To serve, to heal and to educate

Internal Medicine Residency Program

serve heal educate

2016 / 2017

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Cooper Medical School of Rowan University
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Cooper University Hospital’s Internal Medicine Residency Program is dedicated to facilitating the development of well-rounded physicians and ensuring that each individual realizes his or her potential. The journey from novice to expert begins with our commitment to achieving excellence in medical education. We realize that residents are mature, self-directed learners and we actively engage them in the development and implementation of our curriculum that focuses on the four pillars of medicine: the science of medicine, the art of medicine, the evidence of medicine, and the business of medicine. Our curriculum utilizes innovative pedagogical techniques that emphasize active learning during our many diverse conferences, clinical experiences, and simulation scenarios.

Although we make it a priority to provide an exceptional didactic experience, we realize that medicine must be learned at the bedside. The diversity of patients and the scope of pathophysiological disease processes that residents encounter on a daily basis is impressive. Our residency provides exceptional experiential learning in a wide variety of clinical environments where residents apply evidence-based medicine under the tutelage of world-renowned faculty. We pride ourselves on not only creating knowledgeable physicians, but also on instructing our residents on how to think and act as professionals. Here at Cooper we emphasize the importance of bedside diagnosis by facilitating the development of strong analytical clinical reasoning and physical examination skills.

What makes Cooper a great place to train?

Cooper University Hospital (CUH) is the only academic tertiary care center located in southern New Jersey. As such, other hospitals in the region refer their most complex patients to our exceptional full-time faculty in all subspecialties of internal medicine. We have the privilege to treat diverse urban, suburban, and rural populations from different socioeconomic and cultural backgrounds.

Our clinical campus is renowned for its world class ICU, level one trauma center, and cardiac center of excellence, in addition to its exceptional inpatient and ambulatory care. The new MD Anderson Cancer Center at Cooper has revolutionized how we care for patients afflicted with neoplastic disease. In August 2012, we welcomed the inaugural class to Cooper Medical School of Rowan University (CMSRU), our new four year allopathic medical school that is committed to training the physicians of tomorrow in an innovative and supportive manner.

Residents at Cooper benefit from a fully integrated, electronic medical records system, EPIC, that has led to safer and more efficient care in all clinical environments. In addition, all scheduling information and audio-video recordings of our conference series are available electronically to residents so that they may access the material remotely via smartphone or computer at their convenience.

We are a residency program that will not be complacent. Recent improvements to our program include the implementation of a “4+1” block schedule to further improve the educational experience for our residents as well as the care that is provided to our patients. The internal medicine residency program at Cooper is firmly committed to maximizing our residents’ quality of life and this new structure allows for protection from fatigue and more time to enjoy the things that matter most to you outside of medicine.

Cooper’s location offers something for everyone. We are minutes away from Philadelphia, and an easy commute using readily accessible public transportation. If you prefer a suburban environment, many are a short drive away.

If you are interested in a cutting edge program with a unique approach to providing exceptional clinical training and maintaining an excellent quality of life, Cooper is the place for you. I invite you to take the time to explore our program.

Welcome
The Internal Medicine residency program at Cooper Medical School of Rowan University currently consists of 60 residents. There are 23 PGY-1 positions:

- 16 Categorical positions
- 2 Primary Care track positions
- 5 Preliminary year positions

We have a rolling admissions system and adhere strictly to ALL ACGME rules and regulations. The NRMP match numbers for these programs are:

- Categorical: 138014OCO
- Primary Care: 138014OMO
- Preliminary: 138014OPO

Cooper University Hospital offers extensive subspecialty training with the following established fellowships:

- Cardiology
- Clinical Cardiac Electrophysiology
- Interventional Cardiology
- Critical Care Medicine
- Endocrinology
- Gastroenterology
- Hematology-Oncology
- Infectious Diseases
- Nephrology
- Palliative Care Medicine
- Pulmonary/Critical Care
- Interventional Pulmonology
- Rheumatology

CooperHealth.edu
Facilities

**Cooper University Hospital**

Cooper University Hospital is a 600-bed university hospital and tertiary care center encompassing 30 square blocks and serving as the main referral center in southern New Jersey. Cooper has collaborated with governmental agencies, non-profit organizations, and community businesses to invest in the local area and revitalize the city of Camden. Such efforts have resulted in the creation of local parks, pedestrian-friendly streets, and rehabilitated housing.

