

# APPLICANT INFORMATION HANDBOOK

## MED-PEDS RESIDENCY PROGRAM



### THE METROHEALTH SYSTEM CAMPUS OF CASE WESTERN RESERVE UNIVERSITY CLEVELAND, OHIO

CLASS OF 2021



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## FORWARD FROM THE PROGRAM DIRECTOR

Dear Applicant,

I want to take the opportunity to thank you for your interest in the [Med-Peds Residency Program](#) at [MetroHealth Medical Center](#) in [Cleveland, Ohio](#). We believe that we have one of the most fun and challenging training centers in the country and look forward to showing off our program during your upcoming visit.

We have much to offer at MetroHealth including:

- A large academic medical center
- High quality clinical and educational programs
- A diverse patient population
- An inspiring mission
- Awesome colleagues
- Superb house staff autonomy
- A warm, friendly environment
- Supportive faculty with a commitment to teaching
- Nationally recognized research programs
- Access to the nation's best fellowships

I hope this packet provides detailed information about our residency program and gives you a reasonable idea of what to expect during four years of training at MetroHealth. My goal is to make you the most informed “consumer” and offer you the best opportunity to evaluate our program. In so doing, I believe you will see that we are very dedicated to medical education and your future success.

An additional goal is to provide a starting point for your questions about MetroHealth. I hope this handbook provides useful information before the interview day so that you can ask questions and better explore what we have to offer during your visit.

I wish you all the best and most success during the 2015–2016 interview season. I look forward to discussing how your career goals will be accomplished here at MetroHealth. Please do not hesitate to contact me at any time for additional information.

Best wishes for a successful Match!



[Ronald J. Magliola, MD](#)

Internal Medicine and Pediatrics Program Director

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## WELCOME FROM THE CENTER DIRECTOR

Welcome to the Center for Internal Medicine and Pediatrics at MetroHealth Medical Center. I hope you consider applying to our residency program and discover what I have learned since joining the Med-Peds family—that the MetroHealth Internal Medicine-Pediatrics program is a unique blend of patient care and population health, community activism and the quest for academic curiosity and research.

I came to MetroHealth over a decade ago for residency and fondly recall sitting at the lunch table during interview day amidst the interns and residents. I quickly felt at home and was absorbed by the nearly instant camaraderie of the residency. During your interview day you will hear about some of the uncommon training opportunities you have at MetroHealth in topics like Obesity Medicine, LGBT Health, School Based Health and other health services for medically vulnerable populations. You will find that you are surrounded by colleagues and teachers with a passion to learn and teach—each pushing the other’s skills and knowledge in Internal Medicine and Pediatrics.

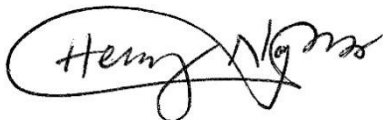
Our residents, faculty and residency program truly embody the MetroHealth System’s values:

- Service to others
- Teamwork
- Accountability
- Respect
- Inclusion and diversity
- Quest for excellence

You are about to embark on a four-year gauntlet where we combine the best aspects of six years of training into four. At the end of your training you will be a solid, independent thinking, well-trained Internal Medicine-Pediatrics physician who is prepared for any post-graduate career imaginable. Whether you find yourself drawn to primary care, adult and/or pediatric subspecialty training, academic medicine, independent practice, research, hospital-based care, staff model physician or urgent care, you will find yourself ready to meet the challenges of your career path.

I hope you take the time to visit our program and the unique educational experiences we offer. Your residency is your next step in your commitment to life-long learning. We want to create the foundation for your successful career. Explore what we offer knowing that as residents or junior faculty at MetroHealth, you will receive training to help you achieve to your maximal potential.

Respectfully,

A handwritten signature in black ink that reads "Henry Ng". The signature is written in a cursive, flowing style with a large loop at the beginning.

[Henry Ng, MD, MPH](#)

Internal Medicine and Pediatrics Program Center Director

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## **MED-PEDS PROGRAM OVERVIEW**

The Med-Peds Residency Training Program at MetroHealth Medical Center is a four-year program leading to board certification in both specialties. The program is equally divided between Internal Medicine and Pediatrics, preparing residents for careers in primary care, subspecialty practices or academic medicine. The program has 18 faculty trained in Med-Peds who are actively involved with resident education and guidance. The combined program, which began in 1986, accepts six residents annually. There is a strong emphasis on ambulatory care throughout the program with 40% of the residency program devoted to ambulatory and primary care rotations.

During the first year, residents focus on patient management skills in the ambulatory and the inpatient setting. With the goal of broadening residents' knowledge and clinical skills, the second year continues with electives, including combined Med-Peds subspecialties, Emergency Department and ambulatory rotations, and ICU experiences. During the third year, residents continue additional subspecialty electives and ambulatory rotations, and begin supervisory rotations on the wards and in the ICUs. During the final year of the program, residents are given extensive experience in a supervisory capacity in both the ambulatory and inpatient settings. The rotations serve as a transition between residency and post-graduate positions. During this time, senior residents have primary responsibility for patient care and for teaching new residents and medical students.

Throughout the four years of training, residents spend one-half day per week in continuity clinic as the primary care physician for a group of patients initially seen in the inpatient services, nursery, Emergency Department and other ambulatory clinics. Faculty members experienced in the care of ambulatory patients provide supervision. As the primary physician, the resident provides health care maintenance and management of acute illnesses with the assistance of consultation services during weekly alternating Internal Medicine and Pediatric clinics. Residents are encouraged to care for multiple members of a single family whenever possible.

In addition to the main campus continuity experience, second through fourth year residents spend one-half day per week in a combined, community-based Med-Peds clinic setting with both routine and urgent care visits. Residents will have the opportunity to learn firsthand practice management at off campus sites. During either the continuity clinic or the Med-Peds ambulatory clinic, the resident is dismissed from all other duties.

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# UNIQUE CHARACTERISTICS OF THE MED-PEDS PROGRAM AT METROHEALTH MEDICAL CENTER

## **An Inspiring Social Mission**

As the region's only safety net hospital, MetroHealth has a clear mission to provide comprehensive and compassionate health care to all patients regardless of ability to pay. This is an important driver for the entire health care team, and, especially, Med-Peds residents who enjoy a multitude of opportunities to work with social service organizations throughout Greater Cleveland. The community Pediatrics rotation allows for either a unique social experience in Cleveland or provides the opportunity to make a global impact by selecting a 4-week international health experience.

Residents can already take advantage of newly established elective experiences at the Free Clinic of Greater Cleveland and the Refugee Clinic. The Med-Peds program is also partnered with The Cleveland Metropolitan School District and the Family Medicine residency program to bring healthcare to a unique and much needed setting—urban elementary schools. This partnership will provide greater access for Cleveland's school children so that working parents do not have to take a day off work to bring their children to see MetroHealth resident and attending physicians.

## **Continuous Quality Improvement**

Our Med-Peds paired ambulatory rotation provides the springboard for a unique longitudinal quality improvement process focused on successive plan–do–study–act (PDSA) cycles. During the module, each successive resident dyad learns principles of quality improvement and transfers their portion of the overall project to the next resident pairing. A recent colorectal cancer screening project nearly doubled the rate of colon cancer screening in resident clinics and improved chart records for post-polypectomy colonoscopies. For the 2016–2017 academic year, the quality improvement efforts will focus on improving adolescent access to well care. During the experience, Med-Peds attending physicians mentor residents by guided discovery through literature review, root-cause analysis, fishbone diagramming and, ultimately, quality improvement experiment design.

PGY-2 and PGY-3 residents are currently enrolled in a two-year, \$1.2M Health Resources and Services Administration program to provide specialized education to primary care providers working with individuals in rural and underserved urban areas. This [enhanced primary care training grant](#) aims to improve access, cost effectiveness and quality of care while providing residents with special skills to take care of Ohio's Medicaid population. Residents receive [Lean Six Sigma](#) Yellow Belt Training and instruction in health disparities, academic promotion and clinical teaching and systems of care. The coursework represents approximately 15 hours of protected time for skill development including a performing a full PDSA cycle, acquisition of skills germane to working with vulnerable populations, enhanced teaching theory and application, curriculum vitae writing, philosophy of teaching development and population health management.

## **Awesome house staff and residency leadership**

Med-Peds house officers are hospital leaders and have impact through hospital committees and involvement at Case Western Reserve University (CWRU). Med-Peds residents are well-regarded and the additional year of training provides senior-level Med-Peds residents with special seniority, perspective and opportunities to make a greater impact. Our residents are currently serving in local, state and national committees including the American Academy of Pediatrics Section on Medical Students, Residents and Fellow Trainees; National Med-Peds Residents' Association; the Ohio American College of Physicians; the House Officers' Association at MetroHealth, Course Directors for Global Health Symposium for Case Western Reserve University and Advisor for the NEOMED Med-Peds Student Interest Group.

Med-Peds residents truly support each other and look for ways to have fun together. Residents have planned a whitewater rafting trip to West Virginia and have created a “supper club” for dinner gatherings. The Pediatrics Department hosts a resident picnic each year and the Medicine Department treats residents to an Indians baseball game. The Med-Peds Center sponsors a “secret Santa” holiday gift exchange, holiday party, end-of-year party and other events.

The Med-Peds residency leadership is highly engaged in professional endeavors. Dr. Ronald Magliola, Program Director, is the co-Chair of the Med-Peds Program Directors’ Association (MPPDA) recruitment committee. He is also a faculty advisor for the [Peru Health Outreach Project](#), a CWRU student-run global health experience as well as the annual CWRU Workshops in Global Health conference. He precepts medical and nurse practitioner students at the [Student Run Free Clinic of Greater Cleveland](#).

Dr. David Kaelber is an active Board Advisor of the [National Med-Peds Residency Association](#). He is the Chief Medical Informatics Officer at MetroHealth and is nationally recognized as a leader of electronic medical records to improve patient care. He has 36 PubMed identifier currently listed in the MEDLINE database. He was participated on legislative technical advisory panels and has presented his recommendations to the Assistant Secretary Department of Health and Human Services.

Dr. Alan Klinkhachorn is the newest member of the Med-Peds team and was hired as Assistant Program Director after completing his residency and Chief Residency at MetroHealth in June 2015. He precepts residents in Internal Medicine clinic as well as the Pediatric ward.

Dr. David Mansour, Assistant Program Director, heads the ambulatory clinic section for both residents and medical student rotators. He was instrumental in forming the robust continuous quality improvement series and in incorporating this improvement into maintenance of certification activities for attending physicians.

Dr. Henry Ng, Center Director, has been instrumental in creating the Med-Peds research and the Pediatric Community Experience curriculum. He is a current member of the National Advisory Council, Agency for Health Care Research and Quality and has testified on several congressional committees. He began serving as President of the 1000 member, [GLMA: Health Professionals Advancing LGBT Equality](#) in September 2013. He has participated in over 20 external invited speaking engagements since July 2014.

Dr. Holly Perzy, Med-Peds Core Faculty, is a Vice-President of the MetroHealth System for health care delivery. She administers MetroHealth’s commercially available insurance product, [MetroHealth Select](#) which has attracted over 6,000 enrollees. She also chairs several executive hospital committees, including the Credentialing Committee and the Provider Performance Management Committee, and sits on the Medical Executive Committee. She led the team that created MetroHealth's new flagship, multidisciplinary ambulatory care center in Middleburg Heights. She is a past president of the Medical Staff at MetroHealth Medical Center.

Dr. Rupesh Raina, Med-Peds Core Faculty, was recently welcomed back to the Center for Internal Medicine and Pediatrics after completing a combined Internal Medicine and Pediatric Nephrology fellowship. He was just elected to the University Council at Northeastern Ohio Medical University (NEOMED). Dr. Raina’s role in the Center for Internal Medicine and Pediatrics is to mentor residents seeking fellowship positions.

Dr. Julie Sterbank, Assistant Program Director, returned to the Center after completing an Allergy-Immunology fellowship in June 2014. Dr. Sterbank is the Director of Research for the Center for Med-Peds, and she heads the Med-Peds Clinical Competency Committee.



## **Pride Clinic**

The Center for Internal Medicine and Pediatrics and the Centers of Community Health house the [PRIDE](#) Clinic which provides care to Lesbian, Gay, Bisexual and Transgender patients and their families. Residents participate in this curriculum twice during their residency and have a unique opportunity to understand health disparities in LGBT populations. During the Med-Peds ambulatory modules, residents see patients in the PRIDE clinic at least one evening per module and work in a multidisciplinary team comprised of physicians, social workers, nurses, psychologists, psychiatrists and a community advocacy lawyer.

A patient care discussion and feedback session takes place at the end of the residents' experiential learning session. Residents learn how bias and discrimination of vulnerable populations, intersectionality of identities and socioecologic factors affect the patient care experience and access to care. Residents receive feedback about their cultural competency skills with regard to understanding the impact of sexual orientation, gender identity and expression on the health care experience, developing a culturally competent interviewing style for LGBT patients, recognizing the effect of homophobia and heterosexism on the doctor-patient relationship and demonstrating a sensitivity to diversity.

## **Board Review and Powerful Ambulatory Curriculum**

Board review helps to emphasize the importance of learning from colleagues and horizontal discussion in a friendly environment. Med-Peds residents enjoy regular review sessions including both categorical and Med-Peds combined Board reviews. Sessions are run by the Chief Residents and target deficiency areas based on monthly quizzes, yearly examinations, graduate feedback and resident request. Participation in Board review is recognized with book funds and an attendance award.

The Med-Peds residency program also provides monthly, interactive case-based discussions. The curriculum mirrors a Department of Medicine 24-month curriculum and focuses attention on subtopics which are diagnosed or managed differently between the adult and child populations. Examples of combined topics include migraines, ADHD, constipation and diabetes.

## **High Technology Environment and Simulation Center**

MetroHealth began using an electronic medical record system in 1999. Recent upgrades provide expanded access to patient's medical records, foster secure e-mail conversations with patients, quickly reconcile medications dispensed at almost any pharmacy, provide access to all vaccinations given in the State of Ohio, streamline ordering of preventive health care and retrieve real-time formulary data to make informed pharmacologic decisions. Residents are trained to both maximize their use of the software and enhance electronic communication with patients. Residents are also encouraged to build and share new content with all providers. Residents can take a "super users" course for additional credentials to train other users, construct special tools and calculators and teach other providers how to maximize their electronic medical record experience. In September 2014, the Healthcare Information and Management Systems Society announced that The MetroHealth System achieved Stage 7 on the EMR Adoption Model, a level attained by only 3.7% of the nations' hospitals. This award recognizes significant advancement in information technology to address current industry transformations, such as meaningful use criteria in the American Recovery and Reinvestment Act, claims attachments for the Health Insurance Portability and Accountability Act, pay for performance and government quality reporting programs.

