza (JT*)	Scott (ER)	Kingsley (RN)	Easaw (DN*)
Cocchiaro (PC)	Thompson (AM)	Kline (DG)	Gordon (AK)	Harberger (DN)	Lyons (RK*)	Teaboldt (AK*)	Horner (SY?)	Fibbi (JC*)
Abracz (KM*)				Easaw (DN*)		Fibbi (JC*)		

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 (I.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 I.E.: http://uphsxnet.uphs.upenn.edu/gme/gme_policy_pdfs/

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

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

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

1. Complete a written absence request (Appendix C) in timely fashion and turn in to Darcy:
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. Arrange for coverage as necessary, indicating your coverage on the absence request.
3. When you receive an approved absence request, you should
 - a. Notify your rotation supervisor/coordinator in writing of your scheduled time away.
 - b. Enjoy your time away, sending postcards and returning with pictures as appropriate (trinkets/candy are acceptable substitutes for pictures)

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 ER and Urgent Care
- Adult ER (with advanced notice, by May 15th)
- NF/GYN (but not during NF)
- HUP OB (but not on the family medicine OB service)
Newborn Nursery

PGY-2 and 3 residents are allowed three weeks of vacation taken in three blocks of seven contiguous days. (Exceptions may be made for PGY-3 residents who wish to use vacation time for interviews 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 in extraordinary circumstances. 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 Year

- Electives
- Behavioral Health
- Outpatient Surgery
- Sports Medicine (only 1 week allowed. If taken, Ortho becomes NON-eligible for vacation in the 3rd year)
- Health Systems Management
- 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)
(COAM-2 is explicitly NOT vacation-eligible due to its short duration)

PGY 3 Year

- Electives
- Office
- Orthopedics
- Cardiology/ENT/Urology
- Urgent Care Pediatrics
- COAM-3 (1 week only, strict advance notice required due to scheduling at FQHC)

No residents will be granted vacation during the annual in-service exam (scheduled during 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 arrange coverage for their call or jeopardy and for handling labs and calls from their patients while they are away. You should also notify the clinical office of your absence through EPIC's "Out of Office" function.

Holiday Time

All Family Medicine House Staff receive several days 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. These days are not counted in calculating resident vacation time (but are counted as “days away from the program” for purposes of ABFM calculations). They are intended to compensate for holidays elsewhere in the year that you may be likely to work. 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.

Educational Conference/Meeting Time (PGY2/PGY3)

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

Approval for conference leave is contingent on satisfactory participation in residency conferences. 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 of forfeiting this opportunity.

PGY-2 and 3 residents receive a \$500 or \$1500 stipend respectively to be used to defray conference expenses. Requests for reimbursement from resident educational stipends should be made to the administrative assistant using the expense request form in Appendix D. For additional details see “Resident Educational Funds”.

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 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. Residents must notify their rotation site supervisor as well as either a Family Medicine chief resident, Darcy MacDonald or Dr. Baylson. **Notification of last minute absences should be done by phone (NOT text or email).**

Maternity/Paternity Leave

Most residents who become parents during residency will want to combine vacation/leave with a one-month maternal-fetal medicine elective. This allows for parental leave from two to eight weeks without extending the residents' training. Any time in excess of the one-month maternal fetal medicine elective is typically taken from accrued vacation/leave time. Elective time

performed as part of the maternal fetal medicine elective is not counted as time away from the residency.

While taking the maternal-fetal medicine 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 8:00 a.m. on the day of leave. Sick leave does count towards time away from the residency for purposes of ABFM eligibility.

Residents can also take advantage of up to 12 weeks of Family Medical Leave. The first six weeks of FMLA leave is paid. Additional leave is unpaid and is counted, in addition to vacation/sick/personal leave, as time away from the program. If a resident is away from the program for more than 30 days in an academic year, their residency will need to be extended.

Once paid FMLA leave under the GME policy is exhausted, the house officer may or may not use available used vacation concurrently in lieu of unpaid leave.

The ABFM has the following additional rules regarding time away from the program. If you have questions regarding these rules please discuss them with the program director in person. The following passages are taken from: <https://www.theabfm.org/cert/absence.aspx>

Absence from the Residency

Continuity of Care The requirements for continuity of care and the Family Medicine Center (FMC) experience are defined by the ACGME in its "Program Requirements for Graduate Medical Education in Family Medicine."