With the addition of Cooper University Hospital's new 10-story 312,000 square foot patient pavilion, our institution now has 120 private patient rooms, 30 state-of-the-art critical care beds, an expanded emergency department, 12 operating room suites, and a modernized and automated laboratory facility. During a time when other healthcare centers are downsizing, Cooper continues to expand. This has included opening two more floors that provide our patients comfortable, technologically advanced private rooms. In addition, the Clinical Decision Unit (CDU), designed for the observation of patients, has helped to reduce the volume of medical teaching services and improve the quality of clinical education.

Cooper University Hospital employs over 1,250 nursing employees and numerous ancillary staff (including phlebotomy, IV team, transportation) to allow residents to focus on clinical care.

**Cooper Medical School of Rowan University (CMSRU)**

Cooper University Hospital has a proud tradition of excellence in undergraduate medical education, as it previously served as a major clinical campus for UMDNJ-Robert Wood Johnson Medical School. Now, in partnership with Rowan University, we have established the first ever four-year allopathic medical school in southern New Jersey – Cooper Medical School of Rowan University (CMSRU). The recently constructed medical school building is a beautiful 6-story, 200,000 square foot structure that resides on the Cooper campus on Broadway between Benson and Washington Streets. The first class of medical students entered in August of 2012 and began an innovative clinical curriculum that immerses students in the clinical setting from their first year. This includes an innovative Ambulatory Clerkship that allows our residents to serve as “clinical coaches” to the medical students during their ambulatory weeks and a “Week on the Wards (WOW)” program that provides first- and second-year medical students the opportunity to gain valuable inpatient experience. Finally, our residents play an integral role in the education of the third-year medical students during their transformational Cooper Longitudinal Integrated Clerkship (CLIC) that was implemented this academic year.

Cooper residents are active educators of medical students at all levels. The medicine residents have excelled in this role and have won several Arnold P. Gold Foundation awards for humanism and excellence in medical education.
Cooper Cancer Institute

Cooper is embarking on a partnership with MD Anderson, the single most prestigious oncologic hospital in the US, to deliver care to the cancer patients of South Jersey. The new four-story, 103,050 square foot cancer center, located on the Health Sciences Campus in Camden, NJ provides cancer patients with one facility that houses all outpatient cancer care services. In this dynamic environment physicians from various medical specialties (medical oncology, radiation oncology, surgical oncology and gynecologic oncology) conduct concurrent clinical sessions fostering professional interaction and collaboration. Patients get the benefit of easy access to true multidisciplinary care, advanced treatment technologies, groundbreaking clinical trials and a full range of supportive care services at one location.

The Urban Health Institute

The Urban Health Institute (UHI) is leading the way in redesigning health care to meet the needs of the Camden population. UHI’s founding principle is to ensure that community residents have access to quality health care. The Institute is led by Jeffrey Brenner, MD, a nationally recognized leader in the development and implementation of novel approaches to improve the health of underserved populations.

The Urban Health Institute includes:

- The Camden Coalition of Healthcare Providers whose key role is knowledge dissemination and communication between organizations in the City of Camden.
- The Cooper Advanced Care Center (CACC) is the office practice where the internal medicine residents spend the majority of their ambulatory experience. The CACC is a new and innovative service that provides the local underserved population with unprecedented access to a collaborative practice of nineteen specialties under one roof including general medicine, subspecialty medicine, outpatient surgical subspecialties, and orthopedics. The center incorporates traditional provider visits with innovative models including group visits, open access scheduling, and enhanced access to support services.

