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Residency Curriculum

See MedHub for the most current rotations. Variations exist for off cycle and transfer residents.

**PGY1 Rotations**
- Orientation 0.5 months
- FM Inpatient Days 2 months
- FM-OB Days 1 month; Night Float 0.5 months
- HUP OB-OB 1 month
- Outpatient Gyn 0.5 months
- Internal Medicine 1 month (Presby)
- Adult ED 1 month (Presby)
- Cardiac ICU (CCU) 1 month (Presby)
- Newborn Nursery 1 month (HUP)
- Peds Inpatient 1 month (CHOP)
- Peds ED 1 month, Peds Urgent Care 1 month (CHOP)
- FM Office 0.5 months (Holiday block)

**PGY2 Rotations**
- FM-OB 1-2 months (varies by track), Night Float 0.5 months
- FM-OB Night Float 0.5 months
- FM Inpatient Days 1 month, FM Night Float 1 month
- FM Office 0.5 months
- Outpatient Surgery 1 month
- Behavioral Health 1 month
- Acute Care of the Elderly (ACE) - 1 month (Presby)
- Community Medicine 0.5-1 month (varies by track)
- Health Systems Management/ Quality Improvement 1 month
- Elective 1.5 -2.5 months (varies by track)

**PGY3 Rotations**
- FM Inpatient 1-2 months (varies by track)
- Community Medicine 1 month (varies by track)
- Cardiology/ENT/Urology 0.5-1 month
- Office/Night Float 1 month
- Night Float 0.5-1 month (varies by track)
- Emergency Medicine & Dermatology 1 month
- Orthopedics/Sports 1 month
- Urgent Care Pediatrics 1 month
- Elective 2.5 - 3.5 months / 0.5 months Night Float (varies by track)
Electives

One of Penn’s strengths is the wide variety of elective experiences available to residents. Residents in good standing may schedule 1.5 - 2 elective blocks during their PGY-2 year and 3.5-4 blocks during their PGY-3 year. Design of electives should take into account learning goals as identified by the resident and their advisor. See the link on tiny.cc/PennFMSite for the Elective Compendium for ideas on good elective rotations.

Planning Electives

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

1. The resident (with the help of their advisor and Program Director) should develop competency-based goals and objectives for their elective that fit within their overall goals for residency and their eventual career. Contact Meg for an example if needed.

2. The resident (with the help of their advisor and Program Director) should also select an educational supervisor for the elective. If multiple sites will be used, there should be a supervisor at each site who is aware of the goals and objectives and is willing to evaluate the resident. There should be one primary supervisor for the overall elective. The primary supervisor should:
   a. agree to provide a written evaluation of the resident’s performance
   b. sign the elective form before the start of the elective

3. The Program Director must sign the elective request prior to final approval. Final approval is granted when the elective request form is signed by the resident, rotation supervisor, and residency director.

4. During electives, residents are responsible for:
   a. On-call and rounding duties, as scheduled by the chief residents.
   b. Three (PGY2) or four (PGY3) half-days of patient care in Penn Family Care during each elective block. These days should be specified 3 months in advance of the beginning of the elective. If no request is received in advance, the Academic Manager will create a resident patient care schedule for the block in question and the elective will have to be scheduled around the previously scheduled patient care. Patients will not be rescheduled to accommodate late elective planning, so please plan ahead!
   c. All other residency obligations e.g. conference attendance, in-service exams, resident meetings, committee obligations, etc.
   d. Any financial obligations incurred during an elective, e.g. commuting costs, required books and materials, tuition, etc.

2. 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.

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

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

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

Resident Progress and Promotion

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

For promotion to PGY 2, residents must:

a. Demonstrate satisfactory completion of all assignments during the preceding year.
b. Register for USMLE Step 3 and schedule a date to take the test
c. Demonstrate satisfactory continuity patient care as judged by residency faculty.
d. Demonstrate timely and satisfactory clinical documentation.
e. Achieve certification in ACLS, ALSO and NRP in their PGY 1 year.
f. Demonstrate satisfactory participation in the Family Medicine 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:

