

CAREER INSIGHTS MD

THE MEDICAL STUDENT'S GUIDE TO RESIDENCIES

WINTER 2004/SPRING 2005

PROFILES

In-Depth Descriptions of Residency Programs



SURVEY

Your Questions Answered by Residency Program Directors



The Print Companion to the CareerMD.com Website

CAREER INSIGHTS MD

THE MEDICAL STUDENT'S GUIDE TO RESIDENCIES

WINTER 2004/SPRING 2005

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*Dual-accredited by the ACGME and AOA

UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE

Kansas City, MO

RESIDENCIES

- **Anesthesiology**
- **Emergency Medicine**
- **Family & Community Medicine**
- **Internal Medicine**
- **Medicine/Pediatrics**
- **Obstetrics/Gynecology**
- **Ophthalmology**
- **Oral & Maxillofacial Surgery**
- **Orthopaedic Surgery**
- **Pathology**
- **Pediatrics**
- **Psychiatry**
- **Radiology**
- **Surgery**

FACTS AT A GLANCE

- All UMKC residency and subspecialty residency programs are fully accredited by the Accreditation Council for Graduate Medical Education.
- The UMKC School of Medicine partners with four of the Kansas City area's most respected healthcare institutions. This significantly increases the diversity of clinical experiences available.
- Together, the School of Medicine partner hospitals offer more than 1,000 physicians/faculty and 1,300 hospital beds. On an annual basis there are more than 50,000 patient admissions, 830,000 outpatient visits and 150,000 emergency room visits.
- Research opportunities are diverse, ranging from shock/trauma to cardiovascular disease, to women's health.
- Known as the Heart of America, Kansas City is a bi-state metropolitan area that straddles the Missouri-Kansas state line and includes more than 136 cities and 11 counties. Approximately 1.8 million people live in the metro area.



BETTY DREES, M.D., F.A.C.P.,
Dean

Thank you for your interest in the graduate medical education programs at the University of Missouri-Kansas City School of Medicine.

The GME programs at UMKC are designed to direct our residents toward the successful completion of their specialty Board requirements and to provide the necessary training and support to be clinically and academically successful.

The UMKC School of Medicine offers 14 residency and 19 subspecialty residency programs in both adult and pediatric medicine. Each program has been tailored to incorporate the key elements of hands-on clinical experience, didactic teaching, research, and professional and peer interaction into a clinical environment ideal for developing the techniques to become a competent, skilled physician.

Our relationship with our partner teaching hospitals is one of the major benefits of the graduate medical education program at UMKC. Rather than operate our own hospital, the School partners with four of the areas most respected healthcare providers. As a result, residents have the opportunity to gain experience in a variety of healthcare environments: a busy urban general hospital (Truman Medical Center Hospital Hill) and a community hospital (Truman Medical Center Lakewood); a large tertiary private teaching hospital (Saint Luke's Hospital of Kansas City); a children's hospital (Children's Mercy Hospitals and Clinics); and a comprehensive psychiatric care facility (Western Missouri Mental Health Center).

From high tech to soft touch, virtually all approaches to health care can be found at these facilities. Residents may rotate through one or more of the institutions depending on their program, gaining exposure to a wide diversity of patients, both in terms of disease processes and socioeconomic backgrounds. All are in proximity to the UMKC School of Medicine.

UMKC residents are also encouraged to participate in the widespread research projects taking place through the School and the partner institutions. Kansas City and

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the University have made a strong commitment to actively support the advancement of the life sciences through collaborative and cutting edge research programs. Research grants recently received by the School of Medicine include a multi-year \$600,000 grant from the US Department of Health and Human Services along with designation as a National Center of Excellence in Women's Health; a \$750,000 grant from the American Lung Association for continued funding of the Asthma Clinical Research Center; and \$2.1 million from the 2005 federal defense budget subsidizing continued research in shock/trauma treatment.

The UMKC School of Medicine is a pioneer in medical education with innovations such as a docent system and a six-year combined baccalaureate/doctor of medicine program that challenge and encourage medical students to become competent, caring physicians. Our graduate medical education programs provide similar learning experiences that prepare physicians for a new era in health care.

ABOUT KANSAS CITY

Kansas City has established itself as a booming business community with major companies such as H&R Block, Russell Stover Candies, American Century Companies, Sprint, Cerner Corporation and Hallmark Cards all getting their start here. Kansas City is also recognized for its scientific research and life sciences initiatives. The Kansas City Life Sciences Institute, Stowers Institute for Medical Research and Midwest Research Institute are among the leaders.

Kansas City offers something for everyone - museums, historical monuments, the Kansas City Zoo, musical venues, live theater, amusement parks, shopping, more than 600 parks and 24 lakes, and a wide array of restaurants and cuisine. Professional sports are well represented with the baseball Royals, football Chiefs, and soccer Wizards and Attack. The Kansas Speedway, a \$197 million, 1.5 mile tri-oval track in nearby Kansas City, Kansas, is the site of major NASCAR and Busch racing series events.

VANDERBILT UNIVERSITY

Nashville, TN

FOR MORE INFO, CONTACT:

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www.mc.vanderbilt.edu/root/
vumc.php?site=anesthesiology

UNIVERSITY OF MICHIGAN

Ann Arbor, MI

FOR MORE INFO, CONTACT:

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THEODORE J. SANFORD, M.D.,

Program Director

FACTS AT A GLANCE

- One of the oldest Anesthesiology Training Programs in the nation with over 500 alumni
- Hospital facilities are among the newest in the nation, providing clinical cases that cover all aspects of surgery
- Extremely well-organized training program that provides for a full three year training program as well as an available internship
- Provides fellowship opportunities in Pediatric and Cardiac Anesthesiology, Pain Management, Critical Care and Research
- Faculty dedicated to excellence in quality education, research and clinical care

The Anesthesiology Training Program at the Vanderbilt University Medical Center offers a complete and rewarding experience. The case mix is unparalleled with all subspecialties represented on site. Our faculty have special expertise and interests including cardiovascular pharmacology and physiology, mechanisms of acute and chronic pain, pediatric anesthesiology and intensive care, and difficult airway management. The Department of Anesthesiology is dedicated to quality patient care, medical education, and scientific research. Our innovative vision for healthcare, education, and research is woven throughout the framework of Vanderbilt University Medical Center, a U.S. News "honor roll" healthcare institution nested within the beautiful and historic Vanderbilt University campus.

Thank you for your interest in the Department of Anesthesiology at the University of Michigan. Ongoing excellence in patient care, education, and research have been hallmarks of the University of Michigan Medical Center, which is recognized as one of the most advanced academic and clinical medicine establishments in the world. It is in this setting that you will be receiving your training in one of the most exciting and rewarding fields of medicine, Anesthesiology.

The Residency Training Program in Anesthesiology at the University of Michigan is one of the oldest and largest in the nation. Founded in 1952, the residency program has one of the largest alumni groups in the specialty with over 500 graduates in all 50 states and throughout the world. This is important in light of the many employment opportunities that these alumni have been able to provide our recent graduates in the last 2-3 years. We have been very successful in placing our graduates in practice positions throughout the U.S. and maintain an ongoing dialog with our alumni through our quarterly newsletter The Michigan Airway.

The depth and breath of training is exceptional, in part due to the University of Michigan Medical Center being among the nation's largest and most modern tertiary care medical centers. The Medical Center on the banks of the Huron River in Ann Arbor, Michigan consists of a complex of three hospitals under one roof (University Hospital, C.S. Mott Children's Hospital, and Holden/Women's Hospital). The Medical School with its extensive basic science research facilities is also located within the Medical Center Campus.

The purpose of the Anesthesiology Residency Training Program at Michigan is to develop young motivated physicians into consultants in Anesthesiology. The extremely well-organized training program is designed to prepare specialists with a broad depth of knowledge, excellent clinical skills, and mature interpersonal skills which will allow them the opportunity to become leaders in their hospitals, communities, and beyond. To accomplish these goals, the anesthesiology training program's educational opportunities range from individualized instruction to small group discussions to large group lectures and tutorials. Each year a Difficult Airway Management Course is presented to all residents in which the skills of fiberoptic airway management are taught. Educational experiences include daily informal morning case presentations where residents and faculty present their plans for the upcoming cases as well as formal didactic presentations by the faculty and nationally recognized guest professors.

For interested residents there are exceptional opportunities to become involved in basic research down to the molecular level.

The fact that anesthesiology is one of the most gratifying specialties of medicine will make your choice of anesthesiology as a career one of the best decisions of your life. The University of Michigan's Residency Training Program in Anesthesiology is distinguished by its quality of residents and faculty and its friendly family atmosphere. The unique setting of the University of Michigan in Ann Arbor, Michigan only provides the icing on the cake. We invite you to call or visit us at anytime. We are on the World Wide Web at: <http://www.med.umich.edu/anes/>.

ROTATION SCHEDULE

CA - 1 & 2 YEARS

- General OR - 8.5 months
- Cardiac - 1.5 months
- Thoracic - 1 month
- Vascular - 1 month
- Neuro - 1.5 months
- OB - 1.5 months

- Pediatrics - 2 months
- Pain Management - 1 month
- Critical Care - 2 months
- Ophthalmology - 1 month

CA - 3 YEAR

At least two, three months

blocks of the following:

- Pediatrics
- Cardiac
- Pain Management
- OB
- Ambulatory Care and Advanced Clinical Anesthesia

SPARTANBURG FAMILY MEDICINE RESIDENCY PROGRAM

Spartanburg, SC

FACTS AT A GLANCE

- Extremely strong quality core rotations in Pediatrics, OB, Internal Medicine and Family Medicine, Outpatient and Inpatient
- One of the few Family Medicine OB Fellowships in the Southeastern United States
- A rural extension of the program is 13 miles away in Chesnee South Carolina
- Ninety-nine plus percent board pass rate
- A friendly community near the mountains and 3-4 hours away from the beach.



OTIS L. BAUGHMAN III, M.D.,
Director

Years ago I sat where you do today. I wondered about where I would train, what my teachers and fellow residents would be like, will the program be supportive, and where I would live, rest, and relax. I found a wonderful program. Now this task is yours. I hope what I share with you will help in your search for your one-best-place.

I finished Spartanburg in 1980. Years of private practice and teaching led me back to Spartanburg in 1990 as the program director. Imagine what that was like. I returned to where I was trained, knowing personally which areas needed strengthening or a complete overhaul and who were the good (and bad) teachers. With the help of the many people that support medical education here, ALL the poor teachers are gone, the old problems fixed, and a constantly renewing system of excellence in education AND patient care is in place. THIS is the program I wished I had finished!!

Our hospital is a region-leading community based tertiary care. The Family Medicine Program is unopposed with two other programs. There are twelve residents per year in family medicine and we are literally king of the hill. There is a small General Surgery Residency, which helps greatly with procedural and surgical training, and a six resident Transitional Program, which assures more comfortable call schedules in the first year. Spartanburg is an enhanced program, not an opposed one!

Right now is the peak of our 35 year history. In what other community-based program will you find 27 full-time paid faculty? There are two obstetricians, five internists, four pediatricians, nine family doctors, one PhD behavioral scientist, one PharmD, one part-time addictionologist, a part-time child psychologist, and five surgical faculty. Many are teacher-of-the-year award winners. This experienced and dedicated faculty gives you the depth of academic training of a university setting AND you get the

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superb clinical exposure you expect from a solid community program. Spartanburg is "The Community-based Program With University Strengths". With this fulltime faculty support, you can see why.

The core of the program is, of course, our residents. We are been fortunate enough to attract outstanding students from across the United States. We have matched full 10 of my 15 years here. The in-house board scores are the highest in history. Our resident culture is one of mutual support for the success of all. Residents have done much to direct the necessary changes over the years and have a big voice in planning and improvements.

Equally important is where you will live. This growing small city has exploded with growth over the last ten years. Spartanburg is friendly, clean, blessed with the best school districts in the State, and centered in a geographically diverse area. The mountains are 35 minutes away. The beaches are a 3-4 hour drive. Charlotte and Asheville, NC are an hour's drive and it is 2 ½ hours to Atlanta. Hiking, bike riding, plays, festivals, family events – you name it and Spartanburg has it.

I welcome you to look at one of the true pearls in Family Medicine education. Our goal is excellence in all aspects of your education and a warm, friendly, supportive three years for you and your significant others. This is the driving philosophy for the constant push for quality in resident education and patient care that is central in the philosophy of the Spartanburg Family Medicine Residency Program. Come see one of the best programs around. Perhaps it will become yours!

FLORIDA HOSPITAL

Orlando, FL

FOR MORE INFO, CONTACT:

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KRIS GRAY, M.D.,



Program Director

We believe a family physician is the one person in a very confusing healthcare world that specializes in the patient. We can take care of over 90% of the medical problems that cause a person to seek out a physician. And we can do that in the most up-to-date and efficient manner. We strive to have scientific evidence for every treatment or test that we prescribe. In addition, however, we see every patient as an individual with unique needs and circumstances. Our mission is to apply the never-ending body of scientific knowledge at the individual level: mentally, physically, socially and spiritually.

We are a well-established, fully accredited, unopposed residency program based at a large community hospital setting with extensive tertiary services and located in a great place to live. As a resident, you will have 47 other "partners" to learn and associate with. In spite of the size, our residents are a very supportive and closely-knit family. We have over 25 full-time faculty members including family physicians, internists, geriatricians, obstetricians, pediatricians, dermatologist, psychologists, pharmacists, chaplain, research specialist and practice management experts. Our benefits are competitive and our curriculum comprehensive. Most importantly, however, when family physicians leave here having completed all residency requirements, they will be exceptionally equipped to be the complete "family" physician every person needs.

Come see us in person...find out what is inside our program...decide to join us.

ROTATION SCHEDULE

THREE-YEAR CURRICULUM (13 FOUR-WEEK BLOCKS PER YEAR)

FIRST YEAR

- Medicine
- Medicine/Inpatient
- Medicine
- Medicine
- Pediatrics
- Pediatrics
- Pediatrics
- Obstetrics
- Obstetrics/Outpatient
- Obstetrics
- Surgery
- Surgery
- Vacation

SECOND YEAR

- Medicine
- Pediatrics
- Obstetrics
- Gynecology
- Dermatology
- Family Practice Inpatient
- Community Medicine/Research
- Cardiology
- Neurology
- Practice Mgmt./Prev. Med./Radiology
- Emergency Medicine
- Family Practice Outpatient
- Vacation

THIRD YEAR

- Medicine Chief
- Family Practice
- Outpatient Pediatrics
- Psychiatry
- Geriatrics
- Orthopedics
- Orthopedics/Urology
- Ophthalmology/ENT
- Family Practice
- Elective
- Elective
- Elective
- Vacation

LONGITUDINAL CURRICULUM

- Behavioral Medicine
- Practice Management
- Office Procedures

ST. FRANCIS HOSPITAL & HEALTH CENTERS

Beech Grove, IN

FOR MORE INFO, CONTACT:

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 St. Francis Hospital & Health Centers
 Medical Education Department
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RICHARD D. FELDMAN, M.D.,



Program Director

The St. Francis Hospital & Health Centers Family Medicine Residency Program, now 31 years old, continues a legacy of change and innovation while preserving the time honored characteristics of community based, unopposed medical education. Located on the southeast side of Indianapolis, St. Francis is proud of its small community and family physician dominated feel, while enjoying the advantage of being located in a large metropolitan area.

Ours is a program with superb faculty relationships, a caring and compassionate hospital atmosphere, and focus on a humanistic approach to medical education that supports personal as well as professional growth. We remain as flexible as possible to meet the needs of residents as individuals.

The opportunity to experience a high level of autonomy and responsibility is one of the primary reasons medical graduates choose to train at St. Francis. Our atmosphere of warmth and informality is one of our greatest strengths. Combined with a beautiful family medicine center, high level of hospital support for the program, and first rate procedural equipment, St. Francis attracts the highest quality applicants and enjoys a tremendous track record of success. With a solid foundation, enviable history, and strong future support, St. Francis remains an outstanding residency with a regional reputation.

St. Francis Hospital is a very special place, a place of camaraderie within an institution that has not lost sight of its mission. We invite you to visit with us and learn more about residency opportunities.

ROTATION SCHEDULE

PGY - 1

- 2 months OB
- 2 months Family Practice
- 2 months ICU
- 2 months In-Patient Pediatrics
- 1 month Surgery
- 1 month Cardiology
- 1 month Wards Medicine
- 1 month ER

PGY - 2 & 3

- 2 months Out-Patient Pediatrics
- 1 month NICU
- 1 month Surgery
- 6 weeks Orthopaedics
- 2 weeks Sports Medicine
- 1 month Psychiatry
- 6 weeks Gynecology
- 1 month Out-Patient Fam. Prac.
- 2 weeks Occupational Medicine
- 2 weeks Ophthalmology

- 2 weeks Radiology
- 2 months Chief - In-patient Service
- 2 weeks Geri-psych
- 2 weeks Podiatry or Plastics or Colorectal
- 1 month Gastroenterology
- 1 month Otolaryngology
- 1 month Urology
- 1 month Dermatology
- 1 month Neurology
- 5 months Electives

BARBERTON FAMILY PRACTICE

Barberton, OH

FOR MORE INFO, CONTACT:

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Assistant Director
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Barberton Family Practice is an unopposed, family-practice only program in a 310-bed community hospital. We are located in a small city 40 minutes south of Cleveland. Because we are the only residency in this hospital, the residents receive individualized, one-on-one teaching by our specialists. They also have more unrestricted access to procedures and deliveries. Our medicine rotations are primary care focused and run by the family practice residents and family practice attendings. Our continuity clinic is staffed by 6 faculty, a full-time behavioral scientist, as well as several community preceptors. The faculty is diverse in experience and dedicated to teaching and making the residents' experience as worthwhile as possible. The residents perform pediatric rotations at nearby Children's Medical Center of Akron.