The simulation center facility is a \$450,000 space at MetroHealth Medical Center and provides residents with ready access to low and high technology simulated training. Residents enjoy regular, multidiscipline simulation activity through scenarios with standardized patients and mannequins. Simulations are videotaped for analysis and feedback. The simulation center at MetroHealth has a unique setup which opens to an ambulance bay to simulate the arrival of an emergency patient during a mock situation.

## **Dedicated Research and Scholarly Curriculum**

MetroHealth is a research friendly environment. Research is a required element for graduation and research blocks are highly supported by the Program Director. Med-Peds residents enjoy a research curriculum which is unique to the Center for Internal Medicine and Pediatrics. This specialized training is organized by Dr. Julie Sterbank, an Assistant Program Director with a Master's Degree in Public Health. The curriculum is taught by both MetroHealth and external providers. Residents may also take a three-week [Introduction to Clinical Research course](#) to further improve their research methodology. Additional funds and a research award are provided by the residency program to support residents' travel-related expenses.

CWRU was a recipient of [\\$246 million](#) in National Institutes of Health grants in fiscal year 2016, and MetroHealth has been a potent contributor to the research effort. MetroHealth received \$30 million in external research funding in 2016. Residents are supported to take advantage of research opportunities on campus and throughout the Case Western Reserve University System.

## **Motivational Interviewing Curriculum**

As a suggestion from residents, the residency program initiated an interactive lecture series for in 2014 to provide residents with specific training in motivational interviewing, a behavioral technique to increase a patient's awareness of the potential consequences from a behavior and to evoke motivation to make a positive change.

## **Revamped Mentor Program**

A resident-led initiative to increase mentorship to residents was rolled out in September 2014. This program was created as a result of the annual action plan through quality improvement techniques of fish boning, multivoting and drafting of a SMART aim statement. All residents are assigned a mentor. For each post-graduate year of residency, milestones have been created under the mentor curriculum. During the 2015–2016 academic year, residents examined the impact of this initiative based on the original aim, and, subsequently expanded mentorship to include more dedicated support of research endeavors.

## **Opportunity for Global Health Elective**

In lieu of the Community Experience elective, residents may choose to participate in a 4-week international elective. One suggested and highly supported example is the Peru Health Outreach Program which is run in partnership with residents and attending physicians throughout the Case Western Reserve University community.

## **Med-Peds Student Interest Group**

The residency began a Med-Peds Student interest group at Northeast Ohio Medical University (NEOMED), a public, community-based academic health center in Rootstown, Ohio. The goal is to indoctrinate students into Med-Peds early in their medical career and offer additional channels for residents to be involved in their community. The Med-Peds Student Interest Group represents a great opportunity for residents and attending physicians to mentor the next generation of Med-Peds providers through networking and social service projects.

## **Phenomenal Medical Infrastructure**

The Cleveland area is home to some of the nation's best medical infrastructure and hospitals. The area boasts burgeoning employment in the biomedical field. Cleveland had two new medical school campuses under construction with a new NEOMED and Cleveland State University [urban health partnership](#) as well as a [\\$515 hub](#) to consolidate the Cleveland Clinic Lerner College of Medicine and Case Western Reserve University's School of Medicine, School of Dental Medicine and Frances Payne Bolton School of Nursing.

Throughout the CWRU community, residents enjoy a home-field advantage by rotating and networking with physicians throughout the larger CWRU system. This ensures that MetroHealth residents have access to the best training at the best hospitals and provides key access to the best fellowship opportunities. Northeast Ohio also boasts a concentration of Med-Peds with approximately 40 practicing Med-Peds physicians. Med-Peds networking events occur on a regular basis with the CWRU Med-Peds Program at University and Rainbow Babies and Children's Hospitals.

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## RESIDENCY EVALUATION TOOLS

Specific targets for resident development have been designated by the Internal Medicine and Pediatrics Residency Review Committee. These have been developed as milestones, specific points in development that help to define the appropriate developmental trajectory of a trainee. Milestones identify the discrete knowledge, skills, and attitudes expected of learners as they progress through training.

The following list represents the myriad of methods that Med-Peds residents are evaluated. The number in parenthesis represents the number of ACGME milestones that each item has been mapped to under the program's evaluation matrix.

- Attending evaluation during the longitude ambulatory block (16)
- Attending evaluation during an elective module (10)
- Attending evaluation during an inpatient module (18)
- Case manager evaluation during ambulatory experience or inpatient outpatient module (1)
- Completion of Board review questions (3)
- Completion of hospital online education (1)
- Conference attendance (1)
- Email communication about problem residents (3)
- Employee assistance feedback, if applicable (1)
- Focused practice evaluation, if applicable (6)
- Health fair evaluation (1)
- Internal Medicine In-Training score for High-Value Care (1)
- Interaction with Chairperson, PD and/or APD (2)
- Locally derived quizzes (0)
- Med-Peds QI Project (1)
- Mini-CEX (1)
- Morning report feedback (1)
- Nurse evaluation (1)
- Ombudsman reporting (3)
- OSCAR Evaluation (5)
- Patient satisfaction survey (5)
- Patient safety reporting
- Participation with advisor (1)
- Participation in ACGME data collection and reporting (2)
- Participation in Chief resident board review
- Participation in hospital / outside volunteer committees (2)
- Participation in pediatric process improvement group (quality improvement initiative) (2)
- Participation in residency recruitment (1)
- Participation in teaching residents how to teach conference (0)
- Participation / counseling in sports physical fair or health fair (1)
- Peer-to-peer evaluation (4)
- Problem based learning lecture presentation (3)
- Reflective journaling (0)
- Review of H/P, daily notes, clinic notes (3)
- Review of timeliness of medical record completion (1)

- Review of patient communication via telephone or HIPPA compliant e-mail system (1)
- Senior Grand Rounds evaluation (1)
- Simulation center / mock code evaluation (1)
- Social work evaluation during ambulatory experience or inpatient outpatient module (1)

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## **EXPECTATIONS FOR PHYSICIANS IN INTERNAL MEDICINE AND PEDIATRICS**

1. Learn as much as possible, attend conferences, relish in educational opportunities and share your knowledge as often as possible. Expect to take and pass both Board examinations on the first attempt.
2. Treat all others as you would expect to be treated. Show respect for your patients, their families and their loved ones. Show respect for all staff members including other physicians, nurses, students and all support personal.
3. Be accountable for your actions. Take ownership of your patients while working at MetroHealth and all health care institutions. Go above and beyond.
4. Communicate timely and effectively by answering messages, returning telephone calls and responding to pages and e-mails as soon as possible. Complete evaluations in a timely, specific and actionable way.
5. Be enthusiastic about learning, caring for others, teaching and coming to work. Emulate the positive qualities in your colleagues and then strive to surpass. Reflect on your shortcomings and work to change.
6. Represent the Internal Medicine-Pediatrics Department with pride both in the hospital and in the community. Look and act like a physician at all times. Wear your white coat during patient contact. Do the work expected of a physician and ask for help when you feel overwhelmed.
7. Anticipate problems early, work to resolve conflicts, strive to improve the residency program and the institution.
8. Create an environment of scholarship and inquiry. Be self-motivated. Engage in research activity. Document your accomplishments, procedures, conferences and all successes.

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## THE HISTORY OF METROHEALTH SYSTEM

MetroHealth Medical Center, Cleveland's first hospital, was founded in 1837 as City Hospital. From our inception to our status today as a world-class hospital system, MetroHealth has grown and evolved to meet changing health and social needs. Helping the community to achieve good health has been the purpose of The MetroHealth System for generations.

On May 6, 1837, The Cleveland City Council designated a poorhouse as City Hospital and made provisions for inhabitants' medical care. With its establishment, City Hospital began its commitment to the relief of human suffering. The new City Hospital was located Downtown at East 14th Street and Summer Avenue. By 1855, the hospital had outgrown its location and was moved to the Brooklyn Township Poor Farm on Scranton Road.

In 1887, construction began on a new City Hospital. The new City Hospital was a two-story brick structure with stone trim, built in accordance with the most recent achievements in medical science. The building would feature modern accommodations and mirror the scientific advancements in the field of medicine. City Hospital aspired to the most sophisticated care which medicine at that time could offer—a tradition which continues today.

In 1891, a group of 28 physicians and surgeons formed the first medical staff of City Hospital. Prior to that time, private doctors provided medical care. Also during this time, the hospital became a training ground for medical students. In 1914, the medical management of City Hospital became affiliated with the medical college at Western Reserve University, one of the nation's most respected medical schools.

Meanwhile, there was great progress at City Hospital under the leadership of Dudley S. Blossom, Director of Public Welfare. After World War I, Blossom led a campaign to raise \$3.5 million for the construction of a new City Hospital. In 1921, Blossom broke ground for the general hospital building and an addition to the nurses' residence.

During the Great Depression of the 1930's, a combination of poor shelter and lack of food and clothing contributed to an outbreak of tuberculosis. TB patients filled beds of City Hospital for the next 15 years. Lowman Pavilion, named after Dr. John Lowman, a pioneer in tuberculosis treatment, was built on the grounds of City Hospital in 1933 and housed 353 TB patients. While City Hospital treated patients in their early stages of the disease, Sunny Acres served as a sanatorium for recovering tuberculosis patients. Physicians at City Hospital were the first to conduct research and treatment into bone and joint tuberculosis. In 1924, Margaret Wagner established the Social Services Department, a department that became increasingly busy during the 1930's to coordinate patients' care upon hospital discharge.

Polio preoccupied the medical community as it reached epidemic proportions in the 1940's and 1950's. City Hospital's commitment to fighting the disease gained national recognition for its research and treatment of polio. In 1954, the National Foundation for Infantile Paralysis designated City Hospital as a national respiratory care center. The 100 beds in the contagious disease hospital were filled to capacity during those years, mostly with polio victims.

Dr. John Toomey, Director of Contagious Diseases, was one of the first physicians in the country to prescribe physical therapy for polio patients. City Hospital's reputation as a leading polio center was further heightened when in 1952, Dr. Frederick C. Robbins joined the staff as Director of Pediatrics and Contagious Diseases. Dr. Robbins was a pediatrician with strong research interest in infectious diseases. While in Boston in the late 1940's and 1950's, he and Drs. John Fenders and Thomas H. Weller developed techniques for growing the polio virus in test tubes. This work paved the way for Dr. Jonas Salk's development of the polio vaccine. In 1954, Dr. Robbins and his fellow researchers were awarded the Nobel Prize for Medicine.

That same year, City Hospital ranked first among all the nation's hospitals in honors and awards. Included on the honor roll was Dr. Charles H. Rammelkamp, Director of Medicine, for his pioneering research into the use of penicillin and the link between strep throat and rheumatic heart disease.

On January 1, 1958, management of the hospital was transferred to Cuyahoga County, and, with the support of taxpayers, Cleveland Metropolitan General Hospital expanded and improve services. Three major tax levies later led to the construction of the Twin Towers, Core and South Buildings and the expansion of the outpatient clinics.

The Sunny Acres Tuberculosis Hospital joined the hospital system in 1972. The facility was completely renovated, creating a model complex for its new mission, long-term skilled nursing care. Today, the facility is known as MetroHealth Center for Skilled Nursing Care.

In the mid-1970's, the hospital built the Kenneth W. Clement Center for Family Health Care. The facility absorbed the operations of the East 35th Street Clinic, run by City Hospital since 1925. Located on East 79th Street in the inner city, Clement Center conveniently served people with family medicine in their own neighborhood until it closed in 2005. At that time, MetroHealth expanded services through the opening of a new Eastside community health center, the Buckeye Center that includes primary care, specialties and a full-service pharmacy.

The 1970's and 1980's brought significant advancements in health care delivery. These included the establishment of the Burn Intensive Care Unit in 1970, the Neonatal Intensive Care Unit in 1979 and Metro Life Flight aeromedical transport service in 1982. The [MetroHealth Life Flight](#) serves more than 60 hospitals within a 300-mile radius of Cleveland. A Level I Trauma Center for adults and a Level II Trauma Center for children were added in 1985.

In 1988, the hospital gained national recognition for commitment to the community by winning the Foster G. McGaw prize. Awarded annually to one hospital in the country by the American Hospital Association and the Baxter Foundation, the prestigious prize is given to the hospital whose programs and services demonstrate it as "one with its community."

In 1989, the Cuyahoga County Hospital System became The MetroHealth System. The new name "MetroHealth" was developed to unite all the facilities, programs and services within the hospital system. This identity provides a simplified, unified and consistent image of the hospital system to the communities served by the institution.

In 1991, MetroHealth Medical Center's Outpatient Plaza opened. As the single most significant addition to MetroHealth's main campus, the 250,000-square-foot facility consists of four pavilions where the majority of outpatient visits are provided in the areas of Rehabilitation, women and children's services, Internal Medicine, specialty services and cancer care. The Plaza was designed primarily to accommodate the shift from inpatient to ambulatory care. An additional expansion to the Cancer Care Pavilion was completed in 2006 and a \$5.4 million investment in 2012 made MetroHealth one of the most technologically advanced, high-quality cancer treatment facilities in Northeast Ohio.

MetroHealth is a leader in several areas including women and children's health, trauma and critical care, cancer research, treatment of brain disorders, heart disease, psychiatry and rehabilitation. Our 550 physicians are all faculty at the Case Western Reserve University School of Medicine – a partnership which was formally renewed in 2008 as a sign of continued commitment and strong collaboration between MetroHealth and the School of Medicine.

MetroHealth strives to create an environment that attracts preeminent physicians and researchers. Consistent with that goal, construction began in 1992 on the [Charles H. Rammelkamp, Jr. Center for Education and Research](#). The seven-story facility houses education and research programs including the MetroHealth School of Nursing, Education and Training and the schools of radiological, ultrasound and medical technology. More than 92,000 of the building's



137,000 square feet are used for research laboratories and support areas. A 10,300-square-foot medical library, as well as classrooms and an auditorium are available for teaching and presentations.