Specialty-specific Institutes provide our patients with the latest research, treatment and technology for inpatient and outpatient services.
Categorical Program
The internal medicine residency program offers a professionally tailored educational experience. Residents are exposed to a variety of clinical experiences to become well-rounded physicians and are given progressive and increased medical responsibilities through the course of their three years of training. Our program prepares residents well for subspecialty training or primary care practice in the inpatient or ambulatory setting. Once a career path is established, residents have great flexibility in developing a curriculum devoted toward their career aspirations.

Sample Schedule

<table>
<thead>
<tr>
<th>PGY-1</th>
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<tbody>
<tr>
<td>2.5 months</td>
<td>Medical Teaching Service</td>
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<tr>
<td>2.5 months</td>
<td>Ambulatory Medicine</td>
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<tr>
<td>2.5 months</td>
<td>Electives/Subspecialties</td>
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<tr>
<td>1.0 months</td>
<td>Night Medicine</td>
</tr>
<tr>
<td>1.5 months</td>
<td>CCU/ICU</td>
</tr>
<tr>
<td>0.5 months</td>
<td>Cardiology Teaching Service</td>
</tr>
<tr>
<td>0.5 months</td>
<td>Medicine Consult Service</td>
</tr>
<tr>
<td>1.0 months</td>
<td>Vacation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PGY-2 and 3 Years</th>
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<tbody>
<tr>
<td>2.5 months</td>
<td>Ambulatory Medicine</td>
</tr>
<tr>
<td>3.0 months</td>
<td>Elective/Selective</td>
</tr>
<tr>
<td>2.0 months</td>
<td>Medical Teaching Service</td>
</tr>
<tr>
<td>1.5 months</td>
<td>ICU or CCU</td>
</tr>
<tr>
<td>1.0 months</td>
<td>Night Medicine</td>
</tr>
<tr>
<td>0.5 months</td>
<td>Hem/Onc Service</td>
</tr>
<tr>
<td>0.5 months</td>
<td>Medicine Consult Service</td>
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<tr>
<td>1.0 months</td>
<td>Vacation</td>
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</tbody>
</table>
Program Schedule continued

**Primary Care Track**
Our program was awarded a $1.92 million grant from the Health Resources & Services Administration to establish our primary care track in 2010. Two positions are available each year. The goal of this track is to graduate physicians well prepared for careers in primary care as clinicians, researchers, community activists, public health administrators, and other positions at the forefront of primary medical care. Like the categorical track, this is a three-year internal medicine residency and graduates are ABIM board eligible at the end of their training. Residents in the primary care track are full members of the internal medicine residency program but have a schedule that emphasizes outpatient, community-based academic medicine. Primary care residents have four two-week blocks during each of their second and third year in addition to their ambulatory weeks. These blocks incorporate primary care dedicated didactics, an Integrated Behavioral Health curriculum, rounding at a sub-acute care facility, diabetes group visits, and other specialty clinics.

**Preliminary Year**
Six preliminary year positions in medicine are offered every year. The block schedules are geared towards providing preliminary residents with an excellent global internal medicine experience while maintaining flexibility so that they are able to complete preferred rotations for their eventual career goals.

**Preliminary Medicine-Sample Schedule**

<table>
<thead>
<tr>
<th>Duration</th>
<th>Rotation</th>
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<tbody>
<tr>
<td>3.0 months</td>
<td>Medical Teaching Service</td>
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<tr>
<td>4.0 months</td>
<td>Electives/Subspecialties</td>
</tr>
<tr>
<td>1.0 months</td>
<td>Night Medicine</td>
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<tr>
<td>1.0 months</td>
<td>CCU</td>
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<tr>
<td>1.0 months</td>
<td>ICU</td>
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<tr>
<td>0.5 months</td>
<td>Cardiology Teaching Service</td>
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<tr>
<td>0.5 months</td>
<td>Medicine Consult Service</td>
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<tr>
<td>1.0 months</td>
<td>Vacation</td>
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</tbody>
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Clinical Experience

The 4+1 Schedule

The 4+1 schedule is an innovative approach to medical education that was adopted by Cooper University Hospital’s Department of Medicine in July, 2012. The majority of internal medicine residency programs currently employ an antiquated model that provides suboptimal ambulatory training and creates inherent conflicts between inpatient and outpatient clinical responsibilities. Recognizing this, we redesigned our academic schedule to provide focused immersion in both inpatient and ambulatory clinical environments.