Barberton Citizens Hospital offers full spectrum care with a large variety of specialists. The hospital is very supportive of the residency and highly respectful of family medicine. The hospital is continually growing, now adding a new cardiac catheterization suite and expanding cardiothoracic surgery. There are also plans to build a new emergency department and cancer center.

This residency is a great place to work and learn. We encourage you to look at our website and contact us for more information.

WHEELING HOSPITAL FAMILY MEDICINE RESIDENCY PROGRAM

Wheeling, WV

FOR MORE INFO, CONTACT:

Wheeling Hospital Family Medicine
Residency Program
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Wheeling Hospital's Family Medicine Residency Program is the only residency program at Wheeling Hospital and was established in 1975. Being an unopposed residency affords our residents the opportunity to work one-on-one with our area's primary care physicians and other specialists. The residency program allows several months of electives over the second and third year to tailor the learning experience as a resident to your needs. For example, the program offers the choice of focusing on obstetrics through electives to gain additional obstetrical experience.

Wheeling Hospital's state of the art facilities include a Cancer Center, Women's Health Center, Men's Health Center, Cardiac Center, and Level II Trauma Emergency Department. The Residents' very own Family Health Center is over 11,000 square feet and is designed to parallel the private setting. This clinic is located within the hospital and makes it very convenient for both our residents and their patients. The clinic consists of patient examination rooms, minor surgery room, endoscopy suite, resident conference room and library. The clinic is fully equipped with an excellent nursing staff and preceptor support is always available for immediate guidance. The patients range from all ages and socioeconomic backgrounds. Medical services provided at the clinic include, but are not limited to, women's health services, well baby physicals, sports medicine and preventative care.

Wheeling is a historical city with much to offer to its inhabitants. The city continues to provide a high quality of life with a low cost of living. There is a low crime rate and the excellent schools, modern medical care, diverse housing and outstanding recreational activities that all help make Wheeling unique. There are six colleges in the area, an ECHL Hockey Team, a National Indoor Football Team, artisan centers, museums, theatres and even a 75 piece symphony orchestra. In addition, Wheeling is close to many major cities, located only 60 miles from Pittsburgh and 135 miles from Columbus.

We invite you to contact us to learn more about our program. We look forward to hearing from you!

NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS/ CORNELL UNIVERSITY MEDICAL COLLEGE PROGRAM

Flushing, NY

FACTS AT A GLANCE

- The Department of Medicine has 15 full-time attendings, 10 part-time attendings, and 210 voluntary attendings
- Each intern carries an average of 12 patients
- Fellowships are available in Cardiology, Nephrology, Gastroenterology, Pulmonary, Infectious Diseases and Geriatrics
- Subsidized housing is available within walking distance from the hospital
- The New York Hospital Medical Center of Queens is a 487-bed hospital. Of those: 240 are medical beds; 13 are CCU beds; 12 are MICU beds

ROTATION SCHEDULE

PGY-1

- 7 blocks on the Floors
- 2 blocks in the Units (CCU, ICU)
- 1 block E.R.
- 1 block Ambulatory Care or Elective
- 1 block Night Float
- 1 block Vacation

PGY-2

- 4 blocks on the Floors
- 3 blocks in the Units
- 1 block in the Screening Clinic
- 3 blocks Elective
- 1 block Night Float
- 1 block Vacation

PGY-3

- 3 blocks on the Floors
- 1 block Medical Consult
- 1 block Ambulatory Care
- 1 block Memorial Sloan Kettering Cancer Center Care Facility
- 4 blocks Electives
- 1 block Night Float
- 1 block Vacation



TERENCE M. BRADY, M.D.,
Chairman & Program Director

The New York Hospital Medical Center of Queens offers both one-year and three-year residency training programs in internal medicine. Training is designed to give solid grounding to a career either as a subspecialist or as a primary care internist. Recent graduates have received fellowships from some of the most prestigious institutions in the country. Others have gone on to private practice, after working in the offices of some of New York's most successful practitioners during training. Still others have remained to do a fellowship, or to serve as chief residents. Whatever their career choice, New York Hospital-Queens provides its residents with a unique "stepping stone" to a successful career.

New York Hospital-Queens has grown over the years from a small community hospital to a 487-bed teaching hospital and trauma center at the hub of a full system of health care services in a variety of settings. Since 1993, the hospital has been affiliated with The New York Hospital-Cornell Medical Center, one of the nation's leading academic medical centers. It's now ranked among the top 10 medical centers in New York City.

As befits a top medical center, we have superior facilities, including: one of the largest dialysis units on the East Coast; a growing cancer center, including one of the nation's most advanced radiation oncology units; and an expanding program of cardiovascular services. Also of interest, computers are available to the housestaff 24 hours a day on all the medical floors.

Residents receive a solid clinical education. They rotate through all the major subspecialties and critical care areas, including rotations in Geriatrics at Silvercrest Nursing Facility; subspecialty electives are available at The New York Hospital-Cornell Medical Center. As well as gaining clinical experience in the hospital, residents rotate through private physicians' offices during their three years of training. Our support systems are extensive, so residents are freed to concentrate on providing high quality care.

We encourage an innovative curriculum and take an active part in matching housestaff's interests with electives both inside and outside the institution. In the past, residents have taken electives both at other hospitals in the area -- such as New York Hospital, Mt. Sinai, Albert Einstein, and

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tbrady@nyp.org

North Shore -- and out of state. Recently, a resident who was interested in critical care took an elective at the Maryland Shock Trauma Center.

To complement its clinical strengths, the department has expanded its research efforts. The Divisions of Infectious Disease and Nephrology have full time Ph.D.'s doing both basic science and clinical research, leading to frequent publications.

Clinical training is complemented by didactics. We have a serious board review course, which produces an excellent pass rate. Unlike programs that have board review only in the third year, our board review course is scheduled on a monthly basis throughout the three years.

Perhaps the most unique feature of New York Hospital-Queens is the variety of pathophysiology we see. We are the leading teaching hospital in the most rapidly growing borough of New York, which has a culturally diverse patient population, therefore, we see pathology that's unique to other parts of the world. Our hospital has a much lower HIV patient population than other urban hospitals.

The program's other distinguishing feature is its family-like atmosphere. We make sure no resident ever gets lost. We listen to them, get a feel for what their problems are, and make changes in the program to insure a quality education. Residents from each year also have a voice in the program as members of the curriculum committee. In addition, residents enjoy each other's company and are always encouraged to participate in department-sponsored social events.

We are particularly proud of our faculty, who pride themselves on their accessibility and daily involvement with residents. They serve as both friends and advisors to the residents -- each resident is assigned to a faculty member who follows the resident through all three years and gives career guidance as well.

The hospital's location in Queens is a pleasant, relaxed setting -- a quiet neighborhood of one-family homes. Of particular interest to sports fans, we are located near Shea Stadium, The National Tennis Center, and Belmont and Aqueduct racetracks. We're within easy access to Manhattan and some of the world's best cultural attractions, shops, and restaurants.

I encourage you to visit us and see firsthand how our program can help you to achieve your professional goals.

SUNY UPSTATE MEDICAL UNIVERSITY

Syracuse, NY

FACTS AT A GLANCE

- Rotations available in three hospitals within walking distance (private, university and VA)
- **LOCATION:** Syracuse, NY rated 32nd by "Places Rated Almanac" out of 343 North American metropolitan areas
- A current rolling three-year ABIM board passing rate of 97%
- Ambulatory teaching experiences in a variety of off-campus settings, including an HMO, private offices, a community clinic, and new medical clinic facilities
- Large, public medical school affiliation with over 600 medical students and graduate students

ROTATION SCHEDULE

PGY 1 (12 MONTHS)

- 6 months inpatient wards
- 1 month emergency room
- 1 month ICU
- 1 month ambulatory care block
- 1-1 1/2 months elective/consults
- 1/2 - 1 month night float
- 1 month vacation

PGY 2 (12 MONTHS)

- 4 months inpatient wards
- 2 months ICU
- 1 month ambulatory care block
- 1 month night float
- 1 month vacation
- 3 months elective/consults

PGY 3 (12 MONTHS)

- 3 months inpatient wards
- 4 months elective/consults
- 1 month ambulatory care block
- 2 months ICU
- 1 month ER
- 1 month vacation



VINCENT E. FRECHETTE, M.D.,
Program Director

The SUNY Upstate Medical University at Syracuse Internal Medicine Residency Training Program provides an excellent and comprehensive educational experience utilizing three diverse hospital settings on one clinical campus. Our regional medical center, a large private community hospital and the central New York Veterans Administration Medical Center provide us with a considerable variety of clinical exposures. The geography of the Syracuse metropolitan area allows our program to draw from a seventeen county population of over 1.5 million people while enjoying the lifestyle of an intimate and comfortable smaller city.

Our expanding committed full-time faculty are involved in patient care, teaching and the full spectra of medical research. As a medical center, we are leaders in the development of scientific and health care management innovations which are recognized across the nation. Additional motivated, voluntary faculty complement our teaching abilities. We are quite able to provide one-on-one training for our residents and students--a commitment we are proud to make. The Department of Medicine is organized into 9 divisions. General Medicine, the largest, provides our residents with an extensive exposure to Ambulatory Internal Medicine, as well as maintaining a large referral base for our consulting subspecialists. We have fellowship training in the major subspecialties of Internal Medicine.

We offer two training programs within the Department of Medicine. Our three year categorical program provides extensive training in both the traditional hospital setting as well as a variety of outpatient ambulatory sites in primary and tertiary care. Our preliminary year program offers extensive exposure to medicine and prepares people for further training in other specialties. Electives in primary care, women's health and sports medicine allow participants more time in primary care settings with greater exposure to topics such as preventive medicine, adolescent health care, breast care, and biopsychosocial medicine.

The SUNY Upstate Medical University at Syracuse continues to grow. Our \$52 million Concentrated Care facility with comprehensive adult Intensive Care Units, a new Endoscopy Suite, Xray, CT and MRI facilities, an operating suite, and a state of the art Emergency Department place us in the forefront of medical technology. The University has completed a \$14 million library which is fully wired into the campus mainframe computer, allowing PC access from each office, clinical site, and at each study carrel, as well as providing additional library materials. Our ambulatory care facilities, including a Joslin Diabetes

FOR MORE INFO, CONTACT:

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www.universityhospital.org/medicine

Center, are located within a three block walk or short shuttle ride of University Hospital. These major construction projects have reflected our continued inpatient and outpatient population growth. At University Hospital alone the Department manages over 3,700 admissions a year and over 45,000 ambulatory patient visits.

Reflecting the changing sociodemographics of medicine and medical education, we provide yearly ambulatory care block rotations for the resident physicians. Residents are given training in outpatient gynecology, behavioral medicine, sports medicine, ambulatory patient management techniques, and preventive medicine such as sigmoidoscopy. This affords a much broader experience than the traditional exclusive inpatient focus. Third year Residents have the choice of working in private office settings, as well as the traditional hospital ambulatory care sites. Our major ambulatory care facilities utilize the Firm system, modeled after the group practice. Residents work consistently with teams of attendings, mid-level practitioners, and nurses, and develop panels of patients for whom they are primarily responsible.

Considerable research is ongoing in the Department of Medicine and the University as a whole. Large projects in retrovirology, clinical cancer treatment, the pathophysiology of *Helicobacter pylori*, the management of chronic hepatitis, the genetics of systemic lupus erythematosus, cellular and clinical cardiac electrophysiology, clinical AIDS trials, and renal tubular membrane transport are just a few of the examples of ongoing research projects within the Department of Medicine.

The city of Syracuse was ranked 32nd out of 343 metropolitan areas in the Millennium edition of the Prentice Hall Travel Places Rated Almanac. It provides safe and affordable housing in an urban setting, with museums, a superb symphony orchestra, a nationally recognized resident professional theater, major collegiate sports, minor league baseball and hockey, and easy access to both the Adirondack Park and the Finger Lakes Region. Syracuse can provide its inhabitants multiple ways of enjoying their free time.

The SUNY Upstate Medical University at Syracuse Department of Medicine is proud of its residency training program. It has a long tradition of educating physicians who do very well in General Internal Medicine or go on to train successfully in the subspecialties of medicine. Our graduates perform well in the Board examinations (97% rolling 3 year average as of 2003) and compete successfully for fellowship training. We plan to continue to provide an excellent educational milieu as we grow and continue to meet the challenges of health care delivery, education and research in the 21st century.

UNIVERSITY OF PENNSYLVANIA

Philadelphia, PA

FACTS AT A GLANCE

- The Internal Medicine residency program at the Hospital of the University of Pennsylvania offers the following training programs: Categorical Medicine, Preliminary Medicine, Physician Scientist Program, Medicine-Pediatrics, Medicine-Dermatology
- Our program integrates experiences at a Veterans hospital, a community hospital as well as our main tertiary hospital—all within walking distance
- We have a vibrant International program with monthly rotations for residents at Penn Medicine in Botswana
- The University of Pennsylvania School of Medicine is ranked second in the nation in NIH funding; the Department of Medicine is ranked third in the nation



LISA M. BELLINI, M.D.,
Program Director

The University of Pennsylvania Medical Center enjoys a rich history of leadership in academic and clinical medicine. The University of Pennsylvania School of Medicine was established in 1765 as the nation's first school of medicine. The Hospital of the University of Pennsylvania was built in 1874 as the nation's first hospital devoted to medical education. Our heritage is the cornerstone for our future and the legacy that supports our pursuit of the highest standards in education, research and patient care. For 230 years, the University of Pennsylvania School of Medicine and Medical Center have continued to train leaders in research and clinical medicine. The strength of our research programs is highlighted by the fact that in 2003, the School of Medicine was ranked second in the country in NIH funding, and the Department of Medicine was ranked third among Departments of Medicine. The Department of Medicine at the University of Pennsylvania has had a long-standing commitment to education. The faculty in the Department of Medicine includes approximately 300 full-time standing and 150 fellows representing all of the specialties of Internal Medicine.

The philosophy of our training program is to provide a core curriculum designed to promote the acquisition of basic clinical competencies in internal medicine with subsequent tailoring of educational experiences to meet the career objectives of our trainees. The program is designed to foster excellence in clinical skills and teaching, to promote basic science and clinical research, and to develop future academic opportunities for our trainees. The unique blend of trainee excellence, well-developed clinical and research programs in each of the subspecialties of Internal Medicine, rich clinical and research resources of the Medical Center and University, and an attitude of interdisciplinary cooperation throughout the institution, create an overall environment that fosters an exciting and enjoyable learning experience.

The Internal Medicine Training Program is based predominantly at the Hospital of the University of Pennsylvania (HUP), but includes rotations at our nearby affiliated institutions, the Philadelphia Veterans Affairs Medical Center (PVAMC) and the Presbyterian Medical Center (PMC). The Hospital of the University of Pennsylvania

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www.uphs.upenn.edu/medicine/

and the Philadelphia Veterans Affairs Medical Center are within easy walking distance of each other on the university campus. The Presbyterian Medical Center, at the outskirts of campus, is a 15 minute walk or a short shuttle ride from HUP. All of the above sites feature excellent clinical facilities and access to a large and diverse population of patients. As part of the University of Pennsylvania Health System, the clinical service is sustained by a strong referral base provided by our Clinical Care Associates (Penn's primary care network) combined with a large local community that uses our teaching hospitals for primary as well as secondary and tertiary care.

The training opportunities offered by the Department of Medicine include:

- A three-year Categorical Program.
- A Physician Scientist Program designed for those pursuing career paths as physician scientists. It consists of two years of intensive clinical work followed by clinical training in a subspecialty discipline and then three years of research. At the conclusion of the combined clinical and research training, residents are eligible to sit for the board examination in Internal Medicine and their subspecialty. This program also provides the opportunity to obtain a graduate degree from one of the many distinguished schools on the Penn campus.
- A one-year Preliminary Program.
- A Primary Care Program offering additional outpatient experience with inpatient rotations that are completely integrated with the categorical program.
- A four year Medicine-Pediatrics Program with the Children's Hospital of Philadelphia.
- A 5 year Medicine-Dermatology Program.

We are personally committed to working with each of you to develop an individual training experience that allows you to attain your personal career objectives. The combination of a diverse patient population, an outstanding faculty, and a strong research institution provide trainees in our program with the necessary ingredients for a rich and diverse educational experience. We invite you to submit an application to the University of Pennsylvania through the National Residency Matching Program.

**MERCER UNIVERSITY
SCHOOL OF MEDICINE**

Macon, GA

FOR MORE INFO, CONTACT:

MUSM/MCCG
Internal Medicine Department
Kay Lovejoy, Residency Administrator
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Macon, GA 31201
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mccgintmed@mercer.edu

Thank you for your interest in our residency training program! I am very pleased to have this opportunity to introduce you to our program and to describe the attributes that make it a special place to undertake the next stage of your medical training.

At the Internal Medicine Residency Program of Mercer University/Medical Center of Central Georgia, we believe that our greatest strength is combining excellence in clinical care and education with a "family atmosphere". Our faculty members are completely committed to the education of our residents. We work closely with house staff and are there every step of the way as you mature into a competent and confident physician. We are committed to maintaining a friendly relationship between faculty and house staff and are looking for individuals who enjoy working as members of a team.

Finally, a word about living in Macon. This is a beautiful city featuring great weather, easy access to natural beauty, and warm southern hospitality. It is a terrific place to raise a family and is home to many schools, universities, and other centers of learning. Macon cannot be beat - there is much to do here in all four seasons.

We hope that you will come to see us in Macon to learn more about our training program and to see first hand what we have to offer.