- Demonstrate satisfactory completion of all assignments during the preceding year.
- Demonstrate satisfactory continuity patient care as judged by residency faculty.
- Demonstrate timely and satisfactory patient chart completion and clinical documentation for all rotations.
- 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.)
- Pass USMLE Step 3 (must pass at least 4 months prior to starting PGY3 year, by UPHS policy)
- 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.)
- Satisfactory development and completion of resident electives as per residency policy on electives.
- Accumulate less than 30 days away from the program (counting combined vacation, sick time and personal leave time) during the PGY 2 year.
- Demonstrate satisfactory participation in residency community projects.
- Satisfactorily develop a quality improvement project as evaluated by the Medical Director of Penn Family Care.
- 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.
- Provide evaluations of faculty, each assignment, and the program as part of the ongoing evaluation program of the Department and Residency.
- Complete procedure documentation log for procedures performed in the PGY-2 year.
- Initiate individual QI project, collect pre-implementation data
- Demonstrate satisfactory communication skills through regular contact with the Program Director and department using University provided electronic mail and regular mail services.
- 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.
- 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 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 (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. The program participates in the National Resident Matching Program (NRMP) and the Electronic Residency Application Service (ERAS). The committee reviews applications and extends interviews to well-qualified candidates. Interviews for prospective candidates are held from mid-October through January each year, with ranking meetings scheduled for early February. Detailed application instructions are maintained on our residency web site. The residency follows UPHS policies regarding appointment and selection of residents: http://www.uphs.upenn.edu/gme/policies/index.html

Resident Evaluation

The residency uses MedHub to provide written resident performance feedback. Evaluations are based on direct observation, simulation, videotape, written examination, and review of selected work collected in resident portfolios. We follow UPHS GME policy II-L on 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:

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 continuity experiences, and minimum 5 continuity deliveries, can count c-sections) – required for all tracks!!**

Residents expecting to request credentials for other procedures commonly taught in the residency must meet minimum numbers of successfully logged and confirmed procedures. 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 (through electives) to gain competence in stress testing, colonoscopy, manual vacuum aspiration, vasectomy, or nasopharyngoscopy.
Resident Conferences

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

Resident Conference Presentations

All PGY-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.

Afternoon Report Conferences

Afternoon report occurs every weekday afternoon (except Thursday) from 12:47-1:10 PM in the Resident Touchdown space on the 9th Floor of 3737 Market and is attended by all providers seeing patients at Penn Family Care that afternoon. One faculty or resident is assigned to present a case from their continuity practice each afternoon. Appropriate cases highlight diagnostic or therapeutic questions and can provide the presenting clinician the chance to exchange knowledge with the group. Afternoon report immediately follows the office huddle.

Thursday Didactics

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

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

1) FM inpatient (by 11am)
2) Newborn nursery (8am start, no AM rounding)
3) FM-OB (8am start, no AM rounding)
4) HUP OB – should attend full morning unless special permission granted by PD to stay on Labor Floor
5) Presby ED (when shifts allow, do not violate duty hours to attend!)
6) GYN
7) CHOP ED and Urgent Care

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

PGY2 and PGY3 residents are expected to attend all FM conferences on all rotations except PGY2 ACE Unit and when on-service for PPMC or FM-OB. 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; Wellness; 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 include a presentation by a Maternal Fetal Medicine physician, followed by a resident-led M&M. The M&M is devoted to a review of the prior months’ deliveries, continuity patient care concerns and core OB topic reviews, presented by the PGY2 from the prior HUP FM OB block. Residents are expected to arrive ready to discuss current clinical issues germane to their continuity obstetric patients at each block’s OB Quality Review.

Practice Management

Topics for individual practice management conferences include: lecture or small group discussion on a topic (e.g. Medicare reimbursement, Insurance Coding & Billing – ICD-10, CPT, DRGs), resident presentation of their own 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.

Physical 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, endometrial biopsy, manual vacuum aspiration of the uterus, obstetric ultrasound, ultrasound-guided procedures, medical termination of pregnancy, no scalpel vasectomy, IUD insertion and removal, contraceptive implant insertion and removal, and common office procedures. Workshops are scheduled both in the University City Boardroom and at Penn’s Simulation Center located at 1800 Lombard Street).
Morbidity and Mortality Conference / Hospital Service Review

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

Wellness

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

Community Medicine, Advocacy & Social Medicine

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

Behavioral Health

Faculty from the Department of Psychiatry cover core mental health topics.