In 2004, MetroHealth invested more than \$100 million in trauma services, including a new Critical Care Pavilion, featuring the largest emergency department in Cleveland, new trauma and surgery suites and teams of surgeons equipped to respond to trauma every hour of every day. An additional \$20 million was invested in 2006 to replace the Metro Life Flight program with three new helicopters featuring the most advanced aviation technology. This commitment reaffirmed MetroHealth's leadership as the region's only Level I trauma and burn center. In 2007, the reinvigorated \$30 million Senior Health and Wellness Center opened at the Old Brooklyn Campus. The center quickly exceeded expectations and remains the only place of its kind in the country with primary and specialty care, skilled nursing, managed care adult day care and hospice, all under one roof.

The year 2009 saw a significant technology initiative with the addition of an inpatient electronic medical record system to the existing outpatient electronic record. This provided increased efficiency, improved continuity of care and enhanced patient services. The Department of Radiology also installed two new state-of-the-art digital angiography suites to meet the interventional radiology needs of patients. In addition, an all-digital radiology system was installed system wide. In 2012, the Heart & Vascular Center initiated an innovative program in bedside cardiovascular teaching using an advanced computer simulation device to improve the bedside diagnosis skills of cardiology fellows.

2013 was marked by expanded urgent care service at the West Park Health Center as well as the opening of the flagship \$23 million, 57,000-square-foot ambulatory health center in the nearby suburb of Middleburg Heights. The new health center increases access for suburban patients and provide express care, primary care and imaging services as well as multiple subspecialties including cardiology, neurology, orthopedics, OB/GYN, dermatology and ophthalmology.

Also in 2013, MetroHealth welcomed a new Chief Executive Officer with a renewed focus on community and population health. Children's access to care was expanded through [clinics housed within Cleveland schools](#), and, as of 2015, fourteen Cleveland schools now have MetroHealth professionals seeing patients at least weekly during school hours.

In 2015, MetroHealth provided over 200,000 outpatient visits and inpatient stays to patients who were unable to pay for their medical care. The "Partners in Care" medical home program continues to serve uninsured patients in a efficient and cost-effective way which has proven to improve chronic disease management for enrolled patients. Partners in Care enrollees also have used the Emergency Department 5% less often and were hospitalized 2% less often after program inception.

Expansion of Ohio's [Medicaid waiver program](#) continues to provide MetroHealth with capital to provide full health coverage to 30,000 additional patients—many of whom went without health insurance for years. The program emphasizes coordinated care and has demonstrated that Medicaid can provide excellent, healthcare while also saving taxpayers money.

MetroHealth clinical highlights in 2015 include American Heart Association and American Stroke Association gold performance awards in heart disease, heart failure and stroke. MetroHealth remains verified as the only adult Level I Trauma Center in the county. The Comprehensive Burn Center is certified by the American College of Surgeons and MetroHealth is designated as a level II Pediatric trauma center and a level III Neonatal Intensive Care Unit.

MetroHealth researchers have been the subject of significant grant funding currently including \$29 million in external grants and an astonishing \$14 million in National Institutes of Health funding. In particular, two large federally

funded projects totaling nearly \$12.6 million are ongoing including the Enhanced Primary Care Training Grant currently covering all PGY-2 and PGY-3 residents in Internal Medicine and Pediatrics and categorical programs to serve as a central hub for recruiting, training and retaining providers to care for Medicaid patients. A second grant was awarded to the Center for Reducing Health Disparities to provide evidence-based kidney transplant and organ donation interventions to patients with limited incomes.

2016 marked MetroHealth's 179th anniversary with forward focus on the complete [transformation of the main campus](#) to renew and reconfigure MetroHealth's facilities to facilitate innovative health care delivery models. The Brecksville and Crocker Park community health centers were also rolled out and two new freestanding emergency care facilities were incorporated into the system along with an [85-bed expansion](#) of the Critical Care Pavilion on Main Campus.

In 2016, more than 100 MetroHealth physicians were included in the national database of Best Doctors in America® as reported by Cleveland Magazine. MetroHealth Nursing staff holds the American Nurses Credentialing Center Magnet recognition, the gold standard of excellence in nursing care, through 2018.

The MetroHealth System currently encompasses the flagship campus on the near-West side of Cleveland as well as 20 additional community health centers. These health centers are located in communities throughout all of Cuyahoga County and are easily accessible to all residents. From humble beginnings, MetroHealth has emerged as a full-service medical institution capable of providing expert primary and tertiary care of the highest caliber. MetroHealth has a proud tradition of delivering quality health care for 179 years. Services are comprehensive and ensure that MetroHealth will remain a national leader in patient care and medical education.

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## CASE WESTERN RESERVE UNIVERSITY



Founded in 1843, [Case Western Reserve University School of Medicine](#) (CWRU) is the largest medical research institution in Ohio and 37<sup>th</sup> largest among the nation's medical schools for research funding from the National Institutes of Health. The institution has a long tradition of excellence and innovation in medical education, research and patient care. The School's innovative Western Reserve curriculum interweaves four themes—research and scholarship, clinical mastery, leadership and civic professionalism—to prepare students for the practice of evidence-based medicine in the rapidly evolving health care environment of the Patient Protection and Affordable Care Act of 2010 and the challenges of the 21<sup>st</sup> century.

MetroHealth Medical Center is a major teaching affiliate for the School of Medicine. The formal affiliation that exists today between MetroHealth and CWRU began in 1914. All members of the Departments of Medicine and Pediatrics at MetroHealth hold full-time faculty appointments at the CWRU, and have major teaching responsibilities throughout the medical school curriculum. MetroHealth is the site of clinical training for over 40% of third and fourth year medical students, including CWRU students in the innovative primary care tract, as well as providing clinical experiences for first and second year students. Medical students from CWRU are integral members of the health care team at MetroHealth, and residents play a key role both as educators and role models. MetroHealth residents have a CWRU identification badge and full access to CWRU facilities and electronic resources.

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# METROHEALTH MEDICAL CENTER

## General Information

1. MetroHealth Medical Center is a 731-bed academic medical center and tertiary referral center.
2. Major affiliate of Case Western Reserve University (CWRU).
3. Mission includes the following:
  - a. Provide high-quality primary and tertiary referral care to the Cleveland community and Northeast Ohio.
  - b. Provide excellent training and educational programs.
  - c. Conduct research in basic science and clinical medicine.
4. MetroHealth provides inpatient, ambulatory and emergency services, and rehabilitation care to a diverse clinical population.
5. The main medical center campus includes:
  - a. Level I Trauma Center and Emergency Department
  - b. Level I Regional Burn Center for adult and Pediatric patients.
  - c. Level II Pediatric Trauma Center and Pediatric intensive care unit.
  - d. Level III Neonatal Intensive Care Unit (highest capability in services).
  - e. Major regional inpatient rehabilitation center.
  - f. MetroHealth Life Flight: second busiest aeromedical helicopter program in the country.
  - g. Charles H. Rammelkamp, Jr. M.D., Center for Education and Research.
6. MetroHealth operates 27 community facilities including three facilities with 24-hour emergency departments

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## Continuity and Ambulatory Clinics

The MetroHealth Med-Peds Program has the following types of training clinics:

1. Traditional Teaching Hospital Based Clinics
  - a. Throughout the four years of training, residents spend one-half day per week in Continuity Clinic functioning as the primary care physician.
  - b. Each resident will have alternating weekly clinics in both the Internal Medicine and Pediatrics departments.
  - c. Supervision is by faculty members experienced in the care of ambulatory patients from either the Internal Medicine or Pediatrics Departments.
  - d. During continuity clinic, the resident will not have other patient care responsibilities.
2. Combined Med-Peds Ambulatory Clinic
  - a. Second through fourth year residents spend a half-day per week in a community-based Internal Medicine-Pediatrics practice working only with Med-Peds attending physicians.
  - b. Residents see continuity and urgent care visits with emphasis on acquiring skills needed in a traditional community based practice. These include: practice management and billing and coding, practical office based procedures, and extensive exposure to primary care related subspecialty problems not encountered at the on campus clinic.
  - c. Supervision is always under Board Certified Internal Medicine-Pediatrics attendings.
  - d. Residents are allowed to choose from a variety of sites and diverse population centers in and around the Cleveland area including:
    - i. [Middleburg Heights November Family Health Center](#)
    - ii. [Brooklyn Health Center](#)
    - iii. [J. Glen Smith Health Center](#)
    - iv. [Comprehensive Care](#)

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## **Ambulatory Clinic Mission Statement for the Med-Peds Residency Program**

1. All second through fourth year MetroHealth Med-Peds residents participate in a separate Med-Peds clinic starting in September of their second year to promote their competency in ambulatory care from a Med-Peds perspective.
2. The resident shall be exposed to the common ambulatory medical problems that a Med-Peds provider can expect to encounter during their community practice.
3. The resident shall become part of the health care team of the clinic and take on responsibility for the patients that they come in direct contact with during their clinic sessions.
4. Emphasis is placed on resident mastery of the ACGME Core Competencies:
  - Patient Care
  - Medical Knowledge
  - Personal and Interpersonal Communication
  - Professionalism
  - Problem based learning
  - Systems based practice
5. Learning will focus on from the following subject themes:
  - Cardinal signs and symptoms management
  - Preventative care and longitudinal management of common medical problems in a community practice
  - Common ambulatory procedures
  - Practice management issues
  - Becoming a role model and teacher.
6. Following the national Med-Peds Residency Review Committee Milestones project, a framework of observable behaviors and other attributes associated with progressive levels of a resident's development as a physician, educational objectives have been mapped to a new evaluation system and new opportunities for community advocacy were added.

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## MED-PEDS PROGRAM DETAILS

### Research

Research is a required element for graduation. Projects are well supported by the Center for Internal Medicine and Pediatrics through mentoring and a Med-Peds specific research curriculum. Dr. Julie Sterbank, the Research Director and IRB member, mentors each resident as appropriate and helps ensure an active scholarly environment.

### List of Research Projects in 2016

1. **E Nowak** and G Katz. Herpesviruses reactivate in similar patterns in long and short duration space flight: a systematic review. American Society of Gravitational and Space Research 2016 Annual Meeting. Poster Presentation. 2016 Oct 26.
2. **L Mintz** and A Bharadwaj. Risk Factors Associated with Lead levels in Children 3–5 years of age. 2016 Ohio AAP Annual Meeting. Oral Presentation. 2016 Sep 23.
3. **V Shetty, A Komuravelly** and **R. Magliola**. Sensitization as Motivation: Empowering First Steps in Global Health. Society of General Internal Medicine, 2016 Regional Meeting. Oral Presentation. 2016 Sep 22.
4. LS Sroujeh, MN Iqbal, **C Castro**, M Elrifai, S Dixon Williams, JD Thornton. Factors Affecting Smoking Cessation Interventions in Pulmonary Clinic. MetroHealth Research Day 2016. Poster Presentation. 2016 Sep 22.
5. **E Nowak** and G Katz. Patterns in the reactivation and shed of varicella-zoster virus in astronauts. MetroHealth Research Day 2016. Poster Presentation. 2016 Sep 22.
6. **A Komuravelly**. A Case of Inflammatory Pseudotumor of the Liver Mimicking Metastatic Disease: A Diagnostic Challenge. The Ohio Gastroenterology Society 2016 Annual Meeting. Poster Presentation. 2016 Sep 17.
7. **V Shetty** and **R Magliola**. Sensitization as Motivation: Empowering First Steps in Global Health. 2016 AAFP Family Medicine Global Health Workshop. Oral Presentation. 2016 Sep 9.
8. MN Iqbal, E Stott, A Huml, V Krishnan, CJ Scallan, J Darvesh, K Kode, **C Castro**, N Turlapati, C Landefeld, J Pencak, M Cedeño, W Baughman, C Sullivan, and JD Thornton. What's in a Name? Factors Associated with Documentation and Evaluation of Incidental Pulmonary Nodules. *Annals of the American Thoracic Society*. Epub ahead of print 2016 Aug 30.
9. KD Cain, BR Sehgal, KE Covinsky, **DC Kaelber**, and AR Sehgal. The Clinical Impact of Medical Journals. *Annals of Internal Medicine*. 2016 Aug 2;165(3):227-8. PMID: 27294687.
10. V Krishnappa, JH Ross, DN Kenagy, and **R Raina**. Secondary or Transient Pseudohypoadosteronism Associated with Urinary Tract Anomaly and Urinary Infection: A Case Report. *Urology Case Reports*. 2016;8:61-62. PMID: 27516976.
11. Sethi SK, Maxvold N, Bunchman T, Jha P, Kher V and **Raina R**. Nutritional management in the critically ill child with acute kidney injury: a review. *Pediatric Nephrology*. 2016 Jun 20. PMID: 27324472.
12. **M Gardner, L Hojat** and **H Ng**. Exploring Factors in Gender Identity Detransition: A Case Series. WPATH 24th Biennial Scientific Symposium. Poster Presentation. 2016 Jun 19.
13. S Viswanathan, D Kumar, C Sykes, S Olbrych, N Patel, DM Super, J Darusz, and **R Raina**. Making a diagnosis of hypertension and defining treatment threshold in very low birth weight infants' need revision? *Journal of Renal Injury Prevention*. 2016 Jun 1;5(2):55-60. PMID: 27471735.