**ST. JOSEPH
MERCY HOSPITAL**

Ann Arbor, MI

FOR MORE INFO, CONTACT:

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Ann Arbor, MI 48106-9979
734-712-3935 734-712-5583 fax
leefj@trinity-health.org
www.stjoesannarbormeded.com

St. Joseph Mercy Hospital and Health System have served the greater Ann Arbor/Ypsilanti area since 1911. In 2003, St. Joe's was named as one of the top 100 hospitals in quality and cost-effectiveness. It is the mission of our program to promote the development of physicians with excellent clinical skills, humanistic qualities, and a strong commitment to professionalism. The Internal Medicine Residency Program environment is one which promotes scholarly inquiry and critical thinking and places priority on provision of quality, cost effective, patient-centered care. The Program is strongly committed to providing a nurturing, supportive environment for training as well as establishing an environment which encourages and supports diversity.

Our residency program faculty consists of 14 core faculty, and 80 volunteer private faculty representing primary care and subspecialty internal medicine. Faculty hold clinical teaching appointments at the University of Michigan School of Medicine. Our core faculty were recruited specifically for their commitment and excellence in internal medicine education. They serve as mentors and supervisors in both the ambulatory and inpatient settings.

PATIENTS: St. Joseph Mercy Health System draws patients from a five-county area in southeastern Michigan, as well as northern Ohio. In preserving the mission of our Catholic sponsors, St. Joe's provides care to all members of our extended community. We have a substantial commitment through programs and monies to care for the underserved and disadvantaged.

TEACHING: Residents learn to become excellent clinicians in a variety of ways. Our program is designed to make available to house officers numerous experiences which offer the opportunity to build and deepen their understanding of internal medicine, patient communication/interviewing, and health care delivery systems. Residents master common internal medicine problems through inpatient and ambulatory experiences with generalists and subspecialists.

Internal Medicine practice involves more than internal medicine. Residents receive training in psychiatry, geriatrics, office orthopedics, office gynecology, dermatology, ophthalmology, and otolaryngology.

We offer a variety of educational conferences. The chief medical residents work closely with the department faculty to ensure that the core curriculum is covered over the course of three years through the various conferences. Our 92% three-year American Board of Internal Medicine Certifying Examination pass rate attests to the overall quality of the patient care and educational experiences available to each house officer.

SCHOLARLY ACTIVITY: St. Joe's has a long history of involvement in clinical research. The research program has its own clinical research coordinator as well as statistical analysis and support. Our residents are actively involved in clinical research along with their faculty mentors. The residents regularly present at regional and national academic meetings and publish in peer reviewed journals.

BENEFITS: We believe our house officers will be better physicians and human beings if they can achieve balance. We encourage house officers to maintain and nurture their relationships and interests outside of work. Our benefits package is outstanding: competitive salary, health/disability/life insurances, flexible spending account. Ann Arbor has been rated as an outstanding community to live in and there are abundant cultural, outdoor, and sports activities.

Please Visit Us! The house staff are the heart and soul of our program. Our excellent cadre of house officers hail from across the country. We have consistently interviewed top-notch candidates and been very successful in the match.

We encourage you to come to Ann Arbor and visit St. Joe's! Our interview day offers you a chance to see what we have to offer, interact with our house officers, and meet our teaching faculty.

THERESA VETTESE, M.D.,



Program Director

FACTS AT A GLANCE

- **AFFILIATION:**
The University of Michigan School of Medicine
- **SIZE:**
550-bed tertiary community teaching hospital
- **INTERNS:**
14 categorical/primary care;
8 preliminary year;
8 transitional year
- An outstanding faculty committed to the development of humanistic and highly professional physicians
- Competitive salary/benefits/flexible spending account/
Intern Retreat

ROTATION SCHEDULE

PGY-1 - 12 MONTHS

- 3 months general medicine wards (q4 night call)
- 2 months ICU (MICU & CCU; q4 night call)
- 1 month emergency medicine
- 1 month psychiatry/geriatrics
- 1 month outpatient general internal medicine
- 4 months electives
- 3 weeks vacation

PGY-2 - 12 MONTHS

- 2 - 3 months general medicine wards (q4 night call)
- 2 months ICU (q4 night call)
- 1 month night float
- 1 month urgent care
- 5 - 6 months electives
- 4 weeks vacation
- 1 month ambulatory

PGY-3 - 12 MONTHS

- 2 - 3 months inpatient general internal medicine
- 2 months ICU (q4 night call)
- 1 month night float
- 1 month urgent care
- 5 - 6 months electives
- 4 weeks vacation
- 1 month ambulatory

SOUTHERN ILLINOIS UNIVERSITY

Springfield, IL

FOR MORE INFO, CONTACT:

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Department of Neurology
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Program Director,
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www.siumed.edu

RODGER ELBLE, M.D.,

Program Director

A neurology residency program at SIU has many advantages not often found in other programs:

PATIENT POPULATION: We believe that a well-rounded postgraduate educational experience begins with a balanced patient population. The SIU program provides diverse inpatient and outpatient experiences involving a wide cross-section of the population. This gives our residents the opportunity to see that important balance of neurologic problems needed for training.

STATE-OF-THE-ART CLINICAL PROGRAMS: In addition to providing general neurology training, the SIU residency provides training in several subspecialty areas - Alzheimer Disease, epilepsy, stroke and cerebrovascular disease, movement disorders, headache, muscle disease and neurorehabilitation. These programs afford our residents the opportunity to acquire an extra level of tertiary care exposure during residency training.

A WELL-DESIGNED EDUCATIONAL CURRICULUM IN THE BASIC AND CLINICAL SCIENCES: We know from experience that extensive knowledge of the sciences is crucial for passing the neurology board examinations. We kept this in mind while developing the curriculum and are confident that we've created the best program possible - a structured program in the basic and neurosciences with extra time dedicated to neuroradiology, neuropathology and clinical neurophysiology.

A HIGH FACULTY-TO-RESIDENT RATIO: No getting lost in a crowd. Close interaction between our residents and our faculty allows for frequent informal educational sessions.

NATIONALLY- AND INTERNATIONALLY-KNOWN RESEARCHERS: Our faculty are some of the best in the field - we actively compete for grants, make research presentations and author peer-reviewed publications in our respective subspecialty fields. Our active involvement in clinical and basic research provides an environment conducive to providing cutting-edge information to our residents in training. Residents are encouraged to participate in research projects, publish papers and make presentations at international meetings. Clinical and basic research electives are offered in many of the subspecialties and post-residency fellowships are available in stroke, clinical neurophysiology, neurorehabilitation, and movement disorders.

ROTATION SCHEDULE

PGY-1

- 6 months general internal medicine
- 2 months ICU
- 2 months E/R
- 2 months electives
- Call avgs. no more than once every 3rd night

PGY-2

- 6 months inpatient/consultation service
- 1 month neuroradiology

- 1 month psychiatry
- 2 months adjunct faculty rotation
- 1 month neurosurgery
- 1 month neuropathology
- Call taken from home
- Call avgs. no more than once every 3rd night

PGY-3

- 3 months pediatric neurology
- 1 month neuropathology

- 4 months inpatient
- 1.5 month EEG/1.5 month EMG
- 1 month neurorehabilitation
- Subspecialty clinic rotations

PGY-4

- Subspecialty clinic rotations
- 6 months chief resident
- 3 months electives
- 3 months child neurology

NEWYORK-PRESBYTERIAN HOSPITAL (CORNELL CAMPUS)

New York, NY

FOR MORE INFO, CONTACT:

NewYork-Presbyterian Hospital
(Cornell Campus)
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HOWARD A. RIINA, M.D.,

Program Director

The Neurological Surgery Residency Program at the NewYork-Presbyterian Hospital (Cornell Campus) in New York City provides training in Clinical Neurological Surgery. The Neurological Surgery Residency Program has a long and distinguished history and considers applications from graduates of four-year medical degree programs or their equivalent.

Each year two residents are accepted into the Neurological Surgery Training Program. The program begins with a six-month general surgery internship followed by a six-month period where the trainees are exposed to basic training in neurology, diagnostic neuroradiology, and neurological intensive care medicine. The following year begins the clinical neurosurgical training that includes four clinical years of neurosurgery and two years pursuing research interests under the sponsorship of the Basic Science Institute either at the Weill Medical College of Cornell University, Memorial Sloan-Kettering Cancer Center, or the Rockefeller University. The program, however, is sufficiently flexible to meet individual needs. The four clinical years provide extensive training and exposure to adult neurosurgery including cerebrovascular neurosurgery, brain tumor surgery, and complex spine neurosurgery. Additionally, trainees are exposed to pediatric neurosurgery, movement disorder neurosurgery, and interventional neuro-radiology/endovascular surgery.

Interviews for the neurological surgery residency training positions are offered on the basis of candidate's academic record, test scores, provocations, letters of recommendation, and a personal statement.

Howard A. Riina, MD
Department of Neurological Surgery
NewYork-Presbyterian Hospital (Cornell Campus)

LANKENAU HOSPITAL

Philadelphia, PA

FOR MORE INFO, CONTACT:

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Uniquely positioned on the outskirts of Philadelphia, the Ob/Gyn residency program at Lankenau Hospital began 50 years ago. Twenty-nine obstetricians/gynecologists serve on the active medical staff, nine of whom are board-certified subspecialists. The program involves four post-doctoral years with a total of 12 residents. It is worth noting in its half-century history, all but one Lankenau graduate has achieved certification by the American Board of Obstetrics and Gynecology, Inc.

“Lankenau's program offers a wealth of clinical experience with more than 2,000 deliveries and more than 3,400 gynecologic procedures per year. For example, the experience gained by a recent graduate included: 400 major gynecologic operations, 600 deliveries, of which 168 were Cesarean Sections. In addition, we have very active academics and subspecialties including: gynecologic oncology, reproductive endocrinology, maternal fetal medicine and urogynecology.”

- Rudolf L. Laveran, MD, Associate Director

“In more than 30 years at Lankenau, I have not had one unfavorable response to my standard question to graduates of how our residency prepared them for their careers. In fact, the reactions are of overwhelming gratitude for their Lankenau training.”

- Ann G. Jervis, Coordinator

LEHIGH VALLEY HOSPITAL

Allentown, PA

FOR MORE INFO, CONTACT:

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PATRICE M. WEISS, M.D.,F.A.C.O.G.,



Program Director

Dear Applicant,

Thank you for your interest in our Obstetrics and Gynecology Residency Program. Our 16-resident program is located in beautiful Northeastern Pennsylvania.

The Department of Obstetrics and Gynecology at Lehigh Valley Hospital proudly offers our residents unparalleled education and experience in this rewarding field of medicine. From state-of-the-art equipment to subspecialty rotations, including Oncology, Urogynecology, Maternal-Fetal-Medicine, and Reproductive Endocrinology and Infertility, as well as Geriatrics, Ambulatory Medicine, and Primary care, our residents receive the best medical education that can be offered. While Lehigh Valley Hospital offers the subspecialty rotations listed, it is important to note that there are no fellows at our institution, which further ensures our residents receive full exposure to all surgical and educational opportunities.

Our faculty consists of 30 generalists and two boarded RE&I physicians, and we are currently expanding our subspecialists to include seven MFM physicians, two Gynecologic Oncologists, and two Urogynecologists.

Additionally, Lehigh Valley Hospital allows residents 24-hour access to modern library facilities, which include individual work stations and on-line subscriptions to Medline/Ovid, MD Consult, and Up-to-Date. The hospital intranet provides a link to all titles, journals, etc., housed at the hospital libraries, and the library is part of a consortium which allows for access of any materials not readily available.

I am proud to say that our Department is fully committed and dedicated to making the program offered at Lehigh Valley Hospital the best OB/GYN Residency in the country.

For a copy of our residency video or for further information, please contact: Teresa Benner, Residency Program Coordinator.

ROTATION SCHEDULE

PGY1

- Gynecology
- Obstetrics
- Geriatrics
- Primary Care Medicine
- ICU

PGY2

- Gynecology
- Obstetrics
- Oncology
- RE&I
- MFM

PGY3

- Gynecology
- Obstetrics
- Oncology
- MFM
- Urogynecology
- Primary Care Medicine

PGY4

- Gynecology
- Obstetrics
- Oncology
- Ambulatory Medicine

THOMAS JEFFERSON UNIVERSITY

Philadelphia, PA

FOR MORE INFO, CONTACT:

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 www.jefferson.edu/oto/

EDMUND D. PRIBITKIN, M.D.,



Program Director

The Association of Academic Departments of Otolaryngology-Head and Neck Surgery (AADO-HNS) recently instituted a Central Application Service (CAS) through which residency applicants can now apply to participating otolaryngology programs. The Department of Otolaryngology-Head and Neck Surgery at Thomas Jefferson University has registered with the Otolaryngology Matching Program (OLMP) and the CAS.

To be eligible for our program, you must register with the OLMP and wait for the CAS package to be sent to you. You may contact them at Central Application Service for Otolaryngology, Otolaryngology Matching Program, P.O. Box 7584, San Francisco, CA 94120-7584, Phone: (415) 447-0350, Fax: (415) 561-8535.

One year of General Surgery at Thomas Jefferson University Hospital is required before starting your Otolaryngology-Head and Neck Surgery Residency at Jefferson. Although you are guaranteed a first general surgery position in Jefferson's program if you match to Jefferson's Otolaryngology-HNS program, you must register with NRMP to secure your first year position. The AADO-OLMP match number for Jefferson is 76.16, listing 4+1 on the program. The NRMP General Surgery number for Jefferson is 163-018.

FACTS:

1. The residency program in Otolaryngology-HNS at Thomas Jefferson University consists of four years of progressive and clinical training in all aspects of otology, rhinology, allergy, maxillofacial, head and neck surgery, facial plastic and reconstructive surgery, laryngology, and bronchoesophagology.
2. The otolaryngologic training is carried out under the supervision of the faculty of the Department of Otolaryngology-Head and Neck Surgery at Thomas Jefferson University Hospital, the Alfred I. DuPont Institute Hospital for Children, the Virtua HealthCare System, and the Graduate Hospital.
3. All academic and clinical activities are organized to provide each resident with a progressive educational experience. Each rotation offers significant educational opportunities designed to fulfill the individual goals for the residency year.
4. The broad goals of the curriculum include the development of:
 Core specialty knowledge; Personal scholarship and scientific inquiry including critical evaluation of medical literature; Principles of study design, performance, analysis

ROTATION SCHEDULE

PGY - LEVEL 1

- 3 months Otolaryngology
- 1 month Anesthesia
- 1 month Emergency medicine
- 1 month Neurosurgery
- 1 month ICU
- 5 months General Surgery

PGY - LEVEL 2

- 3 Months on the TJU Subspecialty Service
- 3 Months on the TJU Chairman's Service
- 3 Months at DuPont Hospital
- 3 months at Virtua Hospital

PGY - LEVEL 3

- 3 Months on the TJU Subspecialty Service
- 3 Months on the TJU Chairman's Service
- 3 Months at Virtua Hospital
- 3 Months Clinical Research

PGY - LEVEL 4

- 3 Months at DuPont Hospital
- 3 Months on the TJU Subspecialty Service
- 3 Months Basic Research at TJU
- 3 Months on the TJU Chairman's Service

PGY - LEVEL 5

- 3 Months on the TJU Subspecialty Service
- 3 Months on the TJU Chairman's Service
- 3 Months at the Graduate Hospital
- 3 Months as Academic Chief

THE ARMED FORCES INSTITUTE OF PATHOLOGY

Washington, DC

FACTS AT A GLANCE

- 90% of the cases sent to AFIP for expert diagnosis are tumor cases, requiring immediate patient treatment options
- The Office of the Armed Forces Medical Examiner provides the Department of Defense with comprehensive forensic services, from DNA identifications to mortality surveillance programs
- Other DoD-relevant activities include biodefense research and molecular diagnostics programs; the Department of Legal Medicine and Patient Safety Center, and the Automated Central Tumor Registry
- Cooperative partnerships are maintained with over 200 government, academic and private-sector organizations
- The Institute has a combined staff of over 700 military, federal civilians and contract personnel



COL RENATA B. GREENSPAN, M.D.,
Program Director

The Armed Forces Institute of Pathology (AFIP) provides world-renowned diagnostic pathology services for military and civilian patients. AFIP's staff of over 120 pathologists, other physicians and scientists, consult on over 40,000 challenging cases each year; offer thousands of hours in continuing medical education courses; and conduct hundreds of pathology research projects. We offer ACGME accredited subspecialty fellowships in forensic pathology, neuropathology, dermatopathology, pulmonary pathology, and hematopathology; through sponsorship by the American Registry of Pathology, one-year Callendar-Binford subspecialty anatomic pathology fellowships; and monthly residency training programs in all departments. Fellows and trainees participate in a variety of staff conferences and one-on-one instruction with staff pathologists.

AFIP's National Tissue Repository, with over 3 million cases on file, contains the largest collection of tissue specimens in the world. The repository provides a valuable research source for staff members investigating unusual or rare disease entities. Clinical pathological research performed at the AFIP has a broad impact, and is regularly reviewed on the basis of short- and long-term military relevance.

AFIP collaborates with numerous government, academic, and commercial entities, including the Uniformed Services University of the Health Sciences, the National Institute of Justice, the Department of the Interior, the National Institutes of Science and Technology, the World Health Organization (WHO) and domestic and foreign universities and institutes. Principal funding agencies include the National Institutes of Health and the National Science Foundation, and the Institute also has several grants in association with the World Health Organization.