This innovative approach to medical education involved the creation of 5 resident cohorts consisting of 10-12 residents that vary in their year of training. Each cohort is headed by a senior Co-Chief Resident. The academic year is divided into 10 five-week blocks. Four weeks of each block are devoted to traditional internal medicine clinical rotations such as the inpatient medical teaching service, ICU, CCU, night medicine, elective, etc. During these experiences, residents do not partake in continuity clinic, allowing for greater immersion and continuity on these services which enhances education and patient care.

4+1 Schedule

<table>
<thead>
<tr>
<th>Cohort</th>
<th>1</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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<td>Amb</td>
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<td>Amb</td>
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Ambulatory Experience

The Ambulatory Experience is headed by our Primary Care Track Program Director, Dr. Jenny Melli. She develops individualized ambulatory schedules as well as didactic series for the residents.

Within the 4+1 schedule, every fifth week is protected ambulatory training time where 4-5 half-day sessions are dedicated to outpatient continuity clinic experiences in both the Urban Health Institute and in the surrounding suburban clinic and the Camden Veterans Administration (VA) Clinic.

During the PGY-2 and PGY-3 year each resident is assigned clinic time at the VA Primary Care Clinic in Camden. Located directly next to the main hospital the VA offers a unique experience in Military Health, post-deployment physicals, state-of-the-art teleretinal exam for diabetics, and Women’s Health.
One half-day didactic session occurs during the ambulatory week that is specifically devoted to pertinent topics in outpatient medicine (Diabetes, Hypertension, URI, etc) and another half day is dedicated to simulation. The outpatient curriculum is further augmented by resident participation in the web-based Johns Hopkins Ambulatory Care Curriculum.

**Sample Ambulatory Week Schedule**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>UHI</td>
<td>Suburban clinic</td>
<td>VA clinic</td>
<td>Suburban clinic</td>
<td>UHI</td>
</tr>
<tr>
<td><strong>Administrative duties</strong></td>
<td>Didactic/ Sim Lab</td>
<td>UHI</td>
<td>Suburban clinic</td>
<td><strong>Administrative duties</strong></td>
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<td></td>
<td>Student Clinic</td>
</tr>
</tbody>
</table>

**Medical Teaching Service**

The medical teaching service is the place where residents learn the core of inpatient medicine and treatment. Each inpatient team consists of a teaching hospitalist, a PGY-2 or PGY-3 senior resident, a PGY-1 resident, and a variable number of medical students. Several teams have the benefit of a clinical pharmacist who provides valuable insight on medication interactions and dosing. The resident and intern work as a team to care for hospitalized patients under the supervision of the hospitalist. Bedside teaching rounds are conducted daily and focus on clinical reasoning, physical examination skills, advanced communication skills, and evidence-based diagnosis and management. Each medical team complies with the ACGME required cap of 14 patients.

Daytime admissions to the service are performed by the teams during early (12:00-3:30 pm) and late (3:30-7:30 pm) shifts that rotate on a Q5 cycle. This process improves patient care, limits hand-offs and maximizes resident continuity. Nighttime admissions are performed by the night medicine team and are distributed to the day teams the following morning.

**Medical Teaching Service Daytime Schedule**

- **6:30 am**  Sign in
- **7:00 am - 8:00 am**  Board Review
- **9:00 am - 11:30 pm**  Teaching Rounds
- **12:00 pm -1:00 pm**  Conference (topics and times depend on day)
- **4:00 pm**  Sign out 1
- **8:00 pm**  Sign out 2
Night Medicine

The night medicine system is established on our medical teaching service, ICU and CCU rotations. To deliver optimal patient care, our residents have direct supervision from both attending and fellows 24 hours a day and 7 days a week.

To optimize the transitions of care, we have instituted a resident driven, evidence-based sign-out system. This process has been shown to improve patient care and minimize medical errors. Night float rounds are conducted daily by a member of the program leadership to discuss challenging cases encountered by both the admitting and cross-covering teams.