Journal Watch

Dr. Nicklin leads a review of current medical literature using Journal Watch (www.jwatch.org) as a guide. Residents are provided a copy of each session’s issue in hard copy or email. 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 In-Training Exam (ITE) and ABFM board. Selected sessions are used to assist residents in test-taking skills related to the ABFM in-training exam. Analysis of in-training group and individual performance is reviewed during spring sessions.

Geriatrics

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

Quality Improvement

Each PGY3 resident is expected to present results of their QI project at the end of the year.
Residency Committees

Residency Program Evaluation Committee
The charge of our Residency Program committee is to systematically review residency curriculum, recruiting and administration to ensure compliance with our own standards of excellence and UPHS and ACGME guidelines. The committee is chaired by the Program Director and includes core precepting faculty, two resident representatives from each class and the chief residents. ALL RESIDENTS SHOULD ATTEND PROGRAM MEETINGS. Meetings are held at 8 AM on the fourth Thursday of each block.

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

Residency Working Groups & Committees

Family Medicine Inpatient Working Group
Involved residents meet with Dr. Nicklin, our director of inpatient services, on a monthly or bi-monthly basis to discuss issues related to our inpatient Presbyterian service.

Other Committees:
Family Medicine OB Working Group
Under-represented in Medicine Recruitment Committee
Anti-Racism Taskforce
Ad-hoc committees as situations arise

Advising

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

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

Residents meet with advisors on a schedule determined by the resident and advisor. Often times these meetings will be quick and informal, at other times longer and pre-scheduled to address specific issues of interest to the resident. You should meet with your advisor a
minimum of twice each year, before or after your Clinical Competency committee (CCC) review. Residents and their advisees are asked to document scheduled meetings via a form in MedHub. In addition to the faculty advisor system we utilize a resident buddy system that pairs incoming PGY-1’s with upper level residents who can provide information and support for specific residency related issues.

**Advisee - Advisor Pairs for 2020-2021**

**Class of 2021**
- Amy Holland – Jen Lee
- Julia McPherson – Judy Chertok
- Laura Igarabuza – Jen Lee
- Geoffrey Gusoff – Peter Cronholm
- Pooja Monpara – Jen Lee
- Richard Edgar – Catherine Liebman
- Rachel Tatz – Marty Peifer
- Alexandra Stough – Jenna Cohn
- Rachel Springer – Joe Teel

**Class of 2022**
- Thomas Anderson – Judy Chertok
- Ilan Caplan – Joe Teel
- Stephanie Chia – Pam Garcia
- Steven Elsesser – Navid Roder
- Michael Gabriel – Kevin Kline
- Monica Gupta – Marty Peifer
- Shelley Henderson – Renee Betancourt
- Jayme Mendelsohn – Peter Cronholm
- Noora Siddiqui – Judy Chertok

**Class of 2023**
- Julie Carney – Renee Betancourt
- Lily Black – Jenna Cohn
- Chantal Tape – Peter Cronholm
- Casey Callahan – Pam Garcia
- Kanika Ramchandani – Kevin Kline
- Hannah Kim – Navid Roder
- Nichelle Ruffin – Jenny Wang
- Mikisa Solomon – Ayiti-Carmel Maharaj-Best
- Madeline Lederer – Laura Wangensteen
Penn Family Care Clinical 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 the practice. Physicians have geographic continuity within the clinic, in an attempt to create the sense of small practices within the larger practice. When you are not in the clinic, we strive to have patients seen by a fellow clinician in your pod. Each pod has an assigned RN, several medical assistants (MAs), and a clerical staff member (patient service representatives or PSRs) to assist with patient care needs.