Information on new methods and stains developed in our laboratories is disseminated through presentations at conferences and seminars, and through hundreds of publications in professional journals, lead-

FOR MORE INFO, CONTACT:

The Armed Forces Institute of Pathology
COL. Renata B. Greenspan, MD, Director
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Washington, DC 20306-6000
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www.afip.org

ing to improved products and services worldwide. Highlights from 2003 include over 1200 presentations and lectures, and the publication of over 270 journal articles, 140 abstracts, and 40 books and chapters. Since 1999, AFIP has been in the top 2% of all 400 participating academic institutions submitting abstracts to the U.S. and Canadian Academy of Pathology.

In 2005 AFIP will deploy an innovative distance learning tool available nowhere else in the pathology community, combining AFIP's worldwide repository of case material with the unparalleled expertise of its staff in pathology and radiology - AskAFIP™. This application will allow healthcare providers around the world instant access to digital imagery, slides and radiographs of a wide array of diseases of humans and animals.

AFIP staff serve as faculty at dozens of Institute courses offered each year and also produce a variety of web-based courses and video teleconferences. In addition, the AFIP Grand Rounds series in 2005 will bring live lectures by AFIP experts direct to military and civilian healthcare providers around the world through video teleconferencing. Lecture series on surgical pathology, radiology and forensic medicine are just a few of the offerings planned for 2005 and beyond.

A cutting-edge telemedicine program enables staff to provide near- or real-time consultations to remote locations around the world, and to continuously update a series of online "Hot Topics" dealing with emerging diseases of military and global importance. They include smallpox, anthrax, SARS and cutaneous leishmaniasis. AFIP is also developing a SNOMED-based query system to identify the most common diagnostic problems sent to AFIP for use in the development of online education programs.

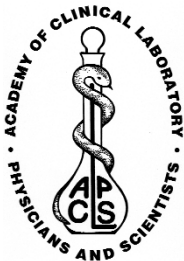


ACADEMY OF CLINICAL LABORATORY PHYSICIANS AND SCIENTISTS (ACLPS)

Salt Lake City, UT

FOR MORE INFO, CONTACT:

ACLPS
William L. Roberts, M.D., Ph.D.,
Secretary-Treasurer
500 Chipeta Way
Salt Lake City, UT 84108
800-242-2787 ext. 2086
801-584-5207 fax
william.roberts@aruplab.com
www.aclps.org



The purpose of ACLPS is to advance education in the field of laboratory medicine. Laboratory medicine, also termed 'clinical pathology,' is a field of medical science that encompasses all laboratory disciplines applied to health care, education and research. Individuals may become board certified in clinical pathology and practice as generalists or they may complete a subspecialty fellowship, have a focused clinical practice, and pursue their research interests.

The members of the Academy of Clinical Laboratory Physicians and Scientists firmly believe that the role of laboratory medicine will continue to grow in importance. It is a field in which professional competence, dedication, and scholarship are required. The promise and importance of this field in the realm of medical education are so great that the best abilities and talents must be attracted to it in order that its potential may be fully realized.

THE OBJECTIVES OF THE ACADEMY ARE:

- To encourage and advance the highest standards of education in laboratory medicine in medical school and related curricula.
- To encourage and promote the highest standards of resident training and post-graduate education of physicians and scientists in clinical pathology at universities and medical schools.
- To encourage and promote the highest standards of service, education and research in academic laboratory medicine.

Our website, www.aclps.org, provides additional information about clinical pathology as a specialty and contact information for current officers of ACLPS.

5 KEY FACTS:

- Laboratory medicine (clinical pathology) encompasses all laboratory disciplines applied to health care, education, and research.
- Laboratory medicine continues to grow in importance.
- ACLPS is an organization of

academic laboratory medicine professionals committed to laboratory medicine education and practice.

- Board certification in clinical pathology and various subspecialty certifications are available.
- Subspecialties include Clinical Chemistry, Coagulation,

Cytogenetics, Hematology, Hematopathology, Immunology, Laboratory Management, Medical Informatics, Microbiology, Molecular Diagnostics, Mycology, Toxicology, Transfusion Medicine, and Virology.

SOCIETY OF TOXICOLOGIC PATHOLOGY

Reston, VA

FOR MORE INFO, CONTACT:

Society of Toxicologic Pathology
Clarissa Russell Wilson,
Executive Director
1821 Michael Faraday Drive, Suite 300
703-438-7508 703-438-3113 fax
stp@toxpath.org
www.toxpath.org



CAREER OPPORTUNITIES: Available in toxicologic pathology are available to medical doctors with research experience and/or specialization in pathology

TOXICOLOGIC PATHOLOGY: Particularly rewarding for individuals who envision a medical career that combines public health and medical disciplines

SOCIETY OF TOXICOLOGIC PATHOLOGY (STP): A non-profit association of pathologists and other scientists whose aim is to be an international leader for improvement of human and animal health using an interdisciplinary scientific approach based in pathology and toxicology

BENEFITS OF MEMBERSHIP:

- Providing a unique forum for pathologists involved in the development and safety assessment of chemicals, medical devices, and pharmaceutical and biotechnological products
- Gives insight into solutions to complex scientific and regulatory issues
- Access to subsidized continuing education with CE credits
- Enables a consensus on nomenclature and other pathology issues

VALUE OF MEMBERSHIP:

- Student membership in the STP is as low as \$30 (USD)
- Members Opportunities for interaction with leading toxicologic pathology authorities
- Membership also provides:
 1. Scientific forum for presentations and publications
 2. Annual Scientific Symposium at a special student fee
 3. STP newsletter
 4. Access to literature on standardized nomenclature and diagnostic criteria
- Student travel awards to support student attendance at the STP Annual Symposium

To learn more about toxicologic pathology, the STP, student travel awards, and career planning and opportunities in toxicologic pathology, please visit us online at www.toxpath.org or call (703) 438-7508.

THE INTERSOCIETY COUNCIL FOR PATHOLOGY INFORMATION

Bethesda, MD

FOR MORE INFO, CONTACT:

*The Intersociety Council for Pathology Information, Inc.
9650 Rockville Pike
Bethesda, MD 20814-3993
301-634-7200 301-634-7990 fax
icpi@asip.org
www.pathologytraining.org*

The Intersociety Council for Pathology Information (ICPI) is a nonprofit educational organization sponsored by national pathology societies to serve as a central source of information about pathology as a career in medicine and to promote awareness of pathology to the public, media, and professional and educational organizations. ICPI is invaluable as the initial point of contact for almost all medical students and residents who seek a career in pathology. ICPI's major activity is the publication of the annual Directory of Pathology Training Programs in the United States and Canada. There is also a searchable web version of the Directory on ICPI's website www.pathology-training.org. ICPI also answers questions from pathologists and the lay public about pathology and pathology careers. In addition, ICPI distributes an illustrated color brochure "Pathology as a Career in Medicine," which describes the pathologist's role on the clinical team and intimate involvement in patient care problems, the variety of case material, the opportunities to do research and to teach, and the wide scope of career options. A free copy is available on request. A web version of the brochure is also available at www.asip.org.

PEDIATRICS

ST. JOSEPH'S HOSPITAL & CHILDREN'S HEALTH CENTER

Phoenix, AZ

FOR MORE INFO, CONTACT:

*St. Joseph's Hosp. & Children's Health Ctr.
Jan Gaffney, Program Coordinator
350 West Thomas Road
Phoenix, AZ 85013
602-406-3122 602-406-4102 fax
jgaffne@chw.edu
www.ichosestjoes.com*

JOHN BOYD, M.D.,



Program Director

St. Joseph's Hospital and Children's Health Center is a tertiary care teaching hospital located in beautiful Phoenix, Arizona. The Children's Health Center (CHC) provides high quality inpatient and outpatient hospital and community-based health care for children in Arizona.

In addition, the CHC develops and provides innovative research programs that compliment other community pediatric services while educating 30 pediatric residents per year (10 per class), along with third and fourth year medical students from the University of Arizona College of Medicine in Tucson. The pediatric department consists of 32 employed faculty and 32 contracted faculty including all major subspecialties. The philosophy of the department is to foster a professional family to provide excellent pediatric education.

The Children's Health Center offers comprehensive pediatric care. Our outpatient services use our Pediatric Ambulatory Care Center (PACC) to provide over 10,000 outpatient visits per year to underprivileged children in Phoenix with an additional 50,000 outpatient visits to the Children's Rehabilitative Services (CRS) clinic, including more than 12,000 pediatric visits annually in the Emergency Room department. Our inpatient services comprise a 66-bed pediatric ward with over 3,500 admissions per year, along with a 50-bed Nursery Intensive Care Unit (NyICU), and a 24-bed Pediatric Intensive Care Unit (PICU).

We hope you take the time to seriously consider our program and look forward to the prospect of having you join our pediatric care family. For further information visit www.ichosestjoes.com.

ROTATION SCHEDULE

PL-1

- 1 month NyICU
- 1 month Elective
- 1 month Developmental/Behavioral Pediatrics
- 1 month ER
- 3 month Outpatient Pediatrics
- 5 month Inpatient Ward

PL-2

- 1 month Elective
- 1 month Pediatric ER

- 1 month Child-abuse Evaluation and Outpatient Surgery
- 1 month Adolescent Medicine
- 3 month Inpatient Ward
- 2 month Outpatient Pediatrics
- 2 month PICU
- 1 month NyICU

PL-3

- 1 month Pediatric ER
- 1 month PICU
- 1 month NyICU

- 1 month Community Pediatrics
- 3 month Inpatient Ward
- 2 month Outpatient Pediatrics
- 4 month Electives

ELECTIVES

- Allergy/Immunology*
- Cardiology*
- Endocrinology*
- Gastroenterology*
- Genetics*
- Hematology/Oncology*

- Infectious Diseases*
- Nephrology*
- Neurology*
- Orthopaedics/Sports Med.
- Outpatient Pediatrics
- Radiology
- Surgical Specialties
- Private Practice/Practice Management

* Per RRC Guidelines, 4 out of 6 elective choices must come from the list above.

CASE WESTERN RESERVE UNIVERSITY AT CHILDREN'S HOSPITAL METRO HEALTH MEDICAL CENTER

Cleveland, OH

FOR MORE INFO, CONTACT:

MetroHealth Medical Center
Fran Carbone
Pediatric Education Office H-457
2500 MetroHealth Drive
Cleveland, OH 44109
216-778-5906 216-778-4223 fax
fcarbone@MetroHealth.org

ABDULLA GORI, M.D.,
Program Director

The Pediatric Residency program at Children's Hospital at Metro Health Medical Center (CHMHMC) is designed to provide a comprehensive, well-balanced three-year experience in Pediatrics with an emphasis on primary care, and at the same time prepare those interested residents for a sub-specialty career. MetroHealth Medical Center is one of the largest county institutions in northeast Ohio. The Pediatrics department has over 75 board certified faculty and occupies 23% of the active beds in the institution. It has a level III NICU, level I Pediatric Trauma center and Burn Center, and also serves as the Muscular Dystrophy Center for Northeast Ohio. The numbers of admissions to the inpatient Pediatric wards exceed 3,000 per year, and over 700 each to the Neonatal and Pediatric Intensive Care Units. Over 55,000 outpatients are seen annually in our clinics. The department boasts the presence of all Pediatric subspecialties; and all faculty are affiliated with Case Western Reserve University. The practice of evidence based medicine is complemented by state of the art facilities for clinical and bench research.

The first year of residency at CHMHMC is designed specifically to allow interns to focus on patient management skills while allowing ample time for reading, broadening the general knowledge base, and perfecting procedural skills. The second year is structured to refine the resident's differential diagnosis skills, with an emphasis on assessment and management of all patients, including the critically ill. As a senior resident, one assumes maximum responsibility in all areas of patient management and provides significant opportunity to supervise and teach junior residents, medical students and peers.

Resident education and patient care are of prime importance at CHMHMC. Daily didactic and interactive teaching sessions in primary care, subspecialty pediatrics, practice management, and quality improvement augment the knowledge base in well child care, acute illnesses, chronic illness management, issues surrounding behavior and development; as well as practicing pediatrics in today's medical environment. Residents work in a low-stress environment while enjoying autonomy within a framework of supervision. A well-functioning, weekly team clinic with the same faculty helps residents build excellent patient physician relationship.

Benefits include four weeks annual paid vacation, government holidays, ample educational allowance, free PDAs, free post-call taxi rides home with next day return, subscriptions including Pediatrics and PREP, and participation in the Ohio Public Employees' Retirement System Fund (OPERS) that can be withdrawn on leaving the institution, as additional attractions to name a few.

ROTATION SCHEDULE

PL-1

- Inpatient - 3 months
- Inpatient Cardiology - 1 month
- Outpatient - 3 months
- Newborn Nursery - 1 month
- NICU - 1 month
- Emergency Medicine - 1 month
- Elective - 2 months
- Behavior/Development - 1 month

PL-2

- Inpatient - 1 month
- Outpatient - 2 1/2 months
- NICU - 1 month
- PICU - 2 1/2 months
- Emergency Medicine - 1 month
- Elective - 2 months
- Adolescent Medicine - 1 month
- Children's Hospital for Rehabilitation - 1 month

PL-3

- Inpatient - 2 months
- Outpatient - 2 1/2 months
- NICU - 1 month
- Elective - 4 months
- Research - 1 month
- Anesthesia/Sedation/Pain - 1/2 month
- Community Experience - 1 month

DETROIT MEDICAL CENTER/WAYNE STATE UNIVERSITY

Detroit, MI

FOR MORE INFO, CONTACT:

Rehabilitation Institute of Michigan
Colleen Ciavarella, PM&R
Residency Coordinator
261 Mack Ave., Suite 509
Detroit, MI 48201
313-745-9880 313-745-1197 fax
cciavare@dmc.org
www.rimrehab.org

JAY MEYTHALER, M.D., J.D.,



Program Director

The Detroit Medical Center is one of the largest academic medical centers in the US, comprised of ten hospitals, five of which are located on a 110-acre campus located adjacent to Wayne State University (WSU) and a level-one trauma center (Detroit Receiving Hospital). Together with WSU, the DMC strives to be the regions premier health care resource through a broad range of clinical services, the discovery and application of new knowledge and the education of practitioners.

The DMC's Rehabilitation Institute of Michigan (RIM) is one of the nations largest academic rehabilitation hospitals. RIM is a 94-bed JCAHO and CARF accredited specialty hospital dedicated to the rehab care of patients who have injuries or disorders that include TBI, spinal cord injury, stroke, amputation, orthopedics and musculoskeletal degenerative or occupational disorders. The Institute has also earned the distinction of being one of only sixteen federally designated model systems of care for TBI.

The WSU/DMC Residency Training Program in Physical Medicine and Rehabilitation is nationally recognized for its excellence in clinical care, education and research opportunities unavailable in a non-university setting. RIM together with Sinai-Grace Hospital (one of the ten DMC hospitals) and suburban outpatient centers provide primary training. The integration of these programs offers residents some of the most extensive outpatient musculoskeletal and electrodiagnostic experiences available in a PM&R Residency.

ROTATION SCHEDULE

YEAR 1

- Stroke & Geriatric (Inpatient Unit) - 2 months
- General Rehabilitation (Inpatient Unit) - 2 months
- EMG I (Outpatient Rotation) - 2 months
- Inpatient Consults - 2 months
- Orthopedic & Amputee (Inpatient Unit) - 2 months
- Spinal Cord Injury (Inpatient) - 2 months

YEAR 2

- Traumatic Brain Injury (Inpatient Unit) - 3 months
 - Pediatrics (Inpatient Unit) - 2 months
 - Pediatrics (Outpatient) - 1 month
 - Inpatient Consults - 2 months
 - Spinal Cord Injury (Inpatient Unit) - 1 month
 - Outpatient Rotation - 2 months
 - Outpatient Selective - 1 month
- or
- Physical Therapy/Occupational Therapy/ Cardiac Rehabilitation - 1 month

YEAR 3

- EMG II (Outpatient Rotation) - 3 months
- Float Rotation (Includes: Outpatient Consults, EMG, Injections & Pain Management) - 3 months
- Elective Rotations - 4 months
- Outpatient Rotation - 2 months

UNIVERSITY AT BUFFALO GRADUATE MEDICAL DENTAL EDUCATION (UBGMDE)

Buffalo, NY

FOR MORE INFO, CONTACT:

Thomas D. Polisoto, M.D.
Erie County Medical Center
462 Grider Street
Buffalo, NY 14215
716-898-3218 716-898-3652 fax
tpolisot@buffalo.edu

THOMAS D. POLISOTO, M.D.,

Program Director

The Physical Medicine & Rehabilitation (PM&R) residency training program at the State University of New York (SUNY) at Buffalo has been training physiatrists since 1971, and is fully accredited by the Residency Review Committee for PM&R. We provide a four year categorical training program, with PGY-1 entry via ERAS (Electronic Residency Application System). Strengths of our program include rotations to a variety of clinical training settings (e.g., trauma center, brain rehab center, spine rehab center, Childrens' Hospital with inpatient childrens' rehab unit, tertiary care academic health center, VAMC, community hospitals, subacute care facilities and various ambulatory care sites), an extensive physiatric faculty (23) with varied practice styles and areas of expertise providing one-on-one clinical training and supervision, a three month block of full-time electrodiagnostic (EMG) training with six months training equivalent overall, and enhanced educational opportunities via visiting faculty presentations and annual regional educational courses in electrodiagnosis and prosthetics/orthotics.

The PGY-1 year focuses on general medical knowledge and skills, and credentialing in basic procedures, in both inpatient and outpatient settings. The PGY-2 year involves inpatient rehabilitation patient management skills, while the PGY-3 and PGY-4 years concentrate on consultative evaluation and follow-up (inpatient and outpatient), ambulatory management of musculoskeletal and neuromuscular disorders, pediatric rehabilitation and electrodiagnostic testing.