Intensive Care

Cooper University Hospital has a state-of-the-art 30 bed medical/surgical intensive care unit (ICU) located in the new patient care pavilion. The ICU is staffed by nationally and internationally renowned academic intensivists. The Cooper ICU is a tertiary referral center for the entire South Jersey region, leading to a very complex and diverse patient population in the ICU. Medicine residents work together with emergency medicine and anesthesia residents and critical care fellows to provide the most advanced care to critically ill patients afflicted by septic shock, respiratory failure, and other medical emergencies.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>7:00 am</td>
<td>Sign in</td>
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<tr>
<td>9:30 am</td>
<td>Attending Rounds</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Critical Care Conference</td>
</tr>
<tr>
<td>3:00 pm</td>
<td>Sign out 1</td>
</tr>
<tr>
<td>7:00 pm</td>
<td>Sign out 2</td>
</tr>
</tbody>
</table>

Cardiology Experience

Cooper University Hospital has a 12 bed coronary care unit (CCU) and a 36 bed cardiology step down unit with telemetry called the progressive care unit (PCU).

For residents on the CCU rotation, the service is composed of two PGY-2 or PGY-3 residents and one PGY-1 resident. Daily bedside rounds in the CCU focus on protocol-driven management of acute coronary syndrome, cardiogenic shock, and arrhythmias.

Each PCU team is composed of one PGY-1 resident, a general cardiology fellow, and a cardiology attending. Clinical instruction focuses on risk stratification of chest pain as well as evidence-based management of congestive heart failure, arrhythmias, pericardial disease, and valvular disease. The cardiology faculty and fellows instruct the residents on the nuances of cardiac auscultation as well as interpretation of electrocardiograms, echocardiograms, and coronary angiograms.

The Cooper Heart Institute has undergone tremendous growth in the past decade. We have nationally recognized cardiologists on faculty, state-of-the-art technologies and the most advanced treatment options, providing an excellent cardiology experience to medicine house staff.
Clinical Experience continued

- Allergy/Immunology
- Anesthesiology
- Cardiology
- Diagnostic Radiology
- Endocrinology
- ENT/Otolaryngology
- Geriatrics
- Gastroenterology and Hepatology
- Hematology/Oncology
- Infectious Disease
- Interventional Pulmonary Medicine
- Interventional Radiology
- Nephrology
- Neurology
- Ophthalmology
- Palliative Care Medicine
- Podiatry
- Psychiatry
- Pulmonary Medicine
- Rheumatology
- Sports Medicine
- Surgical Subspecialties
- Women's Health

Electives/Subspecialties

Electives are offered in a wide variety of subspecialties in both inpatient and outpatient settings. Moreover, our residents actively participate in development of new electives based on their professional interests. See list to the left for electives currently offered.

Research

It is expected that all categorical residents participate in scholarly activities supervised by a faculty mentor. In addition, there is an onsite biostatistician to assist with the analysis of research data. The Cooper Research Institute was established to coordinate all basic and clinical research as well as education related to human and animal research at our campus. The presence on our campus of the affiliated Coriell Institute for Medical Research allows our residents the opportunity to partake in translational research and collaborate with world-class research facility. Many of our residents present their research projects at both regional and national meetings, as well as at Cooper’s annual Resident Research Competition.

In addition, we are in the process of developing an interdepartmental research coalition to help boost research efforts, collaboration, and production.

Quality Improvement

Each cohort is involved in a quality improvement research project, which answers a specific question related to inpatient or outpatient medicine. All residents of the cohort participate in the research project. The goal of the QI project, in addition to improving patient care, is to have each resident trained in all aspects of the research process and to present their findings at a regional or national meeting.