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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 ABFM Board exam. We follow UPHS GME vacation policy (II.E), ACGME Special Requirements for Training in Family Medicine, as well as the American Board of Family Medicine requirements for certification. These are distributed to residents during their PGY-1 orientation and are also available online at the following URLs:

- UPHS GME policy II.E.: http://uphsxnet.uphs.upenn.edu/gme/gme_policy_pdfs/
- American Board of Family Medicine: http://www.theabfm.org

The process for requesting vacation, leave, or CME time includes these steps:

1. Complete a written absence request (Appendix C) in timely fashion and turn in to the Academic Manager. Requests are due 4 months before the month in question. A reminder email is sent out 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 Vacation

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

PGY-1 Vacation-Eligible Rotations

- Pediatric ED and Urgent Care
- Adult ED (with advanced notice, by May 15th)
- Gyn
- HUP OB-OB (but not on the Family Medicine OB service)
- Newborn Nursery

PGY-2/PGY-3 Vacation

PGY-2 and 3 residents are allowed three weeks of vacation taken in three blocks of seven contiguous days. (Exceptions may be made for 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 Vacation-Eligible Rotations**

- Electives
- Behavioral Health
- Outpatient Surgery
- Sports Medicine (only 1 week allowed. If taken, Ortho becomes NON-eligible for vacation in the 3rd year)
- QI/Health Systems Management
- Community Medicine (only when coverage is arranged for the free clinics scheduled during this rotation, ideally ONLY when there are 2 residents on the community medicine rotation, which occurs 6/12 months of the year)

**Note:** COAM-2 is NOT vacation-eligible due to its short duration

**PGY-2 Vacation-Eligible Rotations**

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

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

Vacation requests should be made as early as possible in the academic year. Requests are given priority in the order in which they are received. Please do not make air/hotel reservations or other plans without first receiving written approval from the Program Director. Vacation time should not be considered granted until you receive your approved request, signed by the Program Director. Vacation time that is not requested with proper advance notice may be denied by the medical director or Program Director, particularly if it affects scheduled patient care. Residents that do not plan ahead for use of their vacation time may end up forfeiting this time. It is the responsibility of the resident to plan their vacation time with sufficient advance notice to the program. It is the resident’s responsibility to 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 seven 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(s) or residency Program Director. The holiday schedule is typically finalized in the Fall.

Educational Conference Time - PGY2/PGY3

PGY-2 and PGY-3 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 may request 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 Academic Manager via the Chrome River system. For additional details see “Resident Educational Funds” (page 24).

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 include job interviews, 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, Academic Manager or Program Director.

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

**Parental 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 (FMLA). 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 resident may or may not use available used vacation concurrently in lieu of unpaid leave.
Absence from the Residency

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

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.

**Shift Coverage AKA “Jeopardy” Policy**

**General Principles:**
1. Always inform the chiefs as soon as you think you might be out from work (Please CALL! Email/texting is not adequate and can be missed; can text first but if no response in 5 minutes should CALL)
2. Coverage will be based on the Jeopardy resident schedule for each week; when the “jeopardy resident” is in clinic, coverage is based on the rules listed below (though adjustments can be made based on the needs of the jeopardized service)
3. Attempts will be made to keep coverage within the same class/PGY where practical
4. Weekend Jeopardy gets “paid back”, Weekday Jeopardy does not (although overnight shifts may be compensated as appropriate)
5. PGY1s follow the order below for coverage assignments. PGY2s and 3s utilize the Jeopardy schedule on the tiny.cc

**PGY-1 Jeopardy Coverage Order of Coverage by Rotation**
1. Gyn
2. Well Baby Nursery
3. FM-OB
4. CHOP UC
5. FM1 Presby (if feasible)
Moonlighting / Duty Hours

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

1. Residents must complete the Moonlighting Request form (UPHS GME policy III.F.)
2. Outside professional activities should not interfere with resident education or resident well-being as determined by the Program Director and must be approved prior to participation. Participation in unapproved moonlighting opportunities may be grounds for program dismissal, as it violates the UPHS GME policy on moonlighting.
3. Moonlighting opportunities are limited to internal (UPHS) activities or those activities which can provide documentation of actual hours worked. For further information, see our policy as posted on Penn Point. Other moonlighting activities are not permitted by UPHS policy.

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

Residents must have:

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

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

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

- Administers wellness survey to all residents annually in July to assess the overall wellness of our program. Individual scores can be made available to each resident if requested.
- Maintains a “Wellness Committee” of faculty (chaired by Dr. Chertok and two senior residents). This committee pilots multiple interventions per year.
- Offers an anonymous online reporting system, located on the tiny.cc, for reporting “wellness violations” and allowing for a systems review and process improvement by the Wellness Committee.
- A series of Wellness sessions during Thursday conference, at least monthly), to provide space for reflection, processing, skill-building
- Lastly, the residency buddy system and the many voluntary social events held throughout the year provide various opportunities for balancing resident professional and personal lives.