A number of faculty are very active nationally, and SUNY at Buffalo is nationally and internationally recognized as the center for functional assessment and outcomes management (<http://www.udsmr.org>). We sponsor membership for our residents in both the American Academy of PM&R (AAPM&R, <http://www.aapmr.org>) and the Association of Academic Physiatrists (AAP, <http://www.physiatry.org>), which includes subscriptions to the Archives of PM&R and the American Journal of PM&R. Further information is available regarding SUNY at Buffalo at <http://www.buffalo.edu> as well as the Buffalo and Western New York region at <http://www.buffalo.com>.

5 FACTS:

- Variety of clinical training settings, with major emphasis on ambulatory care
- Extensive physiatric faculty (15) providing one-on-one clinical training and supervision
- Extensive electrodiagnostic (EMG) training, with a 3 month block of full-time training, and 6 month equivalent training overall
- Enhanced educational opportunities, with multiple visiting faculty presentations, and annual regional courses in electrodiagnosis and prosthetics/orthotics
- Four year categorical training program, with PGY-1 entry via ERAS

BAYLOR COLLEGE OF MEDICINE

Houston, TX

LARRY H. HOLLIER, Jr, M.D.,

Program Director

As a multi-institutional, integrated, six-year residency, the program is fully accredited by the Residency Review Committee for Plastic Surgery and the Accreditation Council for Graduate Medical Education (www.acgme.org). Enriched by its location in the Texas Medical Center, the largest medical complex in the world, it is considered one of the top U.S. plastic surgery residency programs. Currently, there are 12 full-time faculty, 40 clinical volunteer faculty, 18 plastic surgery residents, 2 hand residents (fellows), 2 PhD research scientists and 2 research fellows.

The program's high national and international standing reflects its wealth of clinical resources, research frontiers and dedicated teaching faculty, as well as its highly structured academic and clinical curriculum. During the six-year training period, residents receive 24 months of prerequisite general surgery training, 8 months of paraplasic surgery and 40 months in plastic surgery. Clinical rotations are performed at three private institutions: The Methodist Hospital, St. Luke's Episcopal Hospital, and Texas Children's Hospital, a nationally known and respected pediatric hospital. Public and government affiliations are with the Ben Taub General Hospital (a Level I trauma center), the Veterans Affairs Medical Center and the M. D. Anderson Cancer Center, one of the nation's leading cancer centers. In addition to receiving clinical training, residents are provided with opportunities to participate in basic and clinical science research.

The program is structured in blocks aimed at providing a strong foundation in the management of surgical patients with increasingly progressive responsibility according to the level of training, and knowledge and training in surgical subspecialties that are closely related to plastic surgery. The curriculum provides experience across all areas of the discipline, including anesthesiology, burn management, critical care medicine, emergency

FOR MORE INFO, CONTACT:

Baylor College of Medicine
Division of Plastic Surgery
6560 Fannin #800
Houston, TX 77030
713-798-6330 713-798-3806 fax
juliew@bcm.tmc.edu
www.debakeydepartmentofsurgery.org
www.bcm.tmc.edu

medicine, cardiothoracic surgery, general surgery, neurological surgery, oncologic surgery, orthopedic surgery, otolaryngology, pediatric surgery, trauma management and vascular surgery.

Residents are required to become competent in patient care, medical knowledge, practice-based learning, interpersonal skills, professionalism, and systems-based practice. Scholarly activities are strongly encouraged through educational conferences, abstract presentations and publication. Upon satisfactory completion of the six-year program, residents are among the most experienced in the country and are fully qualified to become board-eligible for certification by the American Board of Plastic Surgeons.

Each year, 25 to 30 applicants are chosen from a pool of about 200 for a vigorous and highly competitive interview process. Candidates with an MD/PhD are strongly encouraged to apply. Only applicants who are among the top in academic excellence, USMLE scores, and research interests are invited to interview. All candidates must participate in the National Resident Matching Program. Currently three positions are offered annually at the PGY-1 level.

Interested applicants are welcome to visit the website at www.debakeydepartmentofsurgery.org for further information. Click on Medical Education and Training - then Residency Training Programs - then Plastic Surgery. Additional questions may be answered by submitting email to the Plastic Surgery Education Office at juliew@bcm.tmc.edu or by calling (713) 798-6330.

UNIVERSITY OF COLORADO AT DENVER & HEALTH SCIENCES CENTER OCCUPATIONAL & ENVIRONMENTAL RESIDENCY PROGRAM

Denver, CO

FOR MORE INFO, CONTACT:

Kathryn Mueller, MD, MPH, FACEP, FACEOM
Occupational & Environmental Medicine Residency Program
UCHSC Preventive Medicine & Biometrics
4200 East 9th Avenue, B - 119
Denver, CO 80262
303-315-7605
kathryn.mueller@uchsc.edu

KATHRYN MUELLER, M.D., MPH,
Program Director

YEAR 1 - ORIENTATION

- Didactic Sessions
- Clinics
- Government Agencies
- Practicum Sites
- Industry Site Visits

ACADEMIC COURSES

- MSPH Degree

Bioterrorism, toxic agents, environmental hazards - are these areas of expertise you wish to include in your future medical practice? If so, you should consider becoming a boarded certified Occupational Medicine Physician. Our specialty is devoted to the prevention and management of occupational and environmental injury, illness and disability, and promotion of the health and productivity of workers, their families and communities.

The University of Colorado at Denver and Health Sciences Center Occupational and Environmental Residency Program is accredited as a two-year program to train physicians in Occupational and Environmental Medicine. Our faculty includes nationally known experts on beryllium, asbestos, heavy metals and musculoskeletal treatment guidelines.

The first year of the program is primarily focused on the Master of Science in Public Health, beginning with a seven week orientation course in July and followed by three quarters of academic coursework, including the MSPH core courses and a yearlong course in Occupational and Environmental Medicine with a problem-based approach. One day per week, clinical occupational and environmental cases are seen in the outpatient clinic at National Jewish Medical and Research Center (NJMRC), with multidisciplinary follow-up of worksite conditions, as appropriate. These experiences provide exposure to industrial hygiene and complex occupational and environmental medicine cases.

The second year focuses on practicum training and the completion of a thesis or publishable paper. Four months are spent at one to three occupational practicum sites. Additional practicum experiences are tailored to each resident's particular goals and usually include a government practicum. Practicum options change depending upon emerging problems and training needs. Toxicology, psychiatry, chronic pain management and labor union sites are always available.

We prefer applicants with prior Internal Medicine and Family Practice Training.

ROTATION SCHEDULE

CLINICAL PRACTICUM

- 1 day per week
- National Jewish
- Occupational clinics

YEAR 2

- Thesis/Publishable Paper

PRACTICUM ROTATIONS - OCCUPATIONAL

- Denver Health and Hospitals
- Denver International Airport
- Occupational Medicine Physicians of Colorado

GOVERNMENT

- Colorado Department of Health
- Colorado Department of Labor
- National Institute of Occupational Safety & Health

OTHER

- National Jewish Medical & Research Center
- Airline Pilot Association Union
- Multiple speciality sites are available including pain clinics, physiatric outpatient practices, traumatic brain injury care & others

PALM BEACH COUNTY PUBLIC HEALTH UNIT PROGRAM

West Palm Beach, FL

FOR MORE INFO, CONTACT:

Palm Beach County Health Dept.
Jean M. Malecki, MD
PO Box 29
West Palm Beach, FL 33402
561-355-3120 561-355-3165 fax
Jean_Malecki@doh.state.fl.us
www.PBCHD.com

JEAN M. MALECKI, M.D.,
Program Director

FACTS AT A GLANCE

- The residency is dually accredited by ACGME and AOA. All residents completing the program are eligible to sit for the preventive medicine boards.
- Residents are given two years to compete the MPH that is provided as part of the residency
- Clinic rotations occur in the Palm Beach County Health Department or the West Palm Beach VA Hospital
- The practicum year (PGY3) occurs at the PBCHD and encompasses all aspects of public health and its administration

The Palm Beach County Health Department (PBCHD) has a long history of developing new and innovative programs to meet the needs of its communities.

Accredited since 1956, our Preventive Medicine/Public Health Residency Program offers a valuable learning opportunity to develop and increase physician competencies in public health practice, program planning and administration. Our goal is to train physicians who have an understanding of the importance of public health and preventive medicine. We train the public health leaders of the future.

We currently have six residency positions. We encourage a mix of physicians including mid-career changes, existing public health physicians and recent graduates of medical schools that have a post-graduate year (PGY1).

The residency program is affiliated with Nova Southeastern University College of Osteopathic Medicine. Residents in the Residency Program are employed through (NSU-COM). The school is responsible for salary, benefits, and other employer obligations. The Palm Beach County Health Department is responsible for all educational aspects of the residency while NSU provides the residents an opportunity to complete their Master of Public Health (MPH), which is a requirement of the residency. The program is open to osteopathic and allopathic physicians.

The Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association accredits our residency program. Allopathic (MD) residents who successfully complete the program are eligible to sit for the certifying examination given by the American Board of Preventive Medicine. Osteopathic (DO) residents who successfully complete the program are eligible to sit for the certifying examination given by the American Osteopathic Board of Occupational and Preventive Medicine.

PBCHD currently has 15 physicians on staff that completed the residency. Additionally, a former Secretary of the Florida Department of Health, a former Assistant County Health Officer and the current Director of the PBCHD are all graduates of our residency. The last group that graduated took leadership positions in preventive medicine and/or public health.

We hope you will become familiar with our residency program.

Please contact Jean M. Malecki, M.D., MPH, FACPM, Program Director or Susanne Casey, Program Administrator for additional information at (561) 355-3120 or (561) 355-3132 respectively. You can find more information about the residency at www.pbchd.com under the Medical Residency Link.

ROTATION SCHEDULE

PGY2

- Clinic Rotations
- M.P.H. classes
- TB Clinical Course
- HIV/AIDS/STD/TB Rotation
- Special Project/Elective
- A.G. Holley TB Rotation

PGY3-PRACTICUM

- Administration
- Epidemiology
- Environmental Health & Engineering
- Information Technology
- Chemical Dependency

- Behavioral Health
- Occupational Medicine
- Dental Health
- MPH Classes
- Research/Electives

THE INSTITUTE OF LIVING/HARTFORD HOSPITAL

Hartford, CT

FOR MORE INFO, CONTACT:

Institute of Living/Hartford Hospital
Sandy Tolisano, Residency Coordinator
200 Retreat Avenue
Hartford, CT 06106
860-545-7183
stolis@harthosp.org

ADRIENNE BENTMAN, M.D.,



Director of
Residency
Training

PGY-1

- 4 months primary care medicine (internal medicine/pediatrics)
- 3 months inpatient psychiatry
- 2 months each neurology and inpatient psychiatry (biopsychosocial concentration)
- 1 month addictions

PGY-2

- 4 months inpatient psychiatry
- 2 months each child and adolescent, geriatric, and consultation/liaison psychiatry
- 1 month each emergency psychiatry/crisis intervention and inpatient psychiatry (teaching and supervisory concentration)
- 12 months outpatient psychiatry (10%)

PGY-3

- 12 months outpatient psychiatry (80%)
- 12 months community psychiatry (20%)

PGY-4

- 6 months service chief (90%) and outpatient psychiatry (10%)
- 6 months electives/research (90%) and outpatient psychiatry (10%)

ROTATION SCHEDULE

UPSTATE MEDICAL UNIVERSITY

Syracuse, NY

FOR MORE INFO, CONTACT:

SUNY Upstate Medical University
John Manning, MD, Program Director
Noreen Lannon, Residency Coordinator
750 E Adams St.
Syracuse, NY 13210
315-464-3106
315-464-3163 fax
Lannonn@upstate.edu

JOHN MANNING, M.D.,



Program
Director

PGY-1

- 5 months: Inpatient Psychiatry
- 3 months: Internal Medicine
- 2 months: Neurology
- 1 month: Emergency Medicine
- 1 month: Emergency Psychiatry

PGY-2

- 6 months: Inpatient Psychiatry
- 2 months: Substance Abuse
- 2 months: Consultation Liaison Psychiatry
- 2 months: Triage Psychiatry

PGY-3

- 12 months (P/T): Outpatient Clinic
- 12 months (P/T): Child Psychiatry
- 12 months (P/T): Electives

PGY-4

- 12 months (P/T): Outpatient Clinic
- 12 months (P/T): Electives
- 2 months: Geriatrics
- 1 month: Forensics

ROTATION SCHEDULE

ABOUT THE PROGRAM

The 180-year-old Institute of Living is a psychiatric landmark and one of the country's leading mental health centers. The third mental health facility established in the U.S., it is today part of a nationally recognized medical complex anchored by Hartford Hospital, the largest hospital in Connecticut. The Institute is home to the Olin Neuropsychiatry Research Center, a state-of-the-art facility conducting leading-edge research in schizophrenia and related severe psychiatric disorders. The Institute has a proud tradition of psychiatric education dating back to the mid-20th century, and our faculty and graduates are accomplished and respected figures in the profession.

PHILOSOPHY OF TRAINING

Our goal is to educate residents in the full array of mental health therapies through a curriculum that recognizes the dynamic connection between psychotherapy and neuropsychiatry. Residents gain knowledge and experience in providing a full spectrum of services to patients of all ages and backgrounds and with a broad array of disorders. Participants learn from nationally prominent professionals in a community committed to incorporating into diagnosis and treatment the familial, social, spiritual and cultural factors that are part of each person's mental and emotional experience.

We are pluralistic in our approach to psychiatry, offering superior learning experiences in both the biological and psychological approaches, believing that often these treatments need to be integrated for the best patient care. A unique feature of our residency program is the rich availability of classes and seminars. While you will experience patient care at every residency program, few offer as many opportunities to study directly with faculty. In addition we have a richly developed research program which has led to one of the highest rates of resident publications in the country.

We have also launched an innovative new program which fully integrates a Masters in Public Administration degree (MPA) into our standard four year residency in Psychiatry. In this optional program you will be dually enrolled at Syracuse University's Maxwell School of Citizenship and Public Affairs which has consistently been rated as the best graduate school in the country for public administration.

... And, we trace our roots to the graduation of the nation's first woman physician, Elizabeth Blackwell, M.D. in 1849!

Experience the very special warmth and excitement offered by our residency program here at the crossroads of Central New York - Syracuse!

MEDICAL COLLEGE OF WISCONSIN

Milwaukee, WI

FACTS AT A GLANCE

- No overnight on-call during psychiatry rotations in the PGY-I year and twice monthly overnight call in the second and third training year
- Three month blocks of rotations in the PGY-I year permits, at most, only 3 consecutive months away from psychiatry
- Outpatient training in the PGY-II year, including time on one of only a handful of separate psychotherapy services nationwide
- Neurology outpatient clinics for part of the neurology requirement
- Elective research opportunities in a department ranked 23rd in the nation among medical school affiliated psychiatry departments receiving NIH funding

ROTATION SCHEDULE

PGY-I

- 3 months primary care (family or internal medicine)
- 3 months inpatient psychiatry
- 1 month emergency medicine
- 1 month addiction psychiatry
- 1 month inpatient neurology

PGY-II

- 12 months outpatient psychiatry including adult, child, and geriatric patients

PGY-III

- 3 months inpatient psychiatry
- 2 months child and adolescent inpatient psychiatry
- 1 month community and walk-in clinic
- 6 months 65% consultation-liaison with remainder in cognitive-behavior therapy, community support, and outpatient continuity follow-up

PGY-IV

- 12 months ½ day per week neurology outpatient clinic and ½ day per week minimum outpatient continuity follow-up. Remainder electives



JON LEHRMANN, M.D.,
Program Director

The Psychiatry Residency Education Program at the Medical College of Wisconsin Affiliated Hospitals welcomes your interest in our program.

To quote our new Chair, Laura Roberts, M.D., "Our residency program is committed to producing capable and compassionate psychiatrists who possess the suite of knowledge, skills, and personal strengths needed in providing effective and ethical care for persons with mental illness. Our approach is one that is informed by the multi-theoretical foundation of psychiatry, grounded in evidence derived from varied forms of inquiry ranging from basic neuroscience to social science, and guided by the insights of wise and dedicated multidisciplinary clinicians over generations.

Most importantly, we believe that to become a fine psychiatrist one must be a whole, self-observing, always-learning, and always-developing person. Our commitment to this belief is reflected in the respect and regard we demonstrate to our residents each day, and it is seen in the features of our program that support sustained personal and professional growth. In these ways, we endeavor to train future clinicians, teachers, scholars, and leaders in psychiatry."

We believe our program offers some unique features that make for user friendly training. In the PGY-I year we divide the services into three month blocks. If a resident begins the year on medicine in July, he or she will begin inpatient psychiatry in October and vice versa. Thus, the longest time a resident is away from psychiatry during the first year is three months. We also require no overnight on-call while on psychiatry rotations during this year with training call running from 6 pm to 10 pm.

We are one of only a few programs nationwide which schedules its outpatient year during the PGY-II year. This year includes significant time on a dedicated psychotherapy service, another rarity among psychiatry residencies. Placing the outpatient training in the second year facilitates residents following and treating some patients for three years while also permitting residents to return to inpatient duties in the PGY-III year prepared to take on a team leadership role.

FOR MORE INFO, CONTACT:

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www.mcw.edu/psych

We fulfill the neurology requirement with both an inpatient rotation in the first year and an outpatient neurology clinic throughout the fourth year. The yearlong rotation integrates neurological assessment skills in the residents' clinical repertoire while providing a greater diversity of patients than a one month inpatient rotation can provide.

Our psychiatric emergency service is one of the busiest in the country, with over 12,000 visits annually. Two residents and one attending psychiatrist provide the in-house call, spelling each other for several hours of sleep nightly. Residents take overnight call twice a month during their PGY-II and PGY-III years.