14. **L Hojat** and M Schweiger. 45,X/46,XY Mosaicism and Possible Association With Hypothyroidism in Males. *Clinical Pediatrics*. 2016 Jun;55(6):549-51. PMID: 26294759.
15. KD Cain, BR Sehgal, KE Convinsky, **DC Kaelber**, and AR Sehgal. The Clinical Impact of Medical Journals. *Annals of Internal Medicine*. 2016 Jun 14. PMID: 27294687.
16. **S Chagalamarri**, P Fragassi, R Needlman. Adopting standardized protocol in primary care for the management of infants born to opioid-dependent mothers. Macy Regional Conferences on Innovations in GME, University of Michigan. Poster Presentation. 2016 May 23.
17. LS Sroujeh, MN Iqbal, **C Castro**, M Elrifai, S Dixon Williams, JD Thornton. Factors Affecting Smoking Cessation Interventions in Pulmonary Clinic. American Thoracic Society 2016 Meeting. Poster Presentation. 2016 May 18.
18. K Liu, BT Kurien, SL Zimmerman, KM Kaufman, DH Taft, LC Kottyan, S Lazaro, CA Weaver, JA Ice, AJ Adler, J Chodosh, L Radfar, A Rasmussen, DU Stone, DM Lewis, S Li, KA Koelsch, **A Igoe**, M Talsania, J Kumar, JS Maier-Moore, VM Harris, R Gopalakrishnan, R Jonsson, JA Lessard, X Lu, JE Gottenberg, JM Anaya, DS Cunninghame-Graham, AJ Huang, MT Brennan, P Hughes, GG Illei, C Miceli-Richard, EC Keystone, VP Bykerk, G Hirschfield, G Xie, WF Ng, G Nordmark, P Eriksson, R Omdal, NL Rhodus, M Rischmueller, M Rohrer, BM Segal, TJ Vyse, M Wahren-Herlenius, T Witte, B Pons-Estel, ME Alarcón-Riquelme, JM Guthridge, JA James, CJ Lessard, JA Kelly, SD Thompson, PM Gaffney, CG Montgomery, JC Edberg, RP Kimberly, GS Alarcón, CL Langefeld, GS Gilkeson, DL Kamen, BP Tsao, W Joseph McCune, JE Salmon, JT Merrill, MH Weisman, DJ Wallace, TO Utset, EP Bottinger, CI Amos, KA Siminovitch, X Mariette, KL Sivils, JB Harley, RH Scofield. X Chromosome Dose and Sex Bias in Autoimmune Diseases: Increased Prevalence of 47,XXX in Systemic Lupus Erythematosus and Sjögren's Syndrome. *Arthritis & Rheumatology*. 2016 May;68(5):1290-300. PMID: 26713507.
19. A Ahmed, **J Sterbank**, and K Wishah. A Case of Severe Pneumococcal Pneumonia Requiring Ventilator-Support in a Hypogammaglobulinemia Patient on IVIG Infusion Therapy Despite Adequate IgG Troughs. American Academy of Allergy, Asthma & Immunology 2016 Annual Meeting. Poster Presentation 23 Mar 2016.
20. **R Magliola**, **H Ng**, and **J Sterbank**. Developing a Public Speaking/Leadership Module for Med-Peds Residents. Med-Peds Program Directors' Annual Meeting. Poster Presentation. 2016 Apr 20.
21. T Pasala, **S Golbari**, P Sengodan, F Rader, T Owan, A Tandar, M Dunlap, and S Gandhi. Central Indices of Aortic Stiffness Predict Severity and Burden of Coronary Artery Disease Beyond Traditional Risk Models. American College of Cardiology 2016 Scientific Sessions. Poster Presentation. 2016 Apr 4.
22. T Pasala, **S Golbari**, S Malik, P Sengodan, F Rader, T Owan, A Tandar, M Dunlap, and S Gandhi. Effect of Age, Gender and Co-morbidity on Central Indices of Aortic Stiffness in Patients Undergoing Cardiac Catheterization. American College of Cardiology 2016 Scientific Sessions. Poster Presentation. 2016 Apr 2.
23. SM Sutherland, **DC Kaelber**, NL Downing, VV Goel, and CA Longhurst. Electronic Health Record-Enabled Research in Children Using the Electronic Health Record for Clinical Discovery. *Pediatric Clinics of North America*. 2016 Apr;63(2):251-68. PMID: 27017033.
24. **S Chagalamarri**. What Is the Cause of the Enlarging Rash on this Girl's Forehead? *Consultant*. 2016 Mar 3;15(3):10-11.
25. **R Raina**, L Lou, B Berger, B Vogt, AS Do, R Cunningham, P Vasavada, K Herrmann, K Dell, and M Simonson. Relationship of urinary endothelin-1 with estimated glomerular filtration rate in autosomal dominant polycystic kidney disease: a pilot cross-sectional analysis. *BMC Nephrology*. 2016 Feb 29;17:22. PMID: 26923419
26. **C. Castro and H Ng**. Why Did the Chikungunya Cross the Border? Fourth Annual Workshops in Global Health, Case Western Reserve University. Poster Presentation. 2016 Jan 23.



27. MJ Mahana, AM Iqbal, **DC Kaelber**. Hypertension at School Age in Extremely Low Birth Weight Infants. *Journal of Neonatal-Perinatal Medicine*. 2016 Jan 4;8(4):363-9. PMID: 26836822
28. A Das, **S Chagalamarri**, and K Saridakis. Partial Obstruction of the Endotracheal Tube by the Plastic Coating Sheared from a Stylet. *Case Reports in Pediatrics*. 2016;2016:4373207. PMID: 26989545

### Academic Leadership Team

The Med-Peds Program Director is the head of a the Program Evaluation Committee which includes six attending physician members and four residents who meet at least monthly to discuss the educational objectives, plan for scholarly enhancements, adopt ACGME Milestones and Entrustable Professional Activities, extend research curriculum, provide faculty training, interview physician applicants, provide faculty education and promote Internal Medicine and Pediatrics in the local community.

### Med-Peds Alumni

As of July 2016, 118 residents have graduated from the MetroHealth Med-Peds program. Our graduates pursue a wide variety of career paths including primary care, hospitalist care, private practice, academic medicine or enroll in subspecialty training programs. A complete summary is included below, along with details for each graduate starting on [page 43](#).

Primary Care	70 (59%)*
Subspecialties	35 (30%)*
Adolescent Medicine	1
Allergy-Immunology	2
Cardiology	2
Endocrinology	1
Epidemiology	1
Gastroenterology/Hepatology	5
General Academic Medicine	3
Genetics	1
Hematology-Oncology	2
Infectious Diseases	3
Intensive care	5
Medical Informatics	1
Nephrology	3
Pulmonology	2
Rheumatology	1
Sleep Medicine	1
Sports medicine	1
Hospitalist	13 (11%)*
Academics	46 (39%)*
<b>Total</b>	<b>118</b>

\* Percentages do not total 100% because some graduates are included in more than one category.

## Med-Peds Office

The office area is located on the fifth floor of the Hamann Building. A full time program coordinator is available to help with Med-Peds residents' issues. The Center Chairperson, Program Director, Associate Program Directors and Chief Resident all have office space and hold regular office hours.

A conference room with audiovisual equipment as well as residents' mailboxes, a fax machine and a copier are all available for use in the Med-Peds office complex. The program coordinator is a notary.

## Summary of the MetroHealth Med-Peds Curriculum

The internship is 13 modules long and equally divided between Internal Medicine and Pediatrics. **Rotation schedule is done in 3 to 4 module blocks ensuring seasonality.** Each Module is four weeks long and there are 13 modules per academic year.

<b>INTERNAL MEDICINE</b>	<b>PGY-I</b>	<b>PGY-II</b>	<b>PGY-III</b>	<b>PGY-IV</b>
<b>TOTAL REQUIREMENTS:</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>6</b>
<b>INPATIENT MEDICAL FLOORS:</b>				
HEMATOLOGY/ONCOLOGY		<b>1</b>		
GENERAL MEDICINE	<b>4</b>		$\frac{1}{2}^*$	<b>1</b> *
PULMONARY CARE UNIT			<b>1</b> *	
SHORT STAY UNIT			<b>1</b>	$\frac{1}{2}$
TELEMETRY			<b>1</b> *	
<b>INTENSIVE CARE UNITS:</b>				
CCU		<b>1</b>		
MICU		<b>1</b>		
<b>SUBSPECIALTY EXPERIENCES:</b>				
GERIATRICS				$\frac{1}{2}$
AMBULATORY MEDICINE	$\frac{1}{2}^@$		$\frac{1}{2}^@$	$\frac{1}{2}^@$
EMERGENCY MEDICINE		<b>1</b>		
<b>OTHER REQUIREMENTS:</b>				
MEDICINE NIGHT FLOAT		$\frac{1}{2}^*$	$\frac{1}{2}^*$	$\frac{1}{2}^*$
MED-PEDS AMB SUPERVISORY				<b>1</b> *
MEDICINE CONSULTS			$\frac{1}{2}$	
ELECTIVES	<b>1</b>	<b>2</b>	<b>1</b> $\frac{1}{2}$	<b>1</b> $\frac{1}{2}^@$
MEDICINE VACATION	$\frac{1}{2}^@$	$\frac{1}{2}^@$	$\frac{1}{2}^@$	$\frac{1}{2}^@$
<b>TOTAL SUPERVISORY:</b>	<b>0</b>	$\frac{1}{2}$	<b>3</b>	<b>2</b> $\frac{1}{2}$

<b>PEDIATRICS</b>	<b>PGY-I</b>	<b>PGY-II</b>	<b>PGY-III</b>	<b>PGY-IV</b>
<b>TOTAL REQUIREMENTS:</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>7</b>
<b>INPATIENT MEDICAL FLOORS:</b>				
GENERAL PEDIATRICS	<b>2</b>		<b>1*</b>	<b>2*</b>
SUBSPECIALTY PEDIATRICS	<b>1</b>			
<b>INTENSIVE CARE UNITS</b>				
NICU		<b>1</b>	<b>1*</b>	
PICU		<b>1</b>		
<b>SUBSPECIALTY EXPERIENCE:</b>				
NEWBORN NURSERY	<b>1</b>			
BEHAVIOR & DEVELOPMENT	<b>1</b>			
ADOLESCENT			<b>1</b>	
EMERGENCY MEDICINE	<b>1</b>			<b>1</b>
COMMUNITY EXPERIENCE		<b>1</b>		
<b>OTHER REQUIREMENTS:</b>				
URGENT CARE PEDIATRICS	<b>1/2@</b>	<b>1/2@</b>	<b>1/2@*</b>	<b>1/2@*</b>
MED-PEDS EXPERIENCE		<b>1</b>		
ELECTIVES	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
PEDIATRICS VACATION	<b>1/2@</b>	<b>1/2@</b>	<b>1/2@</b>	<b>1/2@</b>
<b>TOTAL SUPERVISORY:</b>	<b>0</b>	<b>0</b>	<b>2 1/2</b>	<b>2 1/2</b>

\*Supervisory

@Vacation is taken as a two-week block in Ambulatory Medicine or Medicine Night float and Urgent Care Pediatrics.

During the first year, residents focus on patient management skills in the ambulatory setting, emergency department, inpatient and neonatal care units. During the subsequent years, the block modules are three or four modules long to provide seasonal variation among the specialties needed for a quality experience.

With the goal of broadening residents' knowledge and clinical skills, the second year then continues with electives, including combined Med-Peds subspecialties including a required Med-Peds ambulatory module in both the second and fourth years. Rotations include urgent care clinics, ambulatory rotations and additional ICU experience. Night float is begun in the second year.

During the third year, residents continue with additional subspecialty electives and ambulatory rotations, and begin supervisory rotations on the wards and in the ICU's.

During the final year of the program, residents are given extensive experience in a supervisory capacity in both the ambulatory and inpatient settings. The rotations are designed to serve as a transition between residency and post-graduate positions. During this time, senior residents have primary responsibility for patient care and for the teaching of new residents and medical students.

Module	Academic Year 2016-2017	Academic Year 2017-2018	Academic Year 2018-2019	Academic Year 2019-2020
1	Peds Inpatient Intern	Med Inpatient Heme-Onc	Med Pulmonary Care Unit Senior	Peds Elective
2	Newborn Nursery	Medicine Intensive Care Unit	Med Elective / Vacation	Peds Inpatient Senior
3	Peds Emergency Medicine	Med Elective / Vacation	Med Inpatient Senior	Peds Emergency Medicine
4	Med Urgent Care / Vacation	Pediatric Intensive Care Unit	Peds Elective	Geriatrics / Vacation
5	Med Inpatient	Med-Peds Ambulatory	Peds Inpatient Senior	Med Telemetry Senior
6	Med Pulmonary Care Unit	Peds Urgent Clinic / Vacation	Peds Elective	Med-Peds Ambulatory Senior
7	Med Emergency Medicine	Developmental Pediatrics	Neonatal Intensive Care Unit	Med IP Senior
8	Peds Inpatient Intern	Cardiac Intensive Care Unit	Medicine Consult / Vacation	Peds Inpatient Senior
9	Peds Urgent Care / Vacation	Med ID Elective / Vacation	Ambulatory Block	Peds Urgent Care / Vacation
10	Peds Subspecialty Intern	Med Urgent Care / Night Float	Ambulatory Block / Night Float	Peds Elective
11	Med Cardiology Care Unit	Community Experience	Adolescent	Med IP Senior
12	Med Elective	Neonatal Intensive Care Unit	Peds Urgent Care / Vacation	Med Urgent Care / Night Float
13	Med Inpatient	Peds Elective	Peds Elective	Med Heme-Onc Elective

 **Denotes rotations in Pediatrics**

 **Denotes rotations in Internal Medicine**

Above is a sample rotation schedule for all four years. Starting in February of the academic year, all residents formulate their individual schedule. The parent programs realize how difficult and demanding Med-Peds training is. Therefore, the Med-Peds resident's individual schedules are used first when the separate Internal Medicine and Pediatric departments develop their schedules.

### Med-Peds Residency Board Pass Rate

Below is the first-time test taker Board pass rate for the most recent 4 years (2012-2015).

Internal Medicine				
Year	Passed	Attempted		Pass Rate
2012	5	6	MetroHealth Med-Peds	90%
2013	7	8	National 2015	89%
2014	3	3		
2015	3	3		

Pediatrics				
Year	Passed	Attempted		Pass Rate
2012	5	5	MetroHealth Med-Peds	79%
2013	3	5	National 2014	87%
2014	3	4		
2015	4	5		

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## **Call responsibility by year**

1. Internship: 13 modules.
  - a. Interns have a great deal of autonomy at MetroHealth. Overnight call is a great opportunity to experience this autonomy with plenty of support and backup.
  - b. Call every four to six nights for rotations based at MetroHealth and rotations at affiliated institutions such as the subspecialty block at The Cleveland Clinic.
2. Junior: 19 modules.
  - a. Call every fourth night in Pediatrics.
  - b. Call every fifth night in ICU modules.
  - c. Night float for two weeks per year in second to fourth years.
3. Seniors: 22 modules.
  - a. Primarily supervisory and electives.
  - b. In Internal Medicine, call varies from two weeks of night float per year to once weekly during in supervisory rotations.
  - c. In Pediatrics, call is every fourth or fifth night per standardized Residency Review Committee regulations.