A resident is expected to be assigned to one FMC for all three years, but at least throughout the second and third years of training. The total patient visits in the FMC must be met, and residents must be scheduled to see patients in the FMC for a minimum of 40 weeks during each year of training.

Vacation, Illness, and Other Short-Term Absences Residents are expected to perform their duties as resident physicians for a minimum period of eleven months each calendar year. Therefore, absence from the program for vacation, illness, personal business, leave, etc., must not exceed a combined total of one (1) month per academic year.

Vacation periods may not accumulate from one year to another. Annual vacations must be taken in the year of the service for which the vacation is granted. No two vacation periods may be concurrent (e.g., last month of the G-2 year and first month of the G-3 year in sequence) and a resident does not have the option of reducing the total time required for residency (36 calendar months) by relinquishing vacation time.

The Board recognizes that vacation/leave policies vary from program to program and are the prerogative of the Program Director so long as they do not exceed the Board's time restriction.

Time away from the residency program for educational purposes, such as workshops or continuing medical education activities, are not counted in the general limitation on absences but should not exceed 5 days annually.

Long-Term Absence

Absence from residency education, in excess of one month within the academic year (G-1, G-2 or G-3 year) must be made up before the resident advances to the next training level, and the time must be added to the projected date of completion of the required 36 months of training. Absence from the residency, exclusive of the one month vacation/sick time, may interrupt continuity of patient care for a maximum of three (3) months in each of the G-2 and G-3 years of training. Leave time may be interspersed throughout the year or taken as a three-month block.

Following a leave of absence of less than three months the resident is expected to return to the program and maintain care of his or her panel of patients for a minimum of two months before any subsequent leave. Leave time must be made up before the resident advances to the next training level and the time must be added to the projected date of completion of the required 36 months of training. Residents will be permitted to take vacation time immediately prior to or subsequent to a leave of absence.

In cases where a resident is granted a leave of absence by the program, or must be away because of illness or injury, the Program Director is expected to inform the Board promptly by electronic mail of the date of departure and expected return date. It should be understood that the resident may not return to the program at a level beyond that which was attained at the time of departure. All time away from training in excess of the allocated time for vacation and illness, should be recorded in the Resident Training Management (RTM) system. Leaves of absence in excess of three months are considered a violation of the continuity of care requirement. Programs must be aware that the Board may require the resident to complete additional continuity of care time requirements beyond what is normally required to be eligible for certification.



Jeopardy Policy

Guidelines

1. For each year an order of precedence for jeopardy and jeopardy rotations is listed below.
2. Rotations that have special jeopardy considerations are listed below.
3. Jeopardy should be provided by residents from the same class as the resident calling out.
4. The jeopardy order should be consistently used.
5. The jeopardy order is subject to needs of the services that might lose a resident to jeopardy.
6. Interns at CHOP should cover each other as much as possible because of Epic access.
7. The COAM resident cannot be jeopardized on weekdays.
8. The extended absence of a resident will necessarily require a contingency plan outside the scope of this policy.
9. A resident jeopardized on the weekend will normally have a call assumed by the jeopardizer at a later date.
10. Weekday jeopardy will not be “repaid”. A day of residency is a day of residency.

R1 Order of Residents pulled for Jeopardy coverage:

1. Gyn
2. Nursery
3. FM Presby
4. FM OB
5. CHOP Wards
6. CHOP UC

Gyn - No jeopardy coverage
HUP OB - Covered by FM OB
OB NF - Covered by nursery
CHOP Wards - Covered by CHOP UC
CHOP UC - Covered by CHOP Wards if needed
CHOP ER - Covered by CHOP Wards

R2 Order of Residents pulled for Jeopardy coverage:

1. FM Presby
2. Surgery OP
3. Health Systems Management
4. Elective
5. Behavioral
6. Sports med
7. Community med

Surgery OP - No jeopardy coverage
Surgery IP - No jeopardy coverage
FM Presby - No jeopardy coverage
Behavioral - No jeopardy coverage
Elective - No jeopardy coverage
COAM - No jeopardy coverage
Sports med - No jeopardy coverage
Community med - No jeopardy coverage except for UCC and Unity