Our department ranks 23rd among medical school affiliated Psychiatry Departments in NIH funded research. We lead diverse scientific activities, encompassing psychosocial intervention studies, clinical research, psychopharmacology trials, neuro-imaging and basic science projects, and evidence-based ethics studies. Residents may elect to participate in many of these projects.

Both our fully accredited child and adolescent training program and forensic psychiatry fellowship will soon be joined by sub-specialty training in psychosomatic medicine, addiction psychiatry and geropsychiatry.

With over 200 medical students per class, there are abundant opportunities to teach, both in small group settings and on various clinical rotations.

Finally, Milwaukee provides an excellent quality of life including a symphony, repertory and other theater groups, professional sports, and ethnic and music festivals. A reasonable cost of living permits some residents to purchase their own homes.

I hope I have intrigued you sufficiently for you to want to learn more about our program. Please contact us for more information. We would like to have you visit and see for yourself.

YALE-NEW HAVEN MEDICAL CENTER

New Haven, CT

FACTS AT A GLANCE

- Broad range of surgical experience at 3 integrated hospitals
- 80 hour week, 1 in 7 off, mostly q4 call
- Dynamic new chairman and growing department
- Five categorical residents per year
- Academic program offering research opportunities

ROTATION SCHEDULE

12 ROTATIONS

- 4 General Surgery
- 1 Intensive Care Unit
- 1 Burn Unit
- 1 Vascular
- 1 Transplant
- 1 Pediatric Surgery
- 1 Plastic Surgery
- 1 Urology
- 1 ENT

12 ROTATIONS

- 5 General Surgery
- 2 Trauma Surgery
- 1 Transplant
- 1 Cardiothoracic
- 2 Intensive Care Unit
- 1 Vascular

7 ROTATIONS

- 3 General Surgery
- 2 Trauma Surgery
- 1 Vascular
- 1 Pediatric Surgery

5 ROTATIONS

- 2 General Surgery
- 2 Trauma Surgery
- 1 Transplant

5 ROTATIONS

- 5 General Surgery



WALTER LONGO, M.D.,
Program Director

The mission of the General Surgery residency at Yale is to provide superior clinical and academic training to our residents to prepare them to be the surgical leaders and educators of the future.

The General Surgery Residency at Yale-New Haven Medical Center is a five to seven year academic program, accredited by the ACGME, which emphasizes broad clinical training and scholarly activities. Most of our residents conduct laboratory research for two years under the mentorship of one of our faculty members. Clinical rotations take place in 3 different hospitals to assure a wide variety and depth of surgical experience. Yale has one of the largest endocrine surgical services in the country under the leadership of our dynamic new chairman, Dr. Robert Udelsman, and sections of gastrointestinal surgery, oncology and trauma/critical care are all strong. There is ample experience in surgical specialties, including vascular, pediatric, transplantation and plastic surgery. Dr. Udelsman has hired seven new faculty members in the past year to augment our dedicated full time faculty, which now numbers more than sixty surgeons.

The Yale program is academically oriented and favors students who have had excellent records in medical school. We look for high achievement in the surgical clerkship and strong letters of recommendation from the Dean and at least three other faculty members, two of which must be surgeons. There is no minimum USMLE score. The personal interview is an important opportunity for students to learn firsthand the particular strengths of the Department, to experience the atmosphere, and to meet our enthusiastic residents. Substantial numbers of women and minorities have completed our training program over the past 25 years. International medical graduates are welcome to apply. All applications must be through the ERAS program. Yale surgery residents have been extraordinarily success-

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<http://yalesurgery.med.yale.edu>

ful. Ninety percent pursue additional fellowship training and most go to their first or second choice program. More than two thirds then continue in an academic career.

The Yale program is at the forefront of changes in work hours and environment mandated by regulatory bodies. Residents work no more than 80 hours per week, have at least one day in seven off duty and generally every fourth night on call. New Haven is an attractive and vibrant city with superb cultural opportunities including world class museums and a wide array of theatrical and musical venues. Recreational choices include boating on Long Island Sound, and hiking, canoeing and skiing both in Connecticut and the more northern parts of New England, which are only a few hours away. New York City can be reached in less than two hours. We hope you will include us in your plans for applications and interviews.

HURON HOSPITAL

Cleveland, OH

FOR MORE INFO, CONTACT:

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 Laura Tripepi
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 ltripepi@cchseast.org
 www.huronhospital.org

RAPHAEL S. CHUNG, M.D.,
 Program Director

FACTS AT A GLANCE

- Intensive teaching and supervision with daily teaching conferences
- One-on-one teaching by faculty, with very high % of continuity of patient care for accountability and responsibility, and for getting feedback, essential in adult learning
- Average of 900 operations as chief surgeon in 5 years; with 200+ during the 5th
- Open system of management, from recruitment to rotations to program improvements, resident input is a tradition

The Huron Hospital Surgery Residency Program is a fully accredited program designed to train clinical surgeons. Although Huron is one of the Cleveland Clinic's nine hospitals, the surgery program is an independent program.

Of the principal components of general surgery adequately covered in the program, Surgical endoscopy and trauma and critical care are especially strong. As a level 2 trauma center located in a high crime area, penetrating trauma averaged 30% of trauma admissions, highest in Northeast Ohio. Clinical research exists as a culture: research projects are generated and pursued in the course of patient care, journal clubs, teaching conferences and ward rounds.

The program is approved for two categorical positions and four preliminary (non-designated, PGY 1) per year. Resident selection is exclusively through NRMP. The Surgery Program is looking for candidates with the best mutual fit, for which full open truthful exchange of critical information between the program and applicant is essential. The minimum qualification is strong motivation and high scholastic achievement.

The volume and complexity of the residents' cases are constantly monitored, the graded tasks are geared to the specific aptitude and level of training through assignment by the chief resident. For the past 3 years each graduate logged about 900 cases as chief surgeon, with only 200+ during the chief year, supporting the program's claim that residents operate at all levels, not just the chief year.

The junior residents takes calls one night out of four or five; while the senior not more often than one out of three, meeting the latest guidelines of ACGME for work hours. Daily teaching conferences are not scheduled for Saturdays to maximize the quality of week-end off-time. Salaries are competitive within the city of Cleveland.

The distinguishing characteristic of the program is that it is modeled after the high performance work system, with close involvement of the faculty in supervision and teaching, and the residents are actively involved in program administration design, and improvement. As a result, a strong team spirit exists in all rotations, and daily learning and working is a joy, making the intensive training years seem short.

ROTATION SCHEDULE

PGY-1

- General & Vascular Surgery at Huron - 4 months
- General & Vascular Surgery at Hillcrest - 4 months
- ER - 1 month
- Anesthesia - 1 month
- ICU - 2 months

PGY-2

- SICU - 3 months

• Transplant Unit - 1 month

- CT Surgery - 2 months
- General Surgery at Robinson Memorial - 6 months

PGY-3

- General Surgery at Robinson Memorial - 6 months
- Pediatric Surgery - 3 months
- General & Vascular Surgery at Huron - 3 months

PGY-4

- General & Vascular Surgery at Huron - 9 months
- Subspecialties - 3 months

PGY-5

- General & Vascular Surgery at Huron - 6 months
- General & Vascular Surgery at Hillcrest - 6 months

UNIVERSITY OF VIRGINIA

Charlottesville, VA

FOR MORE INFO, CONTACT:

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 UVA Health System
 Charlottesville, VA 22908-0681
 Stm5q@virginia.edu

Welcome to the University of Virginia!

We are pleased to announce that the RRC has awarded our program an additional categorical position! This 5th opening at all levels attests to the excellent training our residents receive and the confidence the RRC has in our educational standards.

At UVA, we stress the overall education of the complete general surgeon, with emphasis on outpatient evaluation in the clinic, technical skills training in the operating room, post-operative follow-up of the surgical patient, development of good interpersonal skills with patients and their families, and the ability to analyze data critically and carry out investigative studies. We make education a product rather than a by-product of our program.

Our curriculum is particularly strong in new technology, minimally invasive procedures, flexible endoscopy, vascular, endocrine, thoracic, hepatobiliary, and pediatric surgery in terms of case experience relative to other programs. Close faculty/resident relations are a hallmark of our program as is resident empowerment to help determine curriculum and schedule changes.

Come visit the historic Grounds of Thomas Jefferson's University. Charlottesville's setting in the beautiful piedmont of the Blue Ridge Mountains invites year-round exploration. We are eager to welcome you!

- Bruce Schirmer, M.D., Stephen H. Watts Professor of Surgery, Surgery Residency Program Director

LOUISIANA STATE UNIVERSITY OF MEDICINE

New Orleans, LA

FOR MORE INFO, CONTACT:

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 www.medschool.lsuhs.edu/Surgery/gen

We are delighted that you are interested in the training programs at LSU Health Science Center. Residency training is offered in general surgery (5 years), plastic surgery (2 years following completion of 4-5 years of general surgery, and vascular surgery (1 year following completion of 5 years of general surgery).

We invite you to explore our newly created web site. Please note that all applications for July must be submitted through ERAS (the Electronic Residency Application Service).

Residency training at LSU in New Orleans offers each house officer early autonomy and operative experience as well as a vast array of surgical procedures including extensive experience in trauma and critical care.

We look forward to hearing from you. Please note that all applications are reviewed by an application selection committee and interviews are by invitation only.

FACTS:

- Diverse training experience at a legendary hospital - Charity Hospital in New Orleans
- Ability to spend time living in one of the most unique cities in the United States
- Residency program with a strong esprit de corps
- Research opportunities in both clinical and basic science
- A caring Chairman who is well known and well respected around the country

UNIVERSITY OF PENNSYLVANIA

Philadelphia, PA

FACTS AT A GLANCE

- 4 Year Program in Urology
- 1 Preliminary Year in General Surgery
- Large metropolitan tertiary care facility
- Outstanding clinical experience in all aspects of Urology
- Opportunity for basic science and clinical research with excellent track record of placing residents in highly competitive fellowships

ROTATION SCHEDULE

PGY-1

- 12 months General Surgery tailored to Urology (Includes rotations in Vascular, ICU, Oncologic and General Surgery)

PGY-2

- 4 months at PH
- 4 months at HUP
- 2 months at CHOP
- 1 month Uroradiology
- 1 month HUP Outpatient Clinic

PGY-3

- 4 months at HUP
- 4 months HUP Outpatient Clinic
- 4 months at PH

PGY-4

- 4 months at HUP
- 4 months at PVAMC
- 4 months at CHOP

PGY-5

- 4 months at HUP
- 4 months at PVAMC
- 4 months at PH

ALAN J. WEIN, M.D.,

Program Director

The residency in Urology at the University of Pennsylvania School of Medicine consists of a four year non-pyramidal program with rotations at the Hospital of the University of Pennsylvania (HUP) and the following affiliated hospitals: The Pennsylvania Hospital (PH), The Veterans Administration Medical Center (PVAMC) and The Children's Hospital of Philadelphia (CHOP). Rotations, generally of four months duration, are arranged to provide each resident with a total of 12 months of adult urology chief residency and four months of pediatric chief residency.

To satisfy the requirements of the American Board of Urology, one of a variety of configurations of postgraduate training must be completed prior to the clinical urology residency. We are currently in a full match program with the Department of General Surgery at the Hospital of the University of Pennsylvania, a program which includes one year of surgery and four years of urology. The year of surgery is one which has been tailored to our needs.

The teaching program in urology includes a heavy exposure to in and outpatient urology in all affiliated hospitals, with an ample didactic teaching conference schedule. In addition each hospital holds a weekly case management (preoperative) and continuity of care conference. Additionally, the following conferences are held monthly: Surgical Pathology (1 hour) and Journal Club (3 hours). Generally, three formal visiting professorships are held every year (one-day program), in addition to which there are three to five visiting lecturers and one to three short courses with a visiting faculty on commonly encountered urologic topics.

Each resident is sent at departmental expense to the AUA-sponsored Basic Science Conference during the first clinical year and is generally sent to a course in laparoscopic surgery and laser surgery as well.

We participate in the Electronic Residency Application System (ERAS). We require an application, transcripts, USMLE scores, 3-4 reference letters and the Dean's Letter. We welcome and encourage anyone with special interest in the program, and for whom it is feasible, to take a clinical elective of any duration some time in the summer, fall or winter. This will enable you to better evaluate our program and permit a better evaluation of you by our staff. If you would like to arrange such an elective, you may do it through the Office of Curriculum Counseling.

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We participate in the Urology Match Program sponsored by the American Urological Association Office of Education. It will be necessary for you to apply to this for a Match number as well as to the NRMP Program and obtain a Match number from them likewise. It is not necessary for you to apply separately to the Department of General Surgery for the year of postgraduate training. The Urology Match is held well prior to the NRMP Match, usually in early January. After the selections have been made for the Urology Match, we will list only those individuals whom we have matched on the NRMP list. Those who have been selected through the Urology Match can then put down only this program on their NRMP list. It is necessary to go through both Match programs.

The Hospital of the University of Pennsylvania is one of the oldest hospitals in the United States. The Pennsylvania Hospital across town is, in fact, the first hospital in the United States. The Urology Program provides a well-rounded clinical experience in all aspects of Urology. Residents who have completed our program have recently taken on fellowships in Pediatric Urology, Reconstructive Urology, Female Urology, Infertility, and Oncology. Approximately 1-2 out of 3 residents per year choose to enter private practice although this is variable on a year to year basis.

An active clinical and basic science research atmosphere exists during residency. Although no separate and protected "laboratory time" is provided, residents are encouraged to do clinical research in any area of interest. Residents with accepted abstracts at national meetings are encouraged to attend these meetings and support for travel, meals and accommodations are provided by the department. In-depth basic science laboratory research in the fields of oncology (bladder, prostate and kidney) as well as in the mechanisms of smooth muscle physiology, pharmacology and molecular biology are well represented by NIH funded laboratories. Residents participate in these laboratories on a variable basis.

Philadelphia is the 5th largest city in the United States. As such, it has all the cultural opportunities that one would expect to find in a metropolitan area of this size including a major nationally-recognized orchestra, a variety of art museums, and representation of all professional sporting events. The quality of life in Philadelphia is exceptional with a cost of living significantly less than other major metropolitan areas in the United States.

PROGRAM DIRECTOR SURVEY

YOUR QUESTIONS ANSWERED BY RESIDENCY PROGRAM DIRECTORS

We asked current medical students to tell us what they wish they could ask about residency programs, then posed these questions to program directors from several different specialties. Excerpts are below.

**Wolfgang Rennert, M.D.,
D.M.S.C., DTM+H,**
Pediatrics Residency Program Director,
Georgetown University Hospital

Q. "(When you evaluate applicants,) how much weight is placed respectively on grades, step 1 & 2 scores, CS and finally letters of reference?"
Grades and exam scores make up about 25%, letters another 25% and the interview itself 50% of our applicant review score.

Q. "Does your program realistically consider osteopathic students (D.O.'s)? If so, is the USMLE required to be ranked or would the COMLEX suffice? Have you accepted DO's before? What has been your impression of those DO's?"
We do consider DO candidates. The COMLEX scores suffice. We have currently 2 DO's in the program and we are very happy with them.

Q. "Would you care about the marriage status of a candidate, such as married with or without children?"
The marriage status does not really matter in an application. On the other side we try to help couples in the couples match as much as we can. We also find that pediatric residents who have children are somewhat more experienced in dealing with anxious families.

Q. "(What) optional learning opportunities are available to your residents (e.g., subspecialty electives, infectious disease rounds, research projects, etc.)?"
Residents get a lot of options at Georgetown University. At least 4 rotations are designed as electives. Two of these can be spent on subspecialty rotations anywhere in the world. As a matter of fact we are in the process of establishing an "overseas rotation" for 3rd year residents who are interested in medicine practiced in the developing world. We also give residents the choice between a community track (with a second half day of continuity clinic in an urban inner city environment) and a research track (with half a day per week over 2 years dedicated to research under the supervision of a research faculty member).

Martin E. Weisse, M.D.
Director, Pediatric Residency Program
West Virginia University School of Medicine

Q. "(When you evaluate applicants,) how much weight is placed respectively on grades, step 1 & 2 scores, CS and finally letters of reference?"
MS1 and MS2 grades don't receive much weight at all, but MS3 evaluations are important. We look at USMLE 2 > USMLE 1. For non-AAMC graduates we

look for 2 digit scores >85 for both as surrogate for good medical school performance. I regard USMLE performance as an indicator of possibility of eventually passing ABP exam (if it takes 3 or more tries to pass USMLE, there is low chance of eventually being a board-certified pediatrician).

LOR that are usual ("Good student, nice person, works hard") without much personal touch neither help nor harm. Personal, exceptional letters help, and ho-hum letters can hurt. This is why we do not require LOR from Department Chairs- I don't find these helpful unless they are personal. When students are soliciting LOR, they should feel free to ask "Can you write me a good letter?" and if the answer is not enthusiastic, they should ask "Can you advise me on who else I can ask?"

Q. "How do you tend to regard older applicants who have made a career change? What advice would you give such applicants regarding choice of programs or even specialties?"
Older, "non-traditional" applicants are in our pantheon of "best residents ever", so we welcome them. We have had "older" residents finish residency and go on to fellowships such as PICU, Neuro, Nephrology, Adolescent as well as General Peds practice.

Q. "What concerns you the most during an interview?"
Impoliteness to secretaries, administrators, etc.; a condescending attitude; an emphasis on how much free-time they should expect- these are probably the big ones.