## **Electives**

1. Combined electives available in certain specialties.
2. Flexibility in program and electives to fit future career plans such as international health electives.
3. Ability to easily take electives at all Case Western Reserve University affiliated hospitals including University Hospitals of Cleveland and The Cleveland Clinic.

## **Clinics**

1. Main campus Internal Medicine and Pediatrics clinics.
  - a. Alternate weekly clinics in categorical Internal Medicine or Pediatrics to provide a traditional experience.
  - b. Attend all four years of training.
2. Weekly combined Med-Peds practice at satellite offices.
  - a. Staffed by Med-Peds faculty and operate at one of several suburban, inner city or middle income practice sites.
  - b. Residents attend combined clinics during the second through fourth years of training.
  - c. Simultaneously see adults and children with a patient mix of approximately 60% adults and 40% children.
3. Ambulatory tracks (for third and four year residents)
  - a. Senior residents get a choice between traditional Med-Peds satellite clinics or two other ambulatory tracks.
  - b. Med-Peds Specialty Clinic track, where the residents with Med-Peds physicians in particular niches (LGBT health, Allergy-Immunology, Pulmonary, Weight Management, Comprehensive Care, etc).
  - c. Subspecialty track for those primarily with fellowship aspirations, where the residents will work on alternating weeks with a Pediatric and Internal Medicine subspecialty.

## **Integration of Health Care Team**

Throughout their training, residents work in an integrated health care structure alongside nurses, nurse

practitioners, social workers, care managers, physical therapists, occupational therapists, speech therapists, respiratory therapists, dietitians, child psychologists, home health nurses and financial counselors.

### **Med-Peds Ambulatory module in both second and fourth years**

A PGY-II resident is paired with a PGY-IV resident at the Middleburg Heights Health Center during an entire module. This experience allows the junior resident to precept directly with the senior resident who functions as a "junior attending."

### **Med-Peds faculty**

1. There are 24 Med-Peds trained faculty throughout The MetroHealth System.
2. 14 participate in primary care, five in urgent care and one in hospital care. There is one each of an adult Intensivist, adult Rheumatologist and Allergy-Immunologist. One additional Med-Peds trained physician member is an Allergy-Immunology physician and holds an adjunct appointment with MetroHealth Medical Center.

### **Chief Resident**

1. The Chief Resident is a fifth year position who is tasked to support residents' education experiences in any way necessary.
2. The Chief Resident is an integral connection between the residents and the academic leadership. He or she is largely responsible for rotation and call schedules, negotiation between categorical departments, educational programming such as Board review and moral boosting among residents and attending physicians.
3. Adrian Garcia, MD is the Med-Peds Chief Resident for the 2016–2017 academic year.

### **Lectures**

Lectures are given throughout the educational experience with a goal of providing both seasonal variation and minimum of overlap on a year after year basis.

1. Medicine
  - a. General Internal Medicine Grand Rounds – weekly
  - b. Cardiology Grand Rounds – weekly
  - c. Morbidity and Mortality Conference – weekly
  - d. Medical Management Conference – weekly
  - e. Autopsy Conference – monthly
  - f. Nuts and Bolts conferences at the beginning of the academic year
  - g. Ambulatory case based conference – weekly
  - h. Clinical Pathologic Conference – monthly
  - i. Morning Report – three times per week
  - j. Journal Club – weekly
  - k. Board Review – weekly
  - l. Ward attending rounds – one hour of dedicated teaching time three times per week
  - m. Dedicated pulmonary and critical care lecture series while rotating through ICU's
  - n. Dedicated lecture series while rotating through the short stay unit
  - o. Radiology rounds – daily
  - p. Resident presentations – daily
  - q. Numerous subspecialty conferences – daily

2. Pediatrics
  - a. Grand Rounds – weekly
  - b. Morbidity and Mortality Conference – monthly
  - c. Medical Management Conference – weekly
  - d. Rotating subspecialty series – weekly
  - e. OB/Peds Conference – weekly
  - f. Journal Club – quarterly
  - g. Continuity Clinic presentations
  - h. Dedicated PICU and NICU conference series while rotating through ICU's
  - i. Pediatrics morning report – four times per week
  - j. Ward attending rounds – daily
  - k. Pediatric radiology rounds – daily
  - l. Board Review – weekly
3. Med-Peds
  - a. Grand Rounds with a separate, Med-Peds dedicated curriculum – 8 times per year
  - b. Med-Peds education and business meetings – biweekly
  - c. Board review series given by Chief Resident – biweekly
  - d. Med-Peds Journal Clubs with cross-town University Hospitals Med-Peds program – semiannually
  - e. Midwest Med-Peds Regional conference and Case Western Reserve University Education Retreat – Residents are encouraged to attend yearly
  - f. Med-Peds Regional Networking event – annually

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# ANSWERS TO FREQUENTLY ASKED QUESTIONS

## General

### 1. Conference series

- a. Internal Medicine Nuts and Bolts: Five times per week during July and August. Diagnosis and management of common medical problems including topics such as endocarditis, congestive heart failure, pancreatitis, cellulitis, stroke, fluids and electrolytes and professionalism.
- b. Pediatrics Annual Review: Five times per week during May and June. Topics include growth and development, genetic syndromes, complex congenital heart disease.
- c. Grand Rounds: Thursdays at 7:30 am for Pediatrics and noon for Internal Medicine
- d. Morbidity and Mortality Conference: Weekly September through June for Internal Medicine and eight times per year for Pediatrics
- e. Morning Report: Four days per week for both Internal Medicine and Pediatrics with one day per week dedicated to Board Review on both Internal Medicine and Pediatrics. Morning report is attended by floor residents, floor attending physicians, specialty attending physicians, Department Chairperson and Chief Residents. Formal feedback is provided following every Pediatric morning report.
- f. Medical Pathology Conference: Monthly on Tuesdays to review autopsies.
- g. Internal Medicine ECG Conference: One to two times per month, October through May.
- h. Journal Club: Monthly in Internal Medicine and twice per month in Pediatrics.
- i. World Health Interest Group conference: Most Fridays on the main CWRU campus.
- j. Subspecialty conferences: Each subspecialty has at least one weekly conference including journal clubs, tumor board, radiology, pathology and infectious disease case conferences.
- k. Internal Medicine Management Conferences: Twice weekly, September through June, with a focus on management of the most complex and ethically challenging patients.
- l. Senior Grand Rounds: Each Med-Peds and categorical Internal Medicine senior gives a one-hour CME-approved, Grand Rounds level conference on a scholarly activity or topic of their choice.

### 2. Salary

- a. [Annual stipends](#) are listed under benefit information (page 54). The salary is very competitive with other teaching affiliates of Case Western Reserve University.
- b. The cost of living in Cleveland is just below the national average which makes the city less expensive than many other larger cities in the United States.

### 3. Library

- a. The hospital has an extensive collection of medical texts and journals available in-house. Interlibrary loan can obtain a book or journal from any affiliated institution in the State of Ohio.
- b. Residents and staff have unlimited access to all libraries of Case Western Reserve University, the Cleveland Clinic Medical Library system and Ohio Link.
- c. Assistance is provided by staff members with a degree in Library Science.
- d. James R. Carter, Jr. Library, specific to Internal Medicine is located near the Medical Wards with educational resources and computers for resident use 24-hours per day.
- e. The Med-Peds office area contains a medical reference collection and current Board review materials.

### 4. Educational Funds

- a. Annual book funds range from \$200 to \$800 depending on training level. PGY-3 and PGY-4 residents are



- provided with an additional \$200 for conference travel.
- b. Five educational days per year are available for residents to attend a conference, complete USMLE Step 3 or COMLEX-USA Level 3 examinations, interview for career of fellowship programs or complete American Heart Association courses (e.g. ACLS, PALS).
  - c. The Med-Peds Center pays for the temporary Ohio Training Licensure as well as American Heart Association courses, membership to the [National Med-Peds Residents' Association](#) and membership to the [American Academy of Pediatrics](#).
  - d. The Med-Peds Center continuously updates its extensive library of Board review materials.

## **5. Technology**

- a. A 2,800 square foot [simulation center at MetroHealth](#) opened in 2012 to supplement the 8,500 square foot Mount Sinai Skills and Simulation Center run in partnership with Case Western Reserve University.
- b. Secure home networking connection provides residents full access to all of the clinical and educational resources of MetroHealth Medical Center and Case Western Reserve University including thousands of full text journals, *MD Consult*, *UpToDate*, *Micromedex*, *Ovid*, all radiology images and complete use of the electronic medical record.
- c. Procedures, duty hours, rotation evaluations and other milestones are tracked electronically through the evaluation system, *MyEvaluations.com*.
- d. Residents and staff get a 22% discount from Verizon Wireless for access charges and data plans.
- e. The entire medical campus including all patient care areas has free wireless internet and signal boosting technology for Verizon Wireless cellular phones.

## **6. Electronic Meal Card System**

- a. A cashless meal card system is automatically funded in semiannually increments to cover on-call meal expenses.

## **7. Resident Recognition**

- a. Med-Peds provides several cash and book fund awards for residents who excel in research, teaching, leadership and scholarship.
- b. Available resident scholarship awards total \$1,100 per academic year.

## **8. Ancillary Services**

- a. The vast majority of intravenous lines and blood draws are done by nurses with the exception of most new Pediatric admissions. Nurses provide almost all phlebotomy for Internal Medicine patients.
- b. A rapid response team with a dedicated nurse is available to assist with any acute needs such as an unstable patient or difficult IV placement.
- c. EEG and radiology technicians are always available. Nurses perform EKG's.
- d. Computerized laboratory and pathology results with terminals in every patient room and portable computers throughout each ward and most outpatient areas.
- e. Digital radiology image retrieval is available throughout the hospital system and through a secure connection at home. Radiology reports are available within hours through the electronic medical record.
- f. EPIC Hyperspace is the electronic medical record system used at MetroHealth.
- g. Interpretation services are available in-house for sign language and the most common foreign languages. Interpreters are available via telephone for dozens of additional languages.

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# DETAILED DESCRIPTION OF RESIDENCY ROTATIONS

## Intern Rotations

### 1. Internal Medicine

#### a. General Medicine Wards

- i. Three modules during the intern year.
- ii. The team consists of one attending, one senior, three interns and two or three medical students.
- iii. Intern call averages every fifth night with minor variation to accommodate continuity clinics.
- iv. Supervising resident on night float rotation provides backup at night.
- v. Average number of admissions is five per 24-hour period. After the fifth admission, the patients are admitted by the on call senior resident and distributed to other team members in the morning.
- vi. Typical daily patient load is four to eight patients.
- vii. Each inpatient unit has 30 beds which are divided among six interns.
- viii. Formal attending rounds occur every day of the week with time set aside for bedside diagnosis lead by the attending.
- ix. Established firm system allows residents to be assigned to the same inpatient ward throughout all four years of training.

#### b. Telemetry Ward

- i. One module during intern year.
- ii. The team consists of two attendings, two seniors and four interns
- iii. Call is every four nights on the telemetry ward.
- iv. Typical daily patient load is four to eight patients.
- v. Telemetry service is a 20-bed unit divided among four interns.
- vi. Formal attending rounds occur every day of the week with time set aside for bedside diagnosis lead by the attending.
- vii. Interns gain extensive experience with atrial fibrillation, electrolyte imbalance, cardiac chest pain, syncope, etc.

#### c. Ambulatory Medical Clinic

- i. One module during intern year.
- ii. Interns have no overnight call.
- iii. Weekly ambulatory lectures, journal club or case conference medical subspecialty (e.g. sigmoidoscopy, woman's health, ENT, TB clinic, Dermatology).
- iv. Interns see about four patients per half-day session.
- v. Interns evaluate urgent care patients in conjunction with senior residents and supervising attending. Patients are referred from fellow residents and attendings for urgent problems, non-medical services for evaluation of medical problems, preoperative evaluations, Emergency Department follow-up, hospital follow-up or self-referral for urgent concerns.

#### d. Internal Medicine Electives

- i. One elective during intern year.

- ii. No night call.

**e. Emergency Medicine**

- i. One module with adult patients, generally taken during intern year.
- ii. 18 shifts, each lasting eight to ten hours with no additional call responsibilities.
- iii. Residents continue to attend their regular weekly continuity clinics.

**2. Pediatrics**

**a. General Pediatric Ward**

- i. Two modules during intern year.
- ii. The team consists of one attending, three or four supervising residents, four to six interns and two to four medical students.
- iii. There is substantial experience with the comprehensive care service for children with special needs and genetic and congenital disabilities. Rounds for these children are conducted separately.
- iv. Call averages every fourth night call for interns.
- v. The average number of summer admission is five per night. The average number of winter admissions is 10 per night.
- vi. All patients admitted before 5:00 a.m. are seen in conjunction with the on-call supervising residents. Patients admitted after 5:00 a.m. are seen exclusively by the senior resident and distributed to other team members in the morning.
- vii. The usual patient load varies from four to ten.
- viii. The Pediatric inpatient unit has 48 beds which are divided among all interns.
- ix. Formal attending rounds occur every day of the week.

**b. Cleveland Clinic Subspecialty Pediatrics**

- i. One module during intern year.
- ii. Team consists of four interns; one supervisory resident and a number of various subspecialty attending physicians, fellows and nurse practitioners.
- iii. Two weeks of night shift call (one call every other night).
- iv. Formal attending rounds occur every day of the week.
- v. The module provides extensive experience with congenital heart disease, neurology, hematology-oncology and other pediatric subspecialty patients.

**c. Ambulatory Pediatrics Clinic**

- i. One module during intern year.
- ii. No night call for interns.
- iii. Interns evaluate urgent care patients with supervising senior resident attendings. Patients are referred from fellow residents and attendings for urgent problems, non-medical services for evaluation of medical problems, preoperative evaluations, Emergency Department follow-up, hospital follow-up or self-referral for urgent concerns.
- iv. Daily ambulatory lectures, morning report and noon conferences.

**d. Nursery**

- i. One module during intern year.
- ii. Call is every fourth or fifth night and ends at 8:00 p.m. Interns workup admissions to the NICU in coordination with Junior Residents and Fellows. There is no overnight call.

- iii. Interns perform newborn assessments and work directly with one attending and a team of nurse practitioners.