R3 (SSS1 and SSS2 need renaming and possibly reordering to say ED/DERM and Cards/SSS)

1. ED/Derm
2. Elective
3. Ortho (now called MSK2)

4. Cardiology/ENT/Uro
5. Community

ED/Derm - No jeopardy coverage (BUT PLEASE MAKE VERBAL CONTACT WITH ED)

Cardiology/ENT/Urology - No jeopardy coverage

Elective - No jeopardy coverage

Ortho - No jeopardy coverage

COAM - No jeopardy coverage

Community- No jeopardy coverage except for UCC and Unity Clinic and any Geriatric Health Promotion event previously scheduled.

All attempts will be made to avoiding pulling the same resident for Jeopardy coverage for multiple episodes. However, in some cases, this cannot be avoided. Please note that unforeseen situations may occur and that in these cases, Jeopardy coverage will be assigned at the discretion of the residency director. If you are pulled for Jeopardy coverage, this time will not be “repaid” to you. The intern requiring Jeopardy coverage will be required to use personal days or vacation time (or extend residency when needed) in these circumstances. This does not apply to weekend call switches that are made outside of the Jeopardy policy.

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. Towards 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 pulse. 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 Balint 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. Duty hours include ONLY hours where the resident is directly responsible for patient care. Other activities such as closing EPIC charts, completing challenger and preparing for conferences are not counted towards duty hours.

Resident Well Being

The health system provides confidential counseling services specifically for residents through the Employee Assistance Program (EAP) that can be accessed by calling 888-321-4433 or via the web at http://uphsxnet.uphs.upenn.edu/hr/benefits/penn_behave.html.

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, which can be found on the pulse site:

<http://pulse.uphs.upenn.edu/gme/Lists/GME%20Policies/Attachments/3/I-I%20Supervision.pdf>

Resident Educational Funds

PGY-2 and 3 in residents may request up to \$500 and \$1500 respectively towards the reimbursement of travel expenses related to attendance at an approved conference. These typically include registration, hotel, and meals (though not entertainment) and transportation. Requests should be made in writing using the form in Appendix D. 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., Chief Residents Workshop or 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 Ashley or Darcy 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 payment.

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.



Computing Resources

All residents receive a tablet (laptop in prior years) on entry into the program for use in accessing UPHS computer based systems from home when on call. Although a three year warranty covers most repairs that are required in the usual course of use for these computers, residents are responsible for replacement in the event of theft or intentional damage.

Problems with your computing hardware and difficulty with passwords or software applications should be directed to the UPHS help desk at 215-662-7474. Laptops and ticket numbers generated by the help desk may be left with Ashley and Darcy if necessary to increase accessibility of the IT team.

Epic Penn Chart

All staff at Penn Family Care are trained in Epic/Penn Dhart, the ambulatory electronic record for all outpatient practices at 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 14 days.

The Family Medicine Epic Governance committee meets at 1:00 PM the second Wednesday of each month to address issues arising from the use of Epic at PFC. PGY3 residents on their surgery specialty block are expected to attend the FM Epic Governance committee meetings as part of their practice management curriculum.

Sunrise Computer Order Entry

All UPHS hospitals (and CHOP) use Sunrise Clinical Manager to enter orders and review results on inpatients. Residents are trained on entry to the residency and are expected to utilize sunrise for inpatient care in each setting while on call.

Medview

Medview is the UPHS information portal that serves as a common collection point for data from myriad clinical information systems and is also used to generate progress notes and sign-out lists automatically. Medview can be accessed from Epic, Sunrise, or directly via the UPHSNet homepage or from home using the Extranet website on the FMR homepage at: www.uphs.upenn.edu/fampract/residency.

Other Systems

There are literally too many computer information systems to list all of them, but a few others warrant individual attention. When in the PPMC or HUP emergency room you'll be trained on and use Emtrac, Penn's home-grown ED tracking and documentation system. On the labor/delivery floor at HUP you'll use BabyTracker and Centricity Quantitative Sentinel (QS) documentation and monitoring programs. Like Emtrac you'll be trained on these also.