Global Health Elective

The Global Health Initiative allows residents to experience the healthcare system in Ghana. International Healthcare Volunteers, a nonprofit organization that provides free healthcare to women and their families in underserved areas, funds this program. Residents and attending physicians from obstetrics and gynecology, general surgery, emergency medicine, and pediatrics will care for patients in inpatient and ambulatory settings during a two-week visit to Ghana. Up to two of our senior residents are approved to go on a voluntary basis.
Curriculum & Didactic Conferences

Daily Board Review
Over the last three years, our program has attained an 87% ABIM Board pass rate. Each month, a subspecialty is selected for discussion and study. During these interactive sessions led by the Program Director, ABIM-style questions are used to stimulate discussion of all pertinent aspects of a particular topic. Advanced organizers, photographs, diagrams, and other multimedia, are utilized to enhance the learning process. Additionally, each session is recorded and made available to the residents to be accessed remotely via smart phone or webcast for review at the residents’ convenience.

Regularly Scheduled Conferences
Resident Report
These sessions occur two to three times per week. During these active discussions, case presentations are conducted by residents currently rotating on the medical teaching service and discussion is facilitated by program leadership. Objectives of these sessions include data gathering, creation of an accurate problem representation, hypothesis generation, and the activation and comparison of illness scripts to develop a working diagnosis. In addition, relevant aspects of the evidence-based physical examination and pathophysiology are reviewed, as are a proficient diagnostic strategy and evidence-based management plan.

Subspecialty Rounds
Conducted weekly, these interactive sessions are presented in a case-based format by a resident and facilitated by the Chairman of Medicine (Dr. Dellinger), as well as a rotating subspecialist, who is an expert in that week’s topic.

Medicine Grand Rounds
Given bimonthly by regional and national experts, these sessions focus on the latest advances in all disciplines of medicine. Topics range from general medicine and its subspecialties to humanities and cultural competencies.

Rotating Monday Conferences
Bedside Ultrasound Course
In a joint effort with the Critical Care Division, we are proud to offer an annual Bedside Ultrasound Skills Course. Recognizing that the ultrasound will become an extension of the physical exam, we have designed a course to equip the internal medicine resident with basic ultrasound concepts and useful skills aimed at enhancing performance in general practice. The objective of this course is to have the resident become proficient in a set of core diagnostic and therapeutic skills. To achieve this, housestaff participate in hands on didactic sessions in Vascular, Cardiac, Abdominal, Lung and Musculoskeletal ultrasound. They have the opportunity to practice their ultrasound skills, guided by experienced instructors.

Cooper University Hospital is one of the largest academic medical centers and the only Level I trauma center in Southern New Jersey.
Journal Club
In order to develop life-long learners, our program has instituted a unique journal club series. This conference is facilitated by members of program leadership and statistical experts. Residents learn how to read and evaluate the literature in a systematic format. In addition, relevant aspects of study design and statistical principles are reviewed.

The Art of Medicine
Dr. Mark Angelo, our institution’s palliative care specialist, has piloted this innovative program to assist in the development of more compassionate physicians. Selected topics include:

- Delivering bad news
- End-of-life care
- Advanced communication skills
- Treatment of substance abusing patient
- Bioethics in medicine
- Conflict resolution
- Spirituality in medicine

The Business of Medicine
Lead by members of our Division of Hospitalist Medicine, this series was developed to address the practical components of medicine as an industry. Examples of devoted topics include:

- Coding and billing
- Healthcare reform
- Hospital systems
- Quality & performance improvement
- Opening and organizing a practice
- Negotiating a contract

Evidence-based Physical Diagnosis
In an age of medical technology, it is as important as ever to master the art of bedside diagnosis. Drs. Ritesh Patel and Brian Gable have created a series of practical and educational activities to bring our residents back to the bedside. These sessions include didactic sessions about the evidence behind physical examination. Residents are formally trained in the performance of bedside maneuvers and their diagnostic implications. This knowledge is then applied on weekly bedside evidence-based physical diagnosis rounds. During these rounds, members from our medical teaching service perform key physical diagnosis maneuvers under the tutelage of our faculty.
Curriculum & Didactic Conferences continued