## **PGY-II Rotations**

### **1. Internal Medicine**

- a. During PGY-II Internal Medicine rotations, almost all calls are taken during the night float block or during the ICU experiences. Residents average only two additional calls per year.
- b. **Medical Intensive Care Unit (MICU)**
  - i. One module during the PGY-II year.
  - ii. The team is generally composed of five PGY-II residents, a supervising senior resident, a Pulmonary fellow and a Pulmonary and Critical Care attending.
  - iii. Call is every fourth or fifth night with backup by an in-house supervising resident and a Pulmonary and Critical Care fellow.
  - iv. The MICU / Stepdown unit is a 42 bed unit, and each resident carries about three to five patients.
  - v. Formal attending rounds occur every day of the week.
  - vi. Residents gain extensive experience with invasive procedures including central lines, arterial lines, ventilators and Swann-Ganz catheters.
  - vii. Dedicated Pulmonary and Critical Care lecture series during most days of the week.
- c. **Electives**
  - i. Approximately three modules during the second year.
  - ii. Chosen from medical subspecialties, non-medical services or research.
  - iii. Residents complete four "core" subspecialty electives (e.g. Infectious Disease, Cardiology, Rheumatology, etc.) during the 26 modules in each discipline.
- d. **Ambulatory Medical Clinic**
  - i. One-half module during the PGY-II year.
  - ii. Please see [Intern level Ambulatory Medical Clinic](#) (page 34) for complete description.
- e. **Cardiac Intensive Care Unit (CCU)**
  - i. One module during the PGY-II year.
  - ii. Team consists of four residents supervised by Cardiology fellow and Cardiology attending.
  - iii. The CCU has eight acute beds and eight telemetry beds.
  - iv. Call is every fourth night call with back up by an in-house supervising resident.
  - v. Formal attending rounds occur every day of the week.
  - vi. Residents attend dedicated cardiology lecture series and EKG reading lectures.
  - vii. Residents gain extensive experience with ischemic cardiomyopathy, cardiac shock, cardiac catheterization, invasive hemodynamic monitoring and pacemakers.
- f. **Hematology-Oncology Unit**
  - i. One module during the PGY-II year.
  - ii. Team consists of three residents supervised by the Hematology-Oncology fellow and attending.
  - iii. There is ample opportunity to participate in the outpatient Hematology-Oncology clinic

- iv. Residents have experience in managing sickle cell disease, blood and solid tumors, chemotherapy and related complications.

## **2. Pediatrics**

### **a. Med-Peds Ambulatory Module**

- i. One module during the winter of the PGY-II year.
- ii. Maximum of one or two calls to cover the inpatient wards.
- iii. The resident is exposed to a busy suburban, exclusively Med-Peds practice with one-to-one teaching provided by a precepting fourth year Med-Peds resident and Med-Peds attending.
- iv. A nuts and bolts lecture series focuses on licensure, medical billing, controlled substance prescription management, Board preparation, practice management, motivational interviewing, quality improvement, routine medical care, cultural competency and post-residency concerns.
- v. Paired residents (PGY-II and PGY-IV) become engaged in a quality improvement project and learn an iterative four-step management method used in business for the control and continuous improvement of processes and products.

### **b. Behavior and Development**

- i. One module during the second year.
- ii. Call is every fourth or fifth night.
- iii. Residents gain experience in Pediatric psychiatric principals and work closely with four staff Pediatric psychologists, three Pediatric psychiatrists, and behavioral Pediatricians.

### **c. Ambulatory Pediatrics Clinic**

- i. One module during the second year.
- ii. Similar description for [Intern level Ambulatory Pediatrics Clinic](#) (page 35) with the exception of two weeks call free and two weeks with call every fourth night.

### **d. Community Experience and Advocacy Pediatrics**

- i. One module during the second year.
- ii. Resident participate in the multiple child advocacy roles, understand legal issues that affect the practice of Pediatrics, advocate with multiple community services to address the patient's and family's problems and needs, identify barriers to health care for children in the community and gain understanding of the multicultural dimensions of health care.
- iii. Residents may elect to use this block for an International health elective during the second, third or fourth years of residency.

### **e. Neonatal Intensive Care Unit (NICU)**

- i. One module during the PGY-II year.
- ii. Extensive 51-bed Level III NICU with all capabilities except for extracorporeal membrane oxygenation (ECMO).
- iii. Two teams which consist of one attending, one fellow, three residents and up to one medical student.
- iv. Call is every fourth night. A fellow is always present in the unit and takes in-house overnight call.
- v. There is a dedicated neonatal resuscitation and lecture series.

### **f. Electives**

- i. Generally one module during PGY-II year.
- ii. Residents begin the first of six total Pediatric electives.
- iii. Chosen from medical subspecialties, non-medical services or research.
- iv. All residents required to complete four "core" subspecialty electives (e.g. Infectious Disease, Cardiology, Rheumatology, etc.) during the 26 modules in each discipline.

**g. Pediatric Intensive Care Unit (PICU)**

- i. One module during the second year.
- ii. The PICU consists of ten acute units and three procedure/sedation beds
- iii. Residents receive extensive experience with pediatric trauma, medical emergencies, ventilator management and invasive procedures (e.g. central lines and intubation)
- iv. The team consists of three residents, one PICU attending and one medical student. A PICU fellow may be part of the training.
- v. Formal attending rounds and radiology rounds occur every day of the week.
- vi. Dedicated PICU lecture curriculum

**PGY-III and PGY-IV Rotations**

**1. Internal Medicine**

- a. As a senior resident in Internal Medicine, almost all calls are during the night float block or while supervising the medical wards. Residents average only two additional calls per year.

**b. Med-Peds Ambulatory Module**

- i. One module during winter of PGY-IV year.
- ii. The PGY-IV resident supervises and precepts the PGY-II resident to provide a unique "junior attending" experience.
- iii. Please see [PGY-II level Med-Peds Ambulatory Module](#) (page 37) for complete description.

**c. General Medical Ward and Telemetry Ward Supervising**

- i. Three supervisory modules on either the [general medicine wards](#) (page 34) or the [telemetry ward](#) (page 34) divided between PGY-III and PGY-IV years.
- ii. Two to four calls per module covering the general medical or ward telemetry.

**d. Short Stay Unit**

- i. One and one-half modules during the PGY-III or PGY-IV years.
- ii. One week of night shift call.
- iii. Four residents and one attending round in a continuous module for hospitalized patients with lower acuity problems who are expected to stay for 72 hours or less (e.g. pyelonephritis, pneumonia, deep venous thrombosis, mild diabetic ketoacidosis, asthma exacerbation).

**e. Ambulatory Medical Clinic**

- i. One-half module generally in PGY-IV year.
- ii. Supervise PGY-I and PGY-II residents, precept urgent patients with attendings.
- iii. Please see [Intern level Ambulatory Medical Clinic](#) (page 34) for complete description.

**f. Medical Consult Service**

- i. One one-half module in either PGY-III or PGY-IV year.

- ii. Generally no overnight calls.
  - iii. Formal attending rounds occur every day of the week.
  - iv. Residents consult for patients admitted to non-medical services (e.g. general surgery, orthopedics, obstetrics and psychiatry).
  - v. Residents gain significant experience with preoperative evaluations during preoperative clinic two to three half-days per week.
- g. **Electives**
- i. Generally two or three modules to complete the full six electives.
  - ii. See [PGY-II level Electives](#) (page 36) for complete information.
- h. **Geriatrics**
- i. One-half module during the PGY-III or PGY-IV year.
  - ii. Attending rounds occur every day of the week.
  - iii. Dedicated Geriatrics lecture series.
  - iv. Residents receive extensive nursing home, day program experience and participate in home visits, multidisciplinary meetings and specialty rounds (e.g. skin rounds).

## 2. Pediatrics

### a. General Pediatric Ward Supervising

- i. Three supervisory modules divided between PGY-III and PGY-IV years.
- ii. Call is every fourth or fifth night as a supervising resident.
- iii. See [Intern level General Pediatric Ward](#) (page 35) for complete description.

### b. Ambulatory Pediatrics Clinic

- i. Three modules divided between PGY-III and PGY-IV years.
- ii. Senior residents provide overnight backup for interns on the Pediatric Ward and PGY-II residents in the PICU. Call is every fourth night with two call-free weeks during each year.
- iii. See description for [Intern level Ambulatory Pediatrics Clinic](#) (page 35).

### c. Neonatal Intensive Care Unit (NICU)

- i. A second module during the third year.
- ii. Please see description for [PGY-II level Neonatal Intensive Care Unit](#) (page 37).

### d. Electives

- i. Generally five modules to complete the required numbers of electives.
- ii. Senior level residents provide overnight backup for interns on the Pediatric Ward and PGY-II residents in the PICU. Call is every fourth or fifth night.
- iii. See [PGY-II level Electives](#) (page 37) for complete information.

### e. Adolescent Medicine

- i. One module generally during PGY-III year.
- ii. Extensive experience with three adolescent faculty members.

### f. Emergency Medicine

- i. One module with pediatric patients, generally taken during PGY-IV year.
- ii. 16 shifts, each lasting eight to ten hours with no additional call responsibilities.
- iii. Residents continue to attend their regular weekly continuity clinics.

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## **MED-PEDS CORE FACULTY**

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MetroHealth Westpark Health Center

### **NICHOLAS HERRERA, MD**

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Clinical Informatics Fellowship Director  
Ambulatory Internal Medicine-Pediatrics

### **WEI-MING KAO**

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Ambulatory Internal Medicine  
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**DAVID KUENTZ, DO**

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**RUPESH RAINA, MD**

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## MED-PEDS RESIDENTS

2016–2017

### PGY-4

Chloe Castro, MD  
Leila Hojat, MD  
Ann Igoe, MD  
Lauren O'Byrne, DO  
Rohit Shah, MD  
Lora Sowunmi, MD

Rush University Medical Center  
University of Cincinnati College of Medicine  
University of Pécs Medical and Health Sciences  
Touro University Nevada College of Osteopathic Medicine  
Ross University  
University of Virginia School of Medicine

### PGY-3

Gurpreet Bagha, MD  
Michael Gardner, MD  
Arpitha Komuravelly, MD  
Ellie Nowak, MD  
Gina Riccardi, MD  
Varun Shetty, MD

American University of Antigua College of Medicine  
University of Sydney Medical School  
Prathima Institute of Medical Sciences  
Ben-Gurion University of the Negev  
St. George's University School of Medicine  
S.D.M Medical College

### PGY-2

Iryna Bodnar, MD  
Jared Bradshaw, DO  
Sonya Dhanvanthari, MD  
Elizabeth Kightlinger, MD  
Laura Mintz, MD, PhD  
Ishani Sandesara, MD

Northeast Ohio Medical University  
Lake Erie College of Osteopathic Medicine  
Chicago Medical School at Rosalind Franklin University  
Meharry Medical College  
Case Western Reserve University School of Medicine  
Rutgers New Jersey Medical School

### PGY-1

Matthew Badgett, MD  
Simoni Baid, MD  
Katherine Bruening, MD  
Deborah Lee, MD  
Patrick Talbott, MD  
Cheng Zhou, MD

Eastern Virginia Medical School  
Ross University School of Medicine  
Wright State University Boonshoft School of Medicine  
University of Kentucky College of Medicine  
University of Cincinnati College of Medicine  
University of Minnesota Medical School

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## MED-PEDS GRADUATES

### 2016

Giselle Burnett, MD	Pediatric Hospitalist; MedStar Georgetown University Hospital; Washington, District of Columbia
Shwetha Chagalamarri, DO	Adult and Pediatric Primary Care, University of Tennessee; Maryland
Adrian Garcia, MD	Chief of Residents, MetroHealth Medical Center; Cleveland, Ohio
Shervin Golbari, MD	Adult Cardiology, Rutgers New Jersey Medical School; Newark, New Jersey
Peter Hsu, MD	Adult and Pediatric Hematology-Oncology Fellowship, Vanderbilt University; Nashville, Tennessee
Nicholas Jones, MD	Adult Hospitalist, Northwestern University; Chicago, Illinois

### 2015

Ian Britton, MD	Adult Pulmonary and Critical Care, University of California, San Diego; San Diego, California
R. Evan Burton, DO	Adult and Pediatric Primary Care, University of Tennessee; Knoxville, Tennessee
Hoda Abdel Salam, MD	Adult and Pediatric Primary Care, MetroHealth Medical Center; Cleveland, Ohio
Christopher Cooper, MD	Adult Infectious Disease Fellowship, Wayne State; Detroit, Michigan
Melanie Copenhaver, DO	Pediatric Endocrinology Fellowship, Nationwide Children's Hospital; Columbus, Ohio
Mays Shamout, MD	Adult and Pediatric Urgent Care, MetroHealth Medical Center; Cleveland, Ohio

### 2014

Alan Klinkhachorn, MD	Adult and Pediatric Hospitalist; MetroHealth Medical Center, Cleveland, Ohio
Wei-Ming Kao, MD	Pediatric Hematology-Oncology Fellowship; Johns Hopkins University; Baltimore, Massachusetts
Khushdeep Grewal, MD	Adult and Pediatric Hospitalist, Akron Children's; Akron Ohio and locum tenens
Nicholas Herrera, MD	Adult and Pediatric Nephrology Fellowship, University Hospitals Medical Practices; Cleveland, Ohio
Naeem Tahir, MD	Adult Hospitalist, Parma General Hospital; Parma, Ohio
Berneet Grewal, MD	Adult Hospitalist, Montefiore Medical Center; Bronx, New York

### 2013

Sowjanya Kanna, MD	Adult Gastroenterology Fellowship, Rutgers New Jersey Medical School; Newark, New Jersey
Mushtaq Mahmood, MD	Adult and Pediatric Primary Care, Cleveland Clinic; Cleveland, Ohio
Ami Patel, MD	Adult and Pediatric Primary Care, Private Practice; New York, New York
Irani Samaranayake, MD	Adult Hospitalist, MedOne Hospital Physicians; Columbus, Ohio
Arti Subramanian, MD	Adult Primary Care, Visiting Physicians Association; Detroit Michigan
Lisa Torres, MD	Adult and Pediatric Comprehensive Care, MetroHealth Medical Center; Cleveland, Ohio