Appendix A: Advisor/Advisee Meeting Documentation

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

Desired Schedule for Advisor/Advisee meetings:

Meeting 1: October/November

Meeting 2: January/February

Yearly Program Director Meetings:

PGY1/2: April/May

PGY3: June (Exit Interviews)

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
- ✓ 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 Oasis. Those evaluations from CHOP and some internal medicine rotations, may not be in Oasis. These evaluations will be in the resident's file, kept with the resident coordinator. 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 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 8). The residency handbook can be found online from the main page of pulse. 10 continuity deliveries are required for graduation. Please ensure that the resident has their current password to access New Innovations.

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 – Residents should have completed their A3 while on their HSM rotation – verify this.

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

Appendix B: RESIDENT TIME OFF REQUEST FORM

University of Pennsylvania Medical Center
Department of Family Practice and Community Medicine

Date Submitted: _____

Resident Name: _____

Resident Signature: _____

Dates Requested	Block #	Rotation	Reason*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate dates requested in 7 day blocks (e.g. 7/7/18-7/13/18).
*V=vacation, P=personal leave, C=conference, O=other

DUTY	Date	Date	Date	Date
	Substitute	Substitute	Substitute	Substitute
ONCALL				
JEOPARDY				

Check if there is no call/jeopardy switches necessary.

For staff use only:

Block/Rotation/Date checked Initials: __ Call/Jeopardy checked Initials: _____

APPROVED _____ Date: _____

DISAPPROVE
Reason: _____

Date returned to resident: _____ Date resubmitted: _____

Block/Rotation/Date checked Initials: _____ Call/Jeopardy checked Initials: _____

APPROVED _____ Date: _____

DISAPPROVE
Reason: _____

---Changes to the call or jeopardy schedule must be arranged and finalized prior to approval. The deadline for submitting a request with appropriate call arrangements is the first day of the block prior to the block where you are requesting leave (e.g. if leave is requested in the second week of block 4, the deadline is the first day of block 3).

---Requests are processed in the order in which they are received

---Office hours will NOT be cancelled or changed with less than 4 weeks notice.

Appendix C: Expense Request for Educational Funds

UNIVERSITY OF PENNSYLVANIA FAMILY PRACTICE RESIDENCY

PART I: PAYEE INFORMATION

PAYEE	LAST	FIRST	MI
MAILING ADDRESS (ONLY NECESSARY IF "STUDENT" OR "OTHER")			
PURPOSE OF TRIP			PHONE NUMBER
DESTINATION(S)	BEGINNING DATE (MM/DD/YYYY)	TIME	ENDING DATE (MM/DD/YYYY) TIME
<small>I CERTIFY THAT THE EXPENDITURES LISTED BELOW WERE INCURRED BY ME WHILE ON OFFICIAL UNIVERSITY BUSINESS, ARE ACCURATE AND THAT I AM NOT REQUESTING REIMBURSEMENT FROM ANY OTHER SOURCE.</small> SIGNATURE OF PAYEE X			

PART II: RECORD OF EXPENSES

DATE (MM/DD/YY)								TO-TALS
TRANS	airfare, rail, bus							
	car rental & gas							
	private car m @ ¢							
	taxis/local transport.							
	parking tolls							
MEAL	breakfast							
	lunch							
	dinner							
	refreshments							
LODGINGS								
MISC	tips (other than meal/taxis)							
	telephone, postage							
	other (e.g., registration)							

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 E: 2015-2016 Dates

<u>DATE</u>	<u>EVENT</u>
7/3/2015	Independence Day Observed (PFC Closed)
7/20-8/1/2015	National Conference of Resident and Student Members of AAFP - Kansas City, MO
9/7/2015	Labor Day (PFC Closed)
11/4/2015	Interviewing begins for entering class of 2016 (tentative)
10/26 – 10/30/2015	ABFM In-training Exam – 3001 Market Street Training Room
11/26/2015	Thanksgiving (PFC Closed)
12/25/2015	Christmas Day (PFC Closed)
1/1/2016	New Year's Day (PFC Closed)
1/25/2016	Deadline for receipt of applications for 2016 entering class
1/16/2016	Last day to interview for 2016 entering class for traditional applicants
2/2/2016	Rank order meeting (tentative)
3/18/2016	Match Day
5/30/2016	Memorial Day (PFC Closed)
6/24/2016	Residency Graduation Ceremony/Banquet