Conference Schedule at a Glance

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<th></th>
<th>Monday</th>
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<th>Wednesday</th>
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<tr>
<td></td>
<td>7:00-8:00 am Board Review with Program</td>
<td>7:00-8:00 am Board Review with Program</td>
<td>7:00-8:00 am Board Review with Program</td>
<td>7:00-8:00 am Board Review with Program</td>
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<td>Director (webcast available)</td>
<td>Director (webcast available)</td>
<td>Director (webcast available)</td>
<td>Director (webcast available)</td>
<td>Director (webcast available)</td>
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<tr>
<td></td>
<td>12:00-1:00 pm Rotating Monday Conferences</td>
<td>12:00-1:00 pm Resident Report</td>
<td>12:00-1:00 pm Subspecialty Rounds</td>
<td>12:00-1:00 pm Grand Rounds (1st &amp; 3rd)</td>
<td>12:00-1:00 pm Resident Report</td>
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<td>1:00-2:00 pm Evidence based physical</td>
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<td>exam rounds</td>
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Specialized Courses

In addition to the core lecture series for internal medicine, there are additional didactics offered for residents rotating on other specialty services including weekly cardiology conference in which cases are explored in depth with discussion by cardiology attendings and regular critical care lectures. There is Tumor Board for those rotating on the Oncology service.

Fundamental Critical Care Support (FCCS) Course

The Society of Critical Care Medicine, a national organization headed by our very own R. Phillip Dellinger, MD, created a Fundamental in Critical Care Support (FCCS) Course that is now taught worldwide. The course is provided to all internal medicine residents at the beginning of their internship. It prepares the resident for the intensive care unit, focusing on the recognition of critical disease and the initial management of the critically ill patient. Skills learned during morning didactic lectures are applied during afternoon interactive stations.
The Simulation Lab Experience
The state of the art simulation lab at CMSRU offers high-fidelity simulation of medical emergencies. Training sessions emphasize effective team leadership, applied critical thinking, open communication, and appropriate medical management. Each resident participates in sessions facilitated by faculty who are trained in simulation medicine.

Mentor/Mentee Program
At Cooper, we believe a strong foundation for a successful career is fostered by faculty members who can help guide residents on their career paths. Each resident is matched with a mentor who will help to structure goals, research aspirations, and provide valuable advice that is intended to cultivate a well-rounded, successful physician. Mentors are selected based on specific subspecialty interests, but not limited to such.

Intern Survival Lecture Series
We believe it is vital to immerse first-year residents in hands-on clinical work as soon as possible, though we recognize that this can be overwhelming. In order to better transition new interns, we have a week-long “boot camp” session in July. Led by the program leadership, new residents are taught basic skills in clinical reasoning, proper and effective patient presentations, evidence based physical exam skills and tips on reading ECG’s. In addition, we have a month-long lecture series dedicated to only first year residents teaching important concepts in patient care. Supplementing these interactive didactics are dedicated simulation lab workshops and an objective structured clinical exam (OSCE) session.

PRIME – Preparing Residents to be Instructors in Medical Education
Recognizing the importance of senior residents in the education of interns, medical students, and patients, the program has developed a formal curriculum devoted to fostering their teaching skills. This curriculum is incorporated into real-time clinical care on the wards and is supplemented by formal didactic sessions. It covers a range of topics including team leadership, bedside teaching, leading effective rounds, and giving and receiving feedback. Resident led work rounds are frequently observed by senior medical educators, after which residents are provided with brief and focused feedback.
Benefits

Cooper offers residents and fellows a comprehensive benefits package, including:

- Health (including prescription) and dental coverage*
- Life insurance
- Short- and long-term disability coverage
- Occupational health service
- Worker’s Compensation and leaves of absence
- Paid time off
- Employee assistance program
- Professional liability insurance
- Secure parking
- Laundry and uniforms
- Monthly meal subsidy and low-cost cafeteria
- On-call facilities
- BLS/ACLS/PALS training and certification
- Due process procedure to resolve grievances and disputes in the event of disciplinary action
- Savings Plan
- Credit Union
- Tax-Sheltered Annuity
- Direct Deposit
- Medical and dental coverage is available to eligible family members and same-sex domestic partners and their children.

* For a complete overview of Cooper’s benefits, please refer to our website at cooperhealth.edu/residencies.