## 2012

Shanail Berry, MD	Adult and Pediatric Primary Care, MetroHealth Medical Center; Cleveland, Ohio
Emmanuel Boakye, MD	Adult and Pediatric Comprehensive Care, MetroHealth Medical Center; Cleveland, Ohio
Kate Kessler, DO	Adult and Pediatric Primary Care, MetroHealth Medical Center; Cleveland, Ohio
Anna-Binney McCague, MD	Adult and Pediatric Primary Care; Washington Health System; Washington, Pennsylvania
Megha Savant, DO	Adult and Pediatric Urgent Care, MetroHealth Medical Center; Cleveland, Ohio
Nazly Pashmini, MD	Pediatric and Adolescent Primary Care, Cleveland Clinic Strongsville; Strongsville, Ohio

## 2011

Momena Bajwa, MD	Pediatric Emergency Medicine, Children's Hospital of Philadelphia; Philadelphia, Pennsylvania
Cordula Jain, MD	Adult and Pediatric Primary Care, MetroHealth West Park; Cleveland, Ohio
Uchebikwe Nwankwo, MD	Adult and Pediatric Primary Care, Saint Mary's Health Center; Byron Center, Michigan
Neha Patel, DO	Adult and Pediatric Primary Care, Kaiser Permanente; Santa Rosa, California
Julie Sterbank, DO	Allergy-Immunology and Assistant Program Director, MetroHealth Medical Center; Cleveland, Ohio

## 2010

Raghu Boppana, MD	Adult Primary Care, Regenesys Community Health Center; Spartanburg, South Carolina
Monica Kharbanda, MD	Pediatric and Adolescent Primary Care, Private Practice; Alexandria, Virginia
Elizabeth Lucas, MD	Pediatric Infectious Diseases Fellowship, Nationwide Children's Hospital; Columbus, Ohio
Olurotimi Mesubi, MD	Adult Cardiology, University of Iowa; Iowa City, Iowa
Dadhija Patel, DO	Primary Care, Private Practice; Palos Hills, Illinois

## 2009

Mazen Barakat, MD	Adult Hospitalist, Aurora Health Care; Milwaukee, Wisconsin
Wael El-Mallah, MD	Adult and Pediatric Interventional Cardiology Fellowship, University of Kentucky; Lexington, Kentucky
Andrew Gottfried, DO	Adult Primary Care, Allina Medical Clinic; Saint Paul, Minnesota
Ami Multani, MD	Adult Infectious Diseases, Harvard Medical School; Boston, Massachusetts
Anjali Pearce, MD	Adult and Pediatric Primary Care, University of Cincinnati; Cincinnati, Ohio
Wambui Waruingi, MD	Neonatal Intensive Care, Cardinal Glennon Children's Hospital; Saint Louis, Missouri

## 2008

Veerajalandhar Allareddy, MD	Pediatric Intensive Care, Children's Hospital Boston; Boston, Massachusetts
Marina Duran Castillo, MD	Pulmonary and Adult Intensive Care, MetroHealth Medical Center; Cleveland, Ohio
Aparna Kamath, MD	Adult Hospitalist, University of Iowa; Iowa City, Iowa
Samy Riad, MD	Adult Nephrology, University of Minnesota; Edina, Minnesota
Farhat Shaikh, MD	Adult and Pediatric Primary Care; Southeast Dallas Health Center; Dallas, Texas

Vivek Subbiah, MD Adult and Pediatric Hematology-Oncology, The University of Texas; Houston, Texas

## 2007

Moises Auron-Gomez, MD Adult and Pediatric Hospitalist; Cleveland Clinic, Cleveland, Ohio

Sally Ibrahim, MD Adult and Pediatric Sleep Medicine; Cleveland Clinic, Cleveland, Ohio

Charmaine Gutjhar, MD Adult and Pediatric Primary Care; Madison, Ohio

Rupesh Raina, MD Adult and Pediatric Nephrology, Akron General Hospital and Akron Children's Hospital; Akron, Ohio

Sunita Pillai, MD Adult Hospitalist, Swedish Medical Center; Seattle, Washington

Amolak Sandhu, MD Adult Hospitalist, Ashtabula County Medical Center; Ashtabula, Ohio

## 2006

Jeffrey Conklin, MD Adult and Pediatric Primary Care, Nova Medical Group; Ashburn, Virginia

Nicole Johnson, MD Pediatric Intensive Care, University Hospitals; Cleveland, Ohio

Kristin Kaelber, MD, PhD Emergency Care, MetroHealth Medical Center; Cleveland, Ohio

Ronald Magliola, MD Med-Peds Program Director, MetroHealth Medical Center, Cleveland, Ohio

Kandamurugu Manickam, MD Clinical Genetics, Geisinger Health System; Forty Fort, Pennsylvania

Farzana Rashid, MD Adult Gastroenterology, University of Pennsylvania; Philadelphia, Pennsylvania

## 2005

Katie Machanda, MD Adult and Pediatric Primary Care, Private Practice; Sylvania, Ohio

Henry Ng, MD Med-Peds Program Center Director, MetroHealth Medical Center; Cleveland, Ohio

Phyllis Nsiah-Kumi, MD Women's Health, Cleveland VA Hospital; Cleveland, Ohio

Patrick Renaud, MD Adult Hospitalist, Genesis HealthCare System; Zanesville, Ohio

Ben Reppenning, MD Adult Hospitalist, Elyria Medical Center; Elyria, Ohio

Joseph Sage, MD Adult and Pediatric Primary Care, Oregon Medical Group; Eugene, Oregon

## 2004

Cynthia Chan, MD Adult and Pediatric Hospitalist, Providence Saint Vincent Medical Center; Portland, Oregon

Anthony Finizia, MD Adult and Pediatric Primary Care, MetroHealth Brunswick Medical Group; Brunswick, Ohio

David Kaelber, MD, PhD Chief Medical Informatics Officer, MetroHealth Medical Center; Cleveland, Ohio

Richard Lavi, MD Adult and Pediatric Allergy and Immunology, Private Practice; Twinsburg, Ohio

Bridget Wright, MD Adult and Pediatric Rheumatology, Private Practice; Macon, Georgia

## 2003

Julian Bennett, MD Primary Care; Columbia, Tennessee

Jennifer Kapella, MD Adolescent Medicine, Kaiser Permanente Medical Center; Tucker, Georgia

Garey Noritz, MD Adult and Pediatric Comprehensive Care, Nationwide Children's Hospital; Columbus, Ohio

Gretchen Potschka, MD Adult and Pediatric Primary Care, PeaceHealth Medical Group; Longview, Washington

Hari Krishna Susarla, MD	Hospitalist, Memorial Hermann Healthcare System; Missouri City, Texas
Andrea Mann, DO	Chair of Pediatrics, Campbell University Health Center; Buies Creek, North Carolina

## 2002

David Bonnet, MD	Primary Care, Private Practice; Orange Village, Ohio
Dolores Cass, MD	Primary Care, Private Practice; Fort Worth, Texas
Rupert Dyer, DO	Adult and Pediatric Primary Care, Albany Area Primary Health Care; Albany, Georgia
Joseph King, III, MD	Primary Care, Private Practice; Eules, Texas
Jeffrey Zamarripa, MD	Sports Medicine, Private Practice; Denver, Colorado

## 2001

Nancy Husarik, MD	Adult and Pediatric Primary Care, Elliot Primary Care; Raymond, New Hampshire
Steven Mooibroek, MD	Adult and Pediatric Primary Care, Parkview Medical Group; Roanoke, Indiana
Shari Robins, MD	Adult and Pediatric Hospitalist, University of Florida; Gainesville, Florida
Thomas Stern, MD	Adult Pulmonology and Sleep Medicine, Private Practice; Huntersville, North Carolina

## 2000

Ronald Casey, MD	Hospitalist, MedCentral Health System; Mansfield, Ohio
Craig Downey, MD	Primary Care, Saint Vincent Health; Union City, Indiana
Kim Draper, M.D	Adult and Pediatric Primary Care, Emory University; Atlanta, Georgia
Martha Harshbarger-Kelly, MD	Primary Care, Robinson Health Affiliates; Ravenna, Ohio
Arvind Kulkarni, MD	Gastroenterologist, Southern Gastroenterology Associates; Lawrenceville, Georgia
Stacey Popko, MD	Primary Care, Private Practice; Zanesville, Ohio

## 1999

Valerie Coats, MD	Primary Care, East Cleveland Health Center; Cleveland, Ohio
Todd Gottschalk, DO	Primary Care, Private Practice; Spokane, Washington
Alan Mitchell, MD	Adult and Pediatric Primary Care, Private Practice; Savannah, Georgia
Jude Okugbeni, MD	Adult Primary Care, Private Practice; Fitzgerald, Georgia
Nhung Pham, MD	Adult and Pediatric Primary Care, Elyria Medical Center; Newark, Ohio
Andrea Waker, MD	Adult Primary Care; Private Practice; Cuyahoga Falls, Ohio

## 1998

Sara Levine, MD	Primary Care, Private Practice; Boca Raton, Florida
William Ma, MD	Pediatric Intensive Care, Indiana University; Indianapolis, Indiana
David Mansour, MD	Assistant Med-Peds Program Director, MetroHealth Medical Center; Cleveland, Ohio
Millie Piner-Poole, MD	Adult and Pediatric Primary Care, Private Practice; Ocala, Florida

## 1997

Raphaella Goldbach-Mansky, MD	Research Clinician in Rheumatology, National Institutes of Health; Bethesda, Maryland
David Kuentz, DO	Primary Care MetroHealth Brooklyn Health Center, Case Western Reserve University
Patrick Mansky, MD	Research Clinician in Hematology-Oncology, National Institutes of Health; Bethesda, Maryland

**1996**

Naveed Mughal, MD      Adult Primary Care, Houston Methodist Willowbrook Hospital; Tomball, Texas

**1994**

Grace McComsey, MD      Division Chief Pediatric Infectious Disease, University Hospitals; Cleveland, Ohio

**1993**

Vijay Mangannon, MD      Pediatric Gastroenterology, Mary Black Health System; Spartanburg, South Carolina

Holly Perzy, MD, MMM      Vice President Health Care Delivery, MetroHealth Medical Center; Cleveland, Ohio

**1992**

Tom Ginley, DO      Adult and Pediatric Primary Care, MetroHealth West Park Health Center; Cleveland, Ohio

Louise Sieben, MD      Adult and Pediatric Primary Care, MetroHealth West Park Health Center; Cleveland, Ohio

**1991**

Shirley Harris, MD      Adult Gastroenterology, DeKalb Medical Center; Decatur, Georgia

Gary Onady, MD, PhD      Academic Medicine and Primary Care, Wright State University; Dayton, Ohio

Linda Chasson, MD      Primary Care

**1990**

Nicholas Dreher, MD      Adult and Pediatric Primary Care, Private Practice; North Canton, Ohio

Rita Konfala, MD      Adult and Pediatric Primary Care, The Ohio State University; Columbus, Ohio

Tom Moreledge, MD      Adult Primary Care, Private Practice; Lyndhurst, Ohio

Robert Oldshoe, MD      Adolescent and Adult Primary Care; Private Practice, Boston, Massachusetts

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# THE DEPARTMENT OF MEDICINE

Over 150 faculty members represent all medicine subspecialties

## Overview and Philosophy

A residency program is a living entity, one that constantly strives to improve while adapting to changing conditions. The goals of a residency program should be to shepherd that entity in the proper direction in order to train young physicians for their role as caregivers. The Internal Medicine Program at MetroHealth Medical Center meets the challenges of training young physicians for their roles as caregivers of the 21st century while maintaining its historic mission of care to anyone, regardless of their ability to pay.

Of the many outstanding features of MetroHealth's training program, the first is the dedicated full-time faculty. All faculty members of the Department of Medicine have full-time appointments at Case Western Reserve University (CWRU) School of Medicine are full time employees of the medical center. Faculty members are aware of, and maintain, the commitment to teaching that this hospital has established. The faculty are approachable by the house staff and are always willing to assist in the education of the residents, from the formal setting of Grand Rounds to a one-on-one encounter regarding a specific patient.

The medicine residency at MetroHealth prides itself as "resident friendly." The program has created an environment that places education as a high priority and has established a curriculum that emphasizes reasonable work hours and time for both didactic and self-directed learning.

One of the advantages of an academic medical center like MetroHealth is that the training program allows the residents heightened responsibility for patient care and more direct involvement in the decision-making process regarding patient matters. The teaching attending physicians are the physicians-of-record and provide supervision and assistance at all times. They are also aware that an internist should be a thinking physician. Decision-making processes always involve discussion regarding the pros and cons of each patient issue.

One of the distinct features of MetroHealth's training program is the array of interesting patients of various social and economic groups who present themselves for care, from the "worried well" to those who are critically ill. Many patients have several complex and intertwining diseases that make their management challenging. Once able to master these types of patients, residents will be well-prepared for what awaits them after residency. MetroHealth's training program is flexible in order to allow each resident to fulfill career goals. The program has established a number of special tracks and, with the cooperation of other departments, combined residencies to permit an individual to identify the type of training program that most closely aligns with his or her career goals.

As an academic medical center, MetroHealth has residencies in nearly all specialties of medicine. MetroHealth serves as either the primary sponsoring institution or as a training site with University Hospitals of Cleveland. Many of the specialties require an Internal Medicine experience, and our own program requires training in other specialties as well. These mutual needs have fostered a spirit of cooperation among the various specialties.

Finally, MetroHealth's training program appeals to and nurtures a sense of altruism regarding the roles of physicians. MetroHealth is committed to responding to community needs, improving the health status of our region, and managing health care costs. MetroHealth holds as a core value the provision of service to any resident of the Cuyahoga County, regardless of the ability to pay. At a time when health care costs are increasing and institutions are being gobbled up by for-profit corporations, the care of the poor seems to be an afterthought. MetroHealth maintains a strong financial foundation and a robust commitment to the community to provide excellent health care to everyone.

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# THE DEPARTMENT OF PEDIATRICS

The Children’s Hospital at MetroHealth is one of the largest providers of health care to infants, children and adolescents in Northeast Ohio. More than 75 faculty members supervise residents, medical students and other health professionals.

The Pediatric Residency Program is designed to provide a comprehensive, well-balanced experience in Pediatrics, to promote the personal and professional growth of each resident clinical experiences, educational opportunities and intellectual stimulation.

## General

- Joint training with Case Western Reserve University in 1922.
- Autonomous program in 1950.
- Joint residency training began in 1980 with return to autonomous program in 1986.

## Pediatric beds

- Total Pediatric beds: 152 available (21% of total system)
- Inpatient unit: 45 beds
- Level III NICU: 49 beds plus 3 isolation beds
- Level 1 PICU: 10 acute beds plus 3 procedure/sedation beds
- Term nursery and step down nursery: 48 beds

## 2015 Patient Volume

- 3002 babies delivered (3.7% increase from 2010)
- 732 NICU admissions
- 883 PICU admissions
- 68,120 ambulatory visits

## Pediatric subspecialties and service lines available at MetroHealth

- |                            |                             |
|----------------------------|-----------------------------|
| • Adolescent               | • Hispanic Clinic           |
| • Allergy and Immunology   | • Neurology                 |
| • Anesthesia               | • Neurosurgery              |
| • Behavior and Development | • Neonatology               |
| • Cardiology               | • Obesity                   |
| • Community Advocacy       | • Otolaryngology            |
| • Comprehensive Care       | • Ophthalmology             |
| • Critical care            | • Orthopedics               |
| • Dermatology              | • Psychology and Psychiatry |
| • Dentistry                | • Pulmonology               |
| • Foster care              | • Radiology                 |
| • Gastroenterology         | • Rheumatology              |
| • Genetics                 | • Surgery                   |
| • Hematology               | • Urology                   |
| • Infectious Diseases      |                             |

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# RESIDENT BENEFITS

## Vacation and Leave

- Vacation: Each resident will receive four week vacation
- Maternity/Paternity Leave: Up to 12 weeks in accordance with the Family Medical Leave Act (FMLA).
- Sick Leave: Each resident will earn 4.6 hours of sick leave per 80-hours worked.
- Professional Leave: Available and determined by department policy.
- Three to four equinox holiday days are given over the winter holidays. The Med-Peds Center allows for residents to exchange these for an alternative religious holiday.

## Meals

- Meals are provided at a reduced rate in the hospital cafeteria when purchased using the cashless card system.

## Medical Benefits

- Benefit plans are provided by [Aetna Insurance Company](#). The employee contribution starts at just \$35 per biweekly pay period.
- Dental and Vision plans are available for a \$7 contribution per pay period.
- Life Insurance is provided at no cost and is currently one and one-half times the base pay.
- Long Term Disability Insurance is optional and is available for purchase through pay-role deduction.
- Workman's Compensation provides medical expense coverage for on-the-job injuries.

## Retirement Program

- MetroHealth participates in the [Ohio Public Employees Retirement System](#) (OPERS) plan. Approximately 10% of your salary is contributed towards OPERS. The hospital will contribute 14% for each employee. PERS takes the place of social security deductions.
- There are three choices available for you to manage your OPERS funds during your employment and provide a lump sum [refund](#) of resident contributions (approximately \$20,000 after your PGY-4 year) should employment at MetroHealth end with the conclusion of residency.

## Malpractice/Liability Insurance

- The hospital is self-insured and each resident is covered under the program of self-insurance and indemnity. The program provides occurrence coverage for residents while acting within the scope of their duties and employment. The limit of the self-insurance program is \$3 million per occurrence. MetroHealth Medical Center also purchases excess insurance should a claim exceed \$3 million.

## Safety and Security

- The MetroHealth Police Department is a full-service police department that provides security 24-hours a day, seven days a week. Escort service is available during late evening hours.
- Secure, lighted parking is available on the medical center campus. The current parking rate is \$15.72 per bi-weekly pay.

## Financial Resources

- Direct Deposit of your paycheck is required. You may use any bank and/or credit union of your choice for either savings, checking or both deposits.
- The hospital has two ATM's on premises.

- There is a credit union on campus. You may sign up for membership with The [Steel Valley Federal Credit Union](#). Benefits and services include: savings accounts, holiday and vacation clubs, direct deposits, signature loans, bill consolidation loans, new and used auto loans and credit cards.

### **Resident Amenities**

- The [House Staff Association](#) is made up of the resident and fellows of MetroHealth Medical Center. Activities of the association include social hours, community service projects, hospital projects and many activities throughout the year. Residents are asked to consent to a \$7 per bi-weekly pay deduction to cover house staff dues.
- Lab coats are provided for each resident and are laundered free of charge.
- Scrubs are provided for each resident and are laundered free of charge.
- On-call rooms are assigned to individual services to guarantee ample on-call sleeping facilities. In most cases these rooms are adjacent to patient areas for the convenience of the resident staff.
- The hospital has a medical library that contains over 25,000 bound volumes and 486 current subscriptions. The library is staffed daily until 10:00 pm and available 24-hours a day. In addition to MedLine ([www.nlm.nih.gov](http://www.nlm.nih.gov)), MDConsult ([www.mdconsult.com](http://www.mdconsult.com)), UpToDate ([www.uptodate.com](http://www.uptodate.com)) and other electronic references, an inter-library loan service is available.
- All residents are provided a hospital email account and very few website are blocked from access.
- All residents are provided with a city-wide pager with a range of 40 miles from the hospital.
- A resident lounge is located adjacent to the GME office. The lounge is available 24 hours a day and includes a bank of computers, TV room, game system and quiet study and rest area.
- Residents have access to full CWRU privileges including the student recreation center and the ability to audit any college course for 10% of one credit hour (approximately \$150)

### **Annual Stipends for 2016-2017**

- PGY-I: \$52,353
- PGY-II: \$54,184
- PGY-III: \$55,931
- PGY-IV: \$58,177

### **Cleveland Area and MetroHealth Lifestyle Perks**

- 2.9 million residents call the [Cleveland-Akron](#) area home (16<sup>th</sup> largest combined statistical area).
- Housing in Cleveland is affordable and safe in a variety of distinct neighborhoods, and the Greater Cleveland area has [great school systems](#). Cleveland suburb, Brecksville, was named among the [top ten towns for families](#) in 2014 by *Family Circle* magazine.
- Having welcomed [17.6 million business and leisure travelers](#), Cuyahoga County logged the highest number of visitors on record in 2015 according to the 2015 Visitor Volume study.
- Cleveland has a vibrant nightlife in the Warehouse District, Gateway and the Flats. The Downtown area is growing faster than any other area in the city with more than 1,000 new residential units expected to become available in the next 24 months to bring the Downtown population to 15,000.
- Cleveland has plenty of amateur and professional sports including baseball, football, basketball, hockey, college, golfing, skiing, rowing, curling and boating. The inaugural USRowing Masters National Head Race Championship took place on the Cuyahoga River in September 2012. The Cleveland and Akron area hosted 11,000 athletes from over 65 countries at the [Gay Games 9](#) in August 2014, and MetroHealth was the official health care provider for the competition.
- Cleveland boasts many cultural events such as ballet, opera, concert and theater events at Blossom Music

Center and [PlayhouseSquare Center](#), the largest theatre district outside of New York City. The [Cleveland Orchestra](#) is one of the traditional "Big Five" orchestras; the others are based in Boston, New York, Philadelphia and Chicago.

- Cleveland has great shopping. There are a plethora of easy shopping options including traditional malls as well as novel outdoor cityscape shopping. [Aurora Farms](#) is an outlet mall less than 20 miles from Cleveland.
- Health and fitness centers and outdoor trails are widely available including a fitness center at the hospital. The [Cleveland MetroParks](#) encompass 17 recreation centers throughout the county with over 60 miles of paved trails and 21,000 acres of green space. The 85-mile [Ohio and Erie Canal Towpath trail](#) runs within a half mile of the main MetroHealth hospital campus. A new [Downtown 14-acre public park](#) with water access, full-service restaurant and a 1,200-foot riverfront boardwalk was recently completed on the East bank of the Cuyahoga River near the lakefront.
- The [Cleveland MetroParks Zoo](#), a 165-acre space is the 7<sup>th</sup> oldest zoo in the nation and attracted more than 1.3 million visitors in 2014. A recent addition, the African Elephant Crossing exhibit houses, added four elephants to the zoo's collection, including the tallest elephant in North America.
- Cleveland has museums dedicated to health, art, natural history, automobiles, children, science, rock-n-roll, music, football, animals and horticulture. The 70,000 square foot [Greater Cleveland Aquarium](#), representing both local and exotic species of fish, opened in January 2012.
- The [Cleveland Museum of Art](#) completed a \$350 million expansion program in December 2013 to completely renovate the original structure and add two new wings. The art museum project represents the largest cultural project in Ohio's history, and with an endowment of over \$600 million is one of the richest museums in the world. In September 2016, The Cleveland Museum of Art was named the [second best museum in the U.S.](#) by Business Insider magazine.
- Over 400,000 fans visit the the [Rock & Roll Museum and Hall of Fame](#) which is located in Cleveland. Starting in 2018 Cleveland will begin hosting the Rock & Roll Hall of Fame [Induction Ceremony](#) every two years.
- Northeast Ohio has several amusement areas including [Cedar Point](#), named the best amusement park in the world for the 16 straight years. Other areas include [Wildwater Kingdom](#), [Kalahari Water Park](#), [Hale Farm and Village](#) and the [Amish Country](#).
- More than 400 bioscience companies are located in Northeast Ohio, the \$465 million [Global Center for Health Innovation](#) and Cleveland Convention Center opened in July 2013 and offers the world's only integrated facility targeted specifically to the medical and healthcare industries.
- *Bloomberg BusinessWeek* Ranked Cleveland number 17 on its 2011 list of "[Best Cities for New College Grads](#)" ahead of places like Seattle, Portland, Phoenix, Charlotte, Cincinnati and Tampa and related to the 40% of Fortune 500 companies that have headquarters, major divisions, subsidiaries or sales offices in Northeast Ohio.
- *CNNMoney* named Cleveland among [the most innovative cities](#) in October 2014 based on transportation, infrastructure, education, healthcare, economic development, land use, sustainability, civic function and technology.
- The \$350 million [Horseshoe Casino](#) opened in April 2012 with 2,100 slot machines, 63 table games, and a World Series of Poker room, along with lounges, a buffet restaurant and a three-outlet food court.
- Cleveland has fantastic [restaurants](#) with award winning chefs including several restaurants operated by [Iron Chef Michael Symon](#). *Zagat* listed Cleveland among its "[hottest food truck scene](#)" cities in 2012. Cleveland was also named the [fourth best city for beer](#) by *GQ* magazine in October 2012 as well as seventh on [America's Best Food Cities for 2015](#) by *Time.com*.
- The city was also included on the list of "[Top Places in the World to Travel in 2015](#)" in all of the following

publications: *Travel & Leisure, New York Times, LA Times, BuzzFeed* and *Fodor's Travel*.

- The annual [Cleveland International Film Festival](#) is a 12-day festival which drew over 93,000 viewers to 180 feature films and 164 short subjects from 65 countries in 2016.
- Travel around Cleveland is easy. Cleveland has an easily accessible highway system. Bicycle magazine named Cleveland one of "[five up-and-coming bicycle cities](#)" with over 100 miles of new bike lanes and trails coming online within the next five years.
- Cleveland's Hopkins International airport has 142 daily nonstop flights and functions as a [United Airlines and Frontier Airlines focus city](#). Over 8 million passengers passed through Ohio's busiest airport in 2015.
- Cleveland hosted the [2016 Republican National Convention](#) and with nearly 1,800 new hotel rooms added to the Downtown Cleveland market, including a 600-room Convention Center Hotel operated by Hilton, many more conference events will be hosted in Cleveland.

### **Cleveland Website Information**

- MetroHealth Medical Center: [www.metrohealth.org](http://www.metrohealth.org)
- MetroHealth Medical Center Facebook: [www.facebook.com/MetroHealthCle](http://www.facebook.com/MetroHealthCle)
- Cleveland Plain Dealer: [www.cleveland.com](http://www.cleveland.com)
- Downtown Cleveland Alliance: <http://www.downtowncleveland.com>
- Positively Cleveland: [www.positivelycleveland.com](http://www.positivelycleveland.com) with a link to updated Cleveland activities each week at <http://www.positivelycleveland.com/play/events/>
- Cleveland Scene: <http://www.clevescene.com/>

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## SAMPLE INTERNAL MEDICINE WEEKLY CONFERENCE SCHEDULE



MetroHealth Medical Center  
Department of Medicine  
Office of Academic Programs

October 17, 2016 – October 21, 2016

### THE WEEKLY WORD

**Monday, October 17, 2016**

7:45 a.m.	Medicine	Morning Report – Dr Wikerd	A1006
8:00 a.m.	Pulmonary	ILD Path Lecture – Dr. Tomashefski	Med/Onc Conf Rm
12:00 p.m.	Medicine	“Infections in Special Populations” – Dr. Kalayjian	Scott
12:00 p.m.	Pulmonary	Noninfectious Pulmonary Complications of HIV – Dr. Krishnan	G383
12:00 p.m.	Nephrology	Nephrology Clinical Conference – Dr. Lam	R419

**Tuesday, October 18, 2016**

7:00 a.m.	Oncology	GU Tumor Board	Med/Onc Conf Rm
7:30 a.m.	Nephrology	Renal Conference – Drs. Herrera and Schelling	R419
7:45 a.m.	Medicine	Morning Report – Dr. Vuyyuru	A1006
8:00 a.m.	Infectious Diseases	ID Patient Management Conference	G548
12:00 p.m.	Medicine	Resilience Seminar – Dr. Smith	R170
4:00 p.m.	Oncology	Breast Tumor Board	Med/Onc Conf Rm
5:00 p.m.	Oncology	Thoracic Tumor Board	Med/Onc Conf Rm

**Wednesday, October 19, 2016**

7:45 a.m.	Medicine	Morning Report – Dr. Jindal	A1006
8:00 a.m.	Pulmonary	Divisional Meeting	G383
*12:00 p.m.	*Medicine	*FIRM LUNCH	R170
12:00 p.m.	Nephrology	Biopsy Conference – Drs. Herrera and Ganesan	S163
12:00 p.m.	Pulmonary	ACCP Prep Presentations	G383
2:00 p.m.	Medicine	Hospital Medicine Case Conference – Dr. Creamer	A1006

**Thursday, October 20, 2016**

7:00 a.m.	Oncology	GI Tumor Board	Med/Onc Conf Rm
7:45 a.m.	Medicine	Morning Report – Dr. Munshi	A1006
**12:00 p.m.	**Medicine	Grand Rounds: Dr. Edward Horowitz	Scott
1:30 p.m.	Endocrinology	Endocrinology Rounds	GG85 Conf Rm
4:00 p.m.	Oncology