Q. "What other benefits (not medical/dental/optical) such as free meals, access to car service, access to physical fitness facilities, laundry, etc. does your program offer?"
There is a meal card for use in the hospital cafeteria/coffee shop based on number of days on call. Most residents do not/cannot use all their allotment for the month. There is an awesome Rec Center on the WVU Campus (about 2 blocks from the Med Center) that residents are eligible to use, and most take advantage of this.

Pediatric Residency Program in a Northeast Urban Region

Q. "Does your program realistically consider osteopathic students (D.O.'s)? If so, is the USMLE required to be ranked or would the COMLEX suffice? Have you accepted DO's before? What has been your impression of those DO's?"
Absolutely. COMPLEX is fine. We have had an average of one DO per year (out of 12) and have nothing but positive things to say about each of them. Many have

gone on to get excellent fellowship positions in top programs.

Q. "(What) optional learning opportunities are available to your residents?"
We give them one "call free" month in their third year which also allows them to do away electives. Several residents have used this time for medical missions, etc. One other option is that residents are allowed to choose private practices OR the hospital clinic for their three-year continuity clinic assignments.

Q. "What other benefits (not medical/dental/optical) such as free meals, access to car service, access to physical fitness facilities, laundry, etc. does your program offer?"
Residents are given free meal allowance for overnight calls. The University has a fitness center with a pool that residents can join for a minimal fee. We give residents \$500 of book allowance money over the three years they are here. On occasion, we also make theater/symphony and other cultural event tickets available to them for free.

Janara J. Huff, M.D.
Pediatrics Program Director
UTCOM-Chattanooga

Q. "(When you evaluate applicants,) how much weight is placed respectively on grades, step 1 & 2 scores, CS and finally letters of reference?"
I take all of the above into consideration. We do not have an exclusionary cut-off for test scores. For example a person might have failed USMLE 1 and still be a good candidate if they did well on their clinical rotations, passed USMLE 2 and had supportive letters. I have certainly seen excellent physicians develop from medical students with poor basic science grades.

Q. "How do you tend to regard older applicants who have made a career change? What advice would you give such applicants regarding choice of programs or even specialties?"
I find people in second careers very interesting and do not use age in my equation for ranking. Family responsibilities may dictate what programs these applicants look at--for example quality of school system or available daycare on campus may be important.

Q. "What concerns you the most during an interview?"
Most people find me very easy going and approachable so applicants who are difficult to talk to, have no questions to show some interest in the program or who respond with very brief answers that leave me with the burden of talking for the

whole interview make me concerned they may have communication problems that will handicap them during their residency.

Q. "(What) optional learning opportunities are available to your residents?"

All of our pediatric residents have to participate in some scholarly activity project. This is done in conjunction with a faculty member and can be a group project. It can include a questionnaire type activity, grant proposal, grand rounds type presentation, case report or series, clinical research project either chart review or prospective and several other things. Community projects or community education activities are also expected and the residents enjoy these activities.

As far as electives are concerned, we have all subspecialties represented at the children's hospital except rheumatology and an elective can be arranged in this specialty. Electives can also involve overseas rotations, mission trips with a faculty, working in a rural solo practice and other unique events. We have some learning opportunities which are also social events, such as Zitelli's Club, where faculty host a dinner and quiz session.

Q. "How is the schedule designed so that the resident(s) do not burn out from the long hours?" "How does your hospital plan to comply with the new limits on residents hours? Specifically, are you hiring additional residents or just shifting the workload and hours for coverage?"

We are 100% compliant with the work hour rules. This residency is run with the residents' education in mind and not how much work we can get out of them. For example, we have an inpatient admission cap for interns, reduced number of shifts in the ED compared to other programs and mandate for all residents to attend all conferences unless there is a patient care emergency in which case the third years take care of the patient and the PGY1s and 2s go to conference.

Q. "What technology is offered by your residency? What type of computer software is used by residents? How are most patient notes written, via computer or by hand? Is all patient information computerized?"

We have computerized dictations, radiology reports, labs and pathology reports. The PICU and NICU also have computerized progress notes but the ward and outpt have hand written progress notes. Residents all have PDAs.

Q. "What other benefits (not medical/ dental/optical) such as free meals, access to car service, access to physical fitness facilities, laundry, etc. does your program offer?"

Residents may eat 24/7 for free. They are provided with free parking, lab coat laundry, \$250 book allowance, \$1500 conference allowance and discounts at the fitness center. The benefits package is substantial.

Military Pediatrics Residency Program in the Southern Region

Q. "(When you evaluate applicants,) how much weight is placed respectively on grades, step 1 & 2 scores, CS and finally letters of reference?" Grades in medical school (if available-many are pass/fail which doesn't stratify students as much) are helpful. I place

more on step 2 than step 1. CS and letters of reference are helpful, though most letters are glowing for everyone. I like to see that the person has well thought out their career path and have solid reasons for and reasonable expectations of pediatrics.

Q. "How do you tend to regard older applicants who have made a career change? What advice would you give such applicants regarding choice of programs or even specialties?"

I applaud older applicants for doing what they want. However, I would want them to know that once in residency, in a sense, the playing field is even and I'd want to make certain that the person wasn't rigid or unwilling to be "lead" by younger individuals who are senior to them in medicine. I would expect them to put forth the same effort and energy as their younger counterparts.

Q. "Would you care about the marriage status of a candidate, such as married with or without children?" Marriage status does not matter. I find that single people are more flexible with their schedule which is a plus, but often singles are less mature in a sense (gross stereotype). Marriage and certainly kids demands a certain amount of responsibility and forces a certain amount of maturity (if you do it right).

Q. "Can residents at your program select to do their own residency pathway?"

Our residents have a lot of flexibility with respect to subspecialty rotations (can even do two months in a preferred field) but do not have the option of a selected pathway different than their peers.

Q. "What other benefits does your program offer?"

In the military, our residents receive a salary which is generally a bit higher than those in civilian residencies. Our residents receive all military "perks" including using military facilities and "free" access to healthcare for themselves and their family.

Robert W. Block, M.D., F.A.A.P.

*Pediatrics Residency Program Director,
Univ. of Oklahoma College of Medicine - Tulsa*

Q. "(When you evaluate applicants,) how much weight is placed respectively on grades, step 1 & 2 scores, CS and finally letters of reference?"

Step scores are important because they document ability to succeed with objective testing. Letters of reference are only important if they are unique, and provide specific information about a candidate. Grades are not as important as interviewing skills, clinical knowledge and work ethic.

Q. "How do you tend to regard older applicants who have made a career change? What advice would you give such applicants?"

Older applicants are welcomed because they represent a diversity of experiences that can make a residency program stronger. I recommend older candidates, and non-traditional students apply to smaller programs that demonstrate flexibility to better meet their specific needs.

Q. "(What) optional learning opportunities are available to your residents?"

Optional learning: Child abuse and neglect in a University Center of Excellence; Board Review conferences; Subspecialty electives in all traditional subspecialties, most being preceptorship style; and an

International study month.

Q. "What technology is offered by your residency? What type of computer software is used by residents? How are most patient notes written, via computer or by hand? Is all patient information computerized?"

The wards use partial EMR. The clinic is still using paper charts, but an EMR system is planned. All residents are given a hand-held computer to use as they see fit, with an account for software. The recent addition of two bioinformatics trained faculty will assist in this area.

Pediatrics Residency Program in Midwest Suburban Region

Q. "How do you tend to regard older applicants who have made a career change? What advice would you give such applicants?"

They are regarded in a similar manner as regular applicants, they don't get dinged for age or for change in career. Change in specialties is a different issue as there is only some money allocated for GME training and the institution takes a very hard line on funding of positions.

Q. "How is the schedule designed so that the resident(s) do not burn out from the long hours?" "How does your hospital plan to comply with the new limits on residents hours?"

There is now the 80-hour regulation to prevent burnout so hours are not long anymore. We have designed a mole system to cover the senior responsibilities so that there is NO educational compromise for the other residents.

University of Michigan Pediatrics Residency Program

Q. "(When you evaluate applicants,) how much weight is placed respectively on grades, step 1 & 2 scores, CS and finally letters of reference?"

The applicant's academic record (including grades), step 1 and 2 scores are given some weight, especially in the decision to offer an interview. The letters of reference are useful - especially if constructed like a departmental MSPE - which some are.

Q. "Does your program realistically consider osteopathic students (D.O.'s)? If so, is the USMLE required to be ranked or would the COMLEX suffice? Have you accepted DO's before? What has been your impression of those DO's?"

Yes, we do require USMLE exams, however, we have accepted DO students before and they have done very well.

Q. "How is the schedule designed so that the resident(s) do not burn out from the long hours?" "How does your hospital plan to comply with the new limits on residents hours?"

Our institution will not tolerate less than full compliance with duty hours. We will shortly attain this goal. This has been accomplished by hiring resident assistants (to off load much of the clerical duties), hiring extra Hospitalists, buying more computers, changing shifts, decreasing coverage in some areas, etc. We have also added residents in the last five years. We are constantly monitoring duty hours and the quality of life for our residents. We check schedules to be sure we are not scheduling a resident back to back with several difficult months.

Pediatrics Residency Program in a Northeast Urban Region

Q. *"(When you evaluate applicants,) how much weight is placed respectively on grades, step 1 & 2 scores, CS and finally letters of reference?"*
grades > letters > USMLE

Q. *"How do you tend to regard older applicants who have made a career change? What advice would you give such applicants?"*

I like older applicants. They survive residency much better because they are better motivated. My least preferred applicant is from a program that combined college and medical school and maybe even truncated it. Indeed, the worst residents I have had have been from shortened college-medical school tracks.

Orthopaedic Surgery Residency Program in a Northeast Urban Region

Q. *"(When you evaluate applicants,) how much weight is placed respectively on grades, step 1 & 2 scores, CS and finally letters of reference?"*
A good deal of weight is placed on board scores. In general, candidates should have greater than 220 on Step 1 to be considered, although this rule is not absolute. Step 2 is most important if someone's scores are fairly low and they make a big leap at Step 2. LoR are important when reviewing and become more important after an interview when the candidate is being discussed. It helps to have someone considered stellar by their letter writers.

Q. *"What's the average board scores of past accepted applicants?"*

Average board scores of last year's accepted applicants was around 230. This number has steadily gone up over the past 5 or more years as the specialty becomes more competitive.

Q. *"How do you tend to regard older applicants who have made a career change? What advice would you give such applicants?"*

In general I have not heard reviewers concerns about older applicants who are making a career change. If their field of study was related, that is helpful but not necessary. As long as the candidate explains well (usually in a personal statement) why they felt the desire to change careers, it is perfectly acceptable. These candidates can be viewed as more mature.

Q. *"Does your program realistically consider osteopathic students (D.O.'s)? If so, is the USMLE required to be ranked or would the COMLEX suffice? Have you accepted DO's before? What has been your impression of those DO's?"*

Our program will interview DOs. USMLE is not required to be ranked but helps. If you have not taken Step 1, might be good to take Step 2. MDs relate to these numbers much better than complex scores and it gives them hard evidence of where you lay compared to other candidates. I believe there have been a couple of DOs prior to my time here and I don't believe there was any knowledge issue related to their performance. I would say if a DO candidate came along and were granted an interview, they might need to stand out a bit from the rest to be considered alongside an MD candidate. But it's not impossible by any means.

Q. *"Do externships make a difference for acceptance to your program?"*

Externships are important. We encourage students to do externships at our institution if they are seriously interested in it. When people express sincere interest in the program and are disappointed they did not receive an interview, occasionally I will wonder why they did not do a rotation here if they were that interested. When you do a rotation here, you meet the attendings/residents and they have an opinion of you and can see how well you work and what your fit is in the program. Grades from other externships are viewed and commented on as well. Honors are looked upon favorably, while passes may be questioned. You may be asked about low externship scores during interviews.

Q. *"I am curious about any regional preference that may go on in the admissions process. For example, is a medical student from South Carolina with a 230 boards score equally competitive with a Harvard medical student with the same score if they were both applying to Mass General Hospital for residency? I would think there would be some preference for the person who has resided near the area longer, because that person would be more likely to stay in that area and practice medicine. I would like to know if that goes into the decision process at all."*

We do not really consider location when doing our rank list. The NRMP advises you to create your rank list based on what students you most want in your program and we do not take into consideration where someone is from. Although a candidate from our state may be more likely to rank us highly, we will not rank them any higher based on this information, as according to the algorithm this does not make sense. As for whether or not they will stay in the state to practice, this isn't usually considered.

Q. *"Does your program provide any housing/board (or) support during the interview process?"*

We do not usually provide any housing during interview season. If a candidate were to come to me with a concern about not being able to afford housing during their stay, I would be happy to assist them with housing either with a resident or with a medical student. We provide lunch for all candidates with the residents in a restaurant on the day of the interview.

Q. *"(What) optional learning opportunities are available to your residents (e.g., subspecialty electives, infectious disease rounds, research projects, etc.)?"*

Our program provides a research rotation where every resident can begin a project which should produce a publishable article by the time they graduate. It does not have to be published, just be submitted to a peer review journal. We have a library for our residents filled with books, journals, and electronic media.

William N. Levine, M.D.

Residency Director, Department of Orthopaedic Surgery, Columbia University Medical Center

Q. *"(When you evaluate applicants,) how much weight is placed respectively on grades, step 1 & 2 scores, CS and finally letters of reference?"*

The screening process takes into consideration all of the achievements of the applicants - undergraduate performance, med-

ical school performance (with more weight placed on 3rd year clerkship performance), USLME step 1 score, and letters of recommendation. Over 500 applications are received each year and only 50 are invited for interviews.

Q. "What's the average board scores of past accepted applicants?"
The average USLME score is ~235-240.

Q. "Does your program realistically consider osteopathic students (D.O.'s)? If so, is the USMLE required to be ranked or would the COMLEX suffice? Have you accepted DO's before? What has been your impression of those DO's?"
There have not been any recent DOs accepted in the program. The USLME is required for all applicants.

Q. "Do externships make a difference for acceptance to your program?"
Externships are NOT required for acceptance in our program. While it is true that externships can help an applicant by demonstrating an interest in the program, it can also hurt applicants who otherwise "walk on water" on paper.

Internal Medicine Residency Program in a Western Urban Region

Q. "What's the average board scores of past accepted applicants?"
220/230

Q. "What concerns you the most during an interview?"
Articulate, positive attitude with a strong interest in other things, i.e., an interested, diversified candidate who is aware of the world and our responsibility to humanity.

Q. "Does your program realistically consider osteopathic students (D.O.'s)? If so, is the USMLE required to be ranked or would the COMLEX suffice? Have you accepted DO's before? What has been your impression of those DO's?"
Judged equally but we get so few applicants. Can't think of a D.O. we've accepted in recent years.

Q. "I am curious about any regional preference that may go on in the admissions process."
No difference. We emphasize academic careers such that geography is not important to us.

Q. "Can residents at your program select to do their own residency pathway?"
Not really. There is some flexibility but the RRC rules and regs make a lot of flexibility difficult.

Q. "How is the schedule designed so that the resident(s) do not burn out from the long hours?"
"How does your hospital plan to comply with the new limits on residents hours?"
We are in compliance by shuffling and unfortunately losing some continuity. Some of the rules are a travesty to the sacrosanct nature of being an internist. It nurtures shift-work, like emergency, punch-the-time-clock medicine.

Suzanne Kraemer, M.D.
Program Director Internal Medicine Residency, East Carolina University

Q. "(When you evaluate applicants,) how much weight is placed respectively on grades, step 1 & 2 scores, CS and finally letters of reference?"
For US grads less emphasis on grades and USMLE scores. I place more emphasis of

USMLE scores than grades for any FMG applicant. LOR are read carefully to ensure no negative comments.

Q. "What's the average board scores of past accepted applicants?"
80's both steps.

Q. "How do you tend to regard older applicants who have made a career change?"
Define older, any older than 40 entering a residency would unlikely be ranked, the job of residency is too hard.

Q. "I am curious about any regional preference that may go on in the admissions process."
For our program our medical students are ranked higher (for the most part) than deserved due to the fact they are a known commodity. Otherwise for US grads location of school does not influence rank location.

Q. "Does your program provide any housing/board (or) support during the interview process?"
Yes, we pay for their hotel room and all meals during the interview stay.

Q. "What other benefits (not medical/dental/optical) such as free meals, access to car service, access to physical fitness facilities, laundry, etc. does your program offer?"
Payment of step 3 usml and ABIM registration fees, free meals, 1000\$ moving expenses paid.

Clinton L. Cummings, M.D.
Program Director Internal Medicine Meharry Medical College, Nashville, TN

Q. "What's the average board scores of past accepted applicants?"
If you mean the USMLE, the average range is 75 to 82.

Q. "How do you tend to regard older applicants who have made a career change? What advice would you give such applicants?"

I am not exactly sure about what you mean about "career change", but previous residencies have a negative effect because of time out or medical school, funding by the Medicare guidelines, and so many well-qualified applicants recently out of school who are applying for the same spots.

Q. "Would you care about the marriage status of a candidate, such as married with or without children?"
We are not concerned with the marriage status or children status of applicants. If the candidate is qualified and is willing to put the residency program first for the next three years, we make our decisions based on qualifications and potential ability to successfully complete the program with high performance and quality work.

Q. "Does your program provide any housing/board (or) support during the interview process?"
No. We would like to, but cannot afford to.

Q. "How is the schedule designed so that the resident(s) do not burn out from the long hours?"
"How does your hospital plan to comply with the new limits on residents hours?"
Our program is in full compliance with the ACGME guidelines for the 80 hour week, the 1 day off in 7, (the not less than every third night on call (they are on call every 4th night, and the 10 hours off in between duty shifts). We have an ample number of residents to fulfill the above requirements, and will come up with innovative alternatives if necessary.

Q. "What technology is offered by your residency? What type of computer software is used by residents? How are most patient notes written, via computer or by hand? Is all patient information computerized?"

At our primary hospital (rotations are 7 months per year) Residents have access to computers on the wards, in the ambulatory clinics, and in the library. The residents are writing their histories, physicals, and progress notes. Some residents are opting to use pre-formatted software for their histories and physicals. Discharge summaries are always dictated. At the affiliated hospital (rotations are 5 months per year), every thing is totally computerized. The ambulatory continuity clinic is being renovated with new computers, dictation machines, and patient rooms, etc. The primary hospital is in the process of going totally to electronic medical records.

Robert C. Talley, M.D.
Program Director, University of South Dakota School of Medicine Internal Medicine Residency Program

Q. "(When you evaluate applicants,) how much weight is placed respectively on grades, step 1 & 2 scores, CS and finally letters of reference?"
Passage of step 1 & 2 is required in order to obtain an interview at the residency; however, there is no cut off score. Letters of reference are considered quite important; especially from colleagues who know our school and residency program. The applicant's medical school's Medical Student Performance Evaluation is given a great deal of weight.

Q. "What's the average board scores of past accepted applicants?"
Step 1: 190 ; Step 2: 190

Q. "Do regional preferences go into your decision to accept an applicant to your program?"
Yes, we feel that we are training internists for practice in the upper Midwest and we look favorably upon applicants from our region of the country.

Q. "Does your program provide any housing/board (or) support during the interview process?"
Yes, we house our applicants upon their arrival in Sioux Falls. In addition, we have a relocation allowance for those who match to our program.

Fred A. Zar, M.D.
Internal Medicine Residency Program at the University of Illinois at Chicago

Q. "(When you evaluate applicants,) how much weight is placed respectively on grades, step 1 & 2 scores, CS and finally letters of reference?"
We look closely at the grades received on the medicine clerkship and sub-internship. We also look at the USMLE step 1 and 2 scores and weight them equally. We pay particular attention to the Dean's Letter as well as the Department of Medicine Letter.

Q. "How do you tend to regard older applicants who have made a career change? What advice would you give such applicants?"
Older applicants who have made a career change are of interest to us. Quite often they are mature individuals with a broader background that adds diversity to the program. The only exception to this is if the applicant completed medical school

and then entered a non-medical career prior to returning to the application process for residency.

Q. "Does your program realistically consider osteopathic students (D.O.'s)? If so, is the USMLE required to be ranked or would the COMLEX suffice? Have you accepted DO's before? What has been your impression of those DO's?"
We consider Osteopathic students on an equal basis in our residency program. We currently have 1 or 2 in each of the 3 years of the Categorical Internal Medicine Program. As far as test scores go, we use their USMLE score in a similar fashion to its use with Allopathic graduates. If there is no USMLE score we use their COMLEX score and a conversion table that allows us to obtain a USMLE equivalent.

Q. "Do regional preferences go into your decision to accept an applicant to your program?"
We do not have a regional preference but are very happy with the current mix of residents in the program. Approximately 20% of our residents are from our own University of Illinois Medical School, another 20% are from other Chicago-area Medical Schools and the remaining 60% are from other US schools throughout the country. In spite of the complexities of the matching process these percentages have stayed remarkably stable over the last 3 years. Although we enjoy training individuals who will stay on our own faculty or in the Chicago area we are equally pleased to send people out into other communities throughout the country upon completion of their training.

Q. "Does your program provide any housing/board (or) support during the interview process?"
We supply discounted hotel rooms to applicants during the interview process.

Q. "(What) optional learning opportunities are available to your residents?"
We offer one-month blocks of research time in both the PG-2 and PG-3 year. All residents have 3 electives in the first year, 6 electives in the second, and 7 in the third. We also have specialty wards in which patients of a specific sub-specialty of medicine are admitted and cared for under the oversight of a sub-specialist in that area. We also offer an international rotation working in a rural hospital in the Dominican Republic. We also allow you to pursue a Masters of Public Health at the School of Public Health with tuition paid.

Q. "How is the schedule designed so that the resident(s) do not burn out from the long hours?"
"How does your hospital plan to comply with the new limits on residents hours?"
We achieved compliance by decreasing the call schedule, canceling out patient clinics for residents who are post call, and insisting that all residents post call leave the hospital at 1 pm the following day.

Michael T. Flannery, M.D., F.A.C.P.
Program Director, Department of Internal Medicine, Univ. of South Florida Tampa, FL

Q. "How do you tend to regard older applicants who have made a career change? What advice would you give such applicants regarding choice of programs or even specialties?"
In general, older applicants tend to have a higher level of clinical maturity making them more attractive in the application

process. Their past experiences tend to make them leaders amongst their peer group. On average, the majority of older applicants enter primary care disciplines to avoid lengthy training cycles with additional subspecialty training.

Q. "What concerns you the most during an interview?"
Personality characteristics are very important during the interview process. Someone with good interpersonal skills, as well as work ethic and team work attributes, are highly desired even if their objective information such as numerical scores and grades are average. We would rather have someone who has average numbers but outstanding personality skills compared to another applicant with high objective scores yet poor interactive skills.

Q. "Does your program realistically consider osteopathic students (D.O.'s)? If so, is the USMLE required to be ranked or would the COMLEX suffice? Have you accepted DO's before? What has been your impression of those DO's?"
Our program typically has ten to twenty osteopathic applications each year. Historically, there are three to five residents per year in our graduate programs. We have found no specific differences in the D.O. physicians and those from allopathic training. USMLE is not required. However, it does offer additional information beyond the COMLEX.

Q. "Would you care about the marriage status of a candidate, such as married with or without children?"
It does not make any difference to the program whether an applicant is married or has children as long as the spouse has reasonable employment opportunities and would be happy in our community. We have had several married couples, not only within the internal medicine, but with a

spouse in another program. Their schedules are coordinated so that their on-call dates are reasonable.

Q. "Does your program provide any housing/board (or) support during the interview process?"
Arrangements are made for quality hotels in the downtown area that have shuttle transport to the hospital. Transportation is also available between our different hospital sites. The department arranges for discounted rates and the hotel information is provided prior to the interview date. In addition, a coffee social is held the night before the interview.

Q. "(What) optional learning opportunities are available to your residents (e.g., subspecialty electives, infectious disease rounds, research projects, etc.)?"
All of the subspecialty programs are accredited and are available to residents. Approximately 60% of the residents currently enter into fellowship opportunities, 75% of those stay within our own program.

Q. "Can residents at your program select to do their own residency pathway?"
While we do not have specific pathways, we do use what is called a wish list system. A letter is sent out after the match process to all incoming PGY I's, PGY II's and PGY III's. The list includes all inpatient and outpatient opportunities as well as the different facilities. The residents can rank what they would like to experience for the given year. In addition, there are notations for the top three months desired for vacation time as well as a narrative section, usually utilized to emphasize either vacation time, research interests or specific rotations that the resident would like to experience for the coming year. In this way, there is ample flexibility for residents to design their own residency curriculum

within the ABIM requirements.

Internal Medicine Residency Program in a Northeast Suburban Region

Q. "Would you care about the marriage status of a candidate, such as married with or without children?"
I don't pay attention at all to the marital status of an applicant. Since I am in a suburban location, I actually think my program is MORE attractive for married applicants and those with families.

Q. "Do externships make a difference for acceptance to your program?"
Not really.

Q. "How is the schedule designed so that the resident(s) do not burn out from the long hours?"
"How does your hospital plan to comply with the new limits on residents hours?"
We are in NY State and have long lived with work hour restrictions. We do not need to make any changes to accommodate this. We as a faculty monitor for excessive fatigue through informal conversations, observation, and formal questions.

Q. "What technology is offered by your residency? What type of computer software is used by residents? How are most patient notes written, via computer or by hand? Is all patient information computerized?"
Labs are computerized, radiologic images are digitized, and wireless technology exists in the hospital for computer access. At this time the hospital is implementing an electronic medical record and computerized order entry system.

Carl Menckhoff, M.D.
Associate Professor, Residency Director
Medical College of Georgia

Q. "(When you evaluate applicants,) how much weight is placed respectively on grades, step 1 & 2 scores, CS and finally letters of reference?"
Step 1 and 2 are important to get in the door. Letters of reference are important, but mostly those from Emergency Medicine. Individual grades are not as important, but overall medical school performance is important.

Q. "What's the average board scores of past accepted applicants?"
225

Q. "How do you tend to regard older applicants who have made a career change? What advice would you give such applicants regarding choice of programs or even specialties?"
At MCG, they are not penalized at all. If they have been in a prior specialty, the change to Emergency Medicine would need to be for the right reasons, and there should be a letter of recommendation from their prior program director.

Q. "Do externships make a difference for acceptance to your program?"
If the person did well, then yes. It is certainly not a prerequisite for being ranked highly though.

Q. "I am curious about any regional preference that may go on in the admissions process."
There may be some preference for someone from the region, but for a different reason. We want residents who want to be at our program. In general, those from the same region tend to fit that bill. If we have someone from outside the region who has

a good reason for wanting to move to our area, then there is no difference at all.

Q. "Does your program provide any housing/board (or) support during the interview process?"
We provide housing with residents. We have a dinner the night before and breakfast and lunch the day of the interview. One of the resident's spouses is also available to take applicant's spouses around town on interview day.

Q. "(What) optional learning opportunities are available to your residents (e.g., subspecialty electives, infectious disease rounds, research projects, etc.)?"
3 electives, that can be done in just about anything. We have many international experiences (about 10-15 trips per year available), tactical medicine, event medicine, emergency ultrasound, EMS (with flight program), disaster medicine, observation medicine, administration, etc. Residents become experts in their "niche" areas during residency.

Q. "Can residents at your program select to do their own residency pathway?"
If they have prior experience in a certain area, those rotations may be changed.

Q. "How is the schedule designed so that the resident(s) do not burn out from the long hours?"
Resident work hour rules are strictly adhered to. Residents work 207, 198, 180 hours per month in their 1st, 2nd, and 3rd years respectively while in the ED.

Q. "How does your hospital plan to comply with the new limits on residents hours? Specifically, are you hiring additional residents or just shifting the workload and hours for coverage?"
Night float teams have been created, hospitalists have been hired.

Jamie Collings, M.D.
Residency Director, Emergency Medicine
Northwestern Memorial Hospital
Chicago, IL

Q. "(When you evaluate applicants,) how much weight is placed respectively on grades, step 1 & 2 scores, CS and finally letters of reference?"
There is no exact weighting, the file is looked at as a whole, if someone fails step one and then passes it is extremely unlikely they will get an interview. If they do poorly, taking step 2 and doing well can overcome that. We don't pay much attention to the preclinical grades unless the student failed or was remediated. Heavy emphasis on the Core Clinical Clerkships, especially Medicine, Surgery and OB is important. The EM clerkship grade is important and where they rotated is weighed heavily as well (an Honors at a competitive program is extremely favorable). Letters of recommendation are extremely important and should include at least one EM SLOR (standard letter of recommendation), preferably by a program director or clerkship director who completes these frequently. Letters from EM faculty who only write one or two letters a year are not helpful and letters from community hospital EDs without programs are relatively useless. Non-EM letters should be from faculty that knows the student well and letters from Core Clinical Clerkship faculty at the main site

(Academic Center preferable to community affiliate) are often useful as well.

Q. "How do you tend to regard older applicants who have made a career change? What advice would you give such applicants?"
We have taken several residents into our program who have completed other specialties, but most of these made an immediate shift. Someone who has been out practicing and then wants to return would probably be better served to do a PGY 2-4 EM program and not have to return to being an intern again. Those applicants have the additional problem about funding outside of Medicare or a program must find an alternate funding source-not possible for most programs. We have some positions that are funded separately from Medicare so it is not an issue for us.

Q. "Do externships make a difference for acceptance to your program?"
Yes, depending on where the student went to medical school the choice of externship is extremely important. For instance, if the school doesn't have an EM program, then where they rotate is vital. Most importantly, it should be a well-respected competitive program and the student should have a letter of recommendation from there.

Q. "I am curious about any regional preference that may go on in the admissions process."
Some programs certainly take that into consideration, especially if they want to be able to say they only went down to a specific number on their rank list. Having come from another part of the country to do my residency, I try not to assume I know what anyone is going to do with their decision. I also rank people at the top of my list that I am certain are going to place another geographic area higher than ours. I believe in getting the best candidate, those are the ones we interview and those are the ones we rank highly. We NEVER believe a candidate when they say that they will rank us first and a candidate shouldn't believe that either.

Q. "Can residents at your program select to do their own residency pathway?"
We have research tracks that the resident may choose; they are called the Academic Colleges and allow the resident to focus on Education, Research, or Administration for their scholarly project.

To see the Program Directors' complete answers to our survey please visit www.careermid.com.

GLOBAL SERVICE CORPS (GSC) INTERNATIONAL HEALTH PROGRAMS

GSC's Health Programs enable volunteer participants with science or health-related backgrounds to observe and experience international healthcare. Thailand health interns work at hospitals and clinics where they shadow Thai health professionals and experience many facets of the organization depending on their interests. Tanzania health interns assist local educators and health professionals in teaching HIV/AIDS prevention to community members. During the summer months, health interns facilitate a HIV/AIDS Awareness Day Camp with the purpose of training secondary school students to become peer educators. In addition to HIV/AIDS education, Tanzania international health interns spend one-week shadowing health care providers at local health clinics.

In exchange for their experience in the local hospital or clinic, Thailand and Tanzania interns offer conversational English or computer training to their counterparts.

"Dear GSC, I cannot begin to thank you enough for organizing my rotational experience in Thailand. I'm sure when I ponder my life experiences, during the twilight of my years, I will regard my six weeks in Thailand as six of the most sensational weeks of my life. Just as I described to my classmates during a recent presentation, "I traveled to Thailand hoping for an enriching experience. What I found exceeded my wildest expectations. I somehow managed to have six years worth of experiences in six weeks. I'm sure I will be reflecting on everything that happened to me for a very long time. It was truly an adventure from start to finish."

I believe I owe most of the gratitude for this adventure to GSC and its employees. The dominating factor that made this trip so special was the people that GSC connected to me. In fact, I cannot say enough good things about my host family or my precepting physician and wife. From arrival, Ach and Sert welcomed me into their family with open arms. It is very difficult to overstate the



level of hospitality they showed me throughout my visit. Ach and Sert vigilantly watched over my needs from beginning to end. Whether it was Ach making sure I enjoyed my food and never got hungry by keeping my refrigerator stocked with freshly cut fruit, or Ach waking up, before the roosters crowed, to take me to catch the bus to Bangkok. Or Ach and Sert making sure I was constantly entertained. Whether it be dining out (which I was never allowed to pay for), or fantastic trips to local sites like Erawan Waterfalls, an Elephant Camp, Death

Railway, JJ Market in Bangkok, a floating market, or a beautiful mountain monastery, they were very determined to help me learn and experience as much as possible during my short stay. I already miss both of them.

And then there was my rotation. As I explained to my classmates, "After feeling I have struggled through many of my rotations, I had a major breakthrough in my training while in Thailand. I attribute this to the fact that, after spending nearly a year at American hospitals seeing many normal presentations, I went to Thailand and saw between 50-100 abnormal presentations each day. This repetition helped to develop, and eventually polish, my clinical skills". However, I must give Dr Kittiphong most of the credit for my educational development while at the hospital. His patience and willingness to teach were unmatched by my American preceptors. Despite his hectic schedule, he was always eager to take time to translate, explain, demonstrate, and gently correct. He and his wife were two of the kindest people I have ever met."

-- Dr. Christopher C., 2003

"My other big success was putting into focus that we must strive to help the patients help themselves rather than simply offer a short-term solution to their problems. This is why I think education and awareness are the most important components of this project. If we can keep these patients healthy and educate them at the same time, they can continue to be productive people. They can also be the best teachers for others about HIV/AIDS and send a positive message about prevention and coping with HIV/AIDS in their lives.



.... The best part of my experience in Tanzania was living with my family and becoming close friends with my translator. I really feel like I have made long-term friendships that I can return to when I come back to Tanzania. I also had some amazing experiences working with patients. They became much less patients and much more friends than anything else. Working on this project was an amazing cultural experience." -- Patrick T., 2004

"The medical and educational community in Kanchanaburi was a friendly setting for the project. The weather and travel were ideal and simple. The medical system in Thailand is a bit of an experiment. The project is set up to observe a general and a specialty hospital as pieces of their health care system. The two are quite a contrast in their ability to diagnose and treat patients. I think that visitors are accepted by the patients and generally welcomed by the hospital personnel. If they do want to learn about Thai medical systems, it is a wonderful place to do it. I have a very good knowledge of their system after my experience.

If a volunteer wanted to actually have hands-on medicine, the Thai doctors are very competent and will not simply turn their patients over unless a student is prepared to be patient and prove him or herself a bit, just as we do in medical school here. As my days went on, I identified some ways in their medical practice, which could be simplified. I specifically demonstrated some technical skills that I believe speed patient recovery and helped the doctors practice those skills. I did not follow the project as it was set up, but tried to apply myself where I could be useful. I spent a lot of time in the operating room and doing consultations and not much time seeing outpatients as scheduled. I think the project is flexible for others as well if they know what they would like to learn." -- Dr. Tom W.

For more information on all GSC's programs, visit GSC at www.globalservicecorps.org or contact:

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AMERICAN PSYCHIATRIC ASSOCIATION

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The American Psychiatric Association is a national medical specialty society, founded in 1844, whose more than 36,000 physician members specialize in the diagnosis, treatment and prevention of mental illnesses including substance use disorders. For more information, visit the APA web site at www.psych.org or call us at: 1-888-35-PSYCH or 1-703-907-7300.