Resident Supervision

The residency program in Family Medicine and Community Health complies with the hospital policy on resident supervision I-I, in order to maintain an adequate level of supervision for trainees. This policy can be found on GME Policy Manual site: [http://uphsxnet.uphs.upenn.edu/gme/policies.htm](http://uphsxnet.uphs.upenn.edu/gme/policies.htm)
Resident Educational Funds

PGY-2 and 3 residents may request up to $500 and $1500 respectively towards the reimbursement of expenses related to attendance at an approved conference. These typically include registration, travel, accommodation, and meals (though not alcohol or entertainment). Electronic copies of receipts should be submitted via the Chrome River application, found on the Penn Intranet. These funds are not a right but a privilege of residency participation. In all circumstances, but especially for meeting expenses, request approval prior to purchasing travel tickets or paying registration fees.

In some instances (e.g., 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 the Academic Manager at least six weeks in advance. The greater the advance notice, the greater the chance of approval (and reimbursement).

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

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

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

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

**Epic/Penn Chart – Electronic Medical Record**

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

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

Desired Schedule for Advisor/Advisee meetings:
- Meeting 1: October/November
- Meeting 2: January/February

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

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

Notes:

Action Steps:

Next advisor meeting date planned for:
Resident: _________________________ Date: ____________
Faculty: _________________________ Date: ____________
Appendix A:

Advisor/Advisee Meeting Documentation

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

**In-Training Exam Results:** Residents can access their results via [www.theabfm.org](http://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 9). Continuity deliveries are required for graduation. Please ensure that the resident has their current password to access MedHub.

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

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

**Participation in Residency Committees:** Epic operations, Housestaff Committee, PCMH, social planning
Appendix B: Resident Elective Planning

University Of Pennsylvania
Department Of Family Medicine & Community Health

RESIDENT ELECTIVE RECORD SHEET

| Name: |  |
| Title of Elective: |  |
| Main Site of Elective: |  |
| Dates: |  |
| Block: |  |
| PGY: |  |

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

2. Signatures:

   RESIDENCY DIRECTOR / ASSOCIATE RESIDENCY DIRECTOR

   Print Name | Signature | Date

   MAIN SITE ADVISOR

   Print Name | Signature | Date

   Main Site Advisor Contact Phone Number and Address:
Address to which evaluations should be mailed:

Advisor/Director/Supervisor Comments:

3. Elective Rotation Schedule:

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# Appendix C: 2020-2021 Dates

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<tr>
<th>DATE</th>
<th>EVENT</th>
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<tr>
<td>7/3/2020</td>
<td>Independence Day Observed (PFC Closed)</td>
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<td>7/30-8/1/2020</td>
<td>National Conference of Resident and Student Members of AAFP - Kansas City, MO</td>
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<tr>
<td>9/7/2020</td>
<td>Labor Day (PFC Closed)</td>
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<td>11/1/2020</td>
<td>Interviewing begins for entering class of 2021 (tentative)</td>
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<td>10/26 – 10/30/2020</td>
<td>ABFM In-training Exam – 3001 Market Street Training Room</td>
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<td>11/26/2020</td>
<td>Thanksgiving (PFC Closed, OPEN ON BLACK FRIDAY)</td>
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<td>12/25/2020</td>
<td>Christmas Day (PFC Closed)</td>
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<td>1/1/2021</td>
<td>New Year’s Day (PFC Closed)</td>
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<td>1/31/2021</td>
<td>Deadline for receipt of applications for 2021 entering class</td>
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<td>1/15/2021</td>
<td>Last day to interview for 2021 entering class for traditional applicants</td>
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<td>2/4/2021</td>
<td>Rank order meeting (tentative)</td>
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<td>3/19/2021</td>
<td>Match Day</td>
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<td>5/31/2021</td>
<td>Memorial Day (PFC Closed)</td>
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<td>6/18/2021</td>
<td>Residency Graduation Ceremony/Banquet</td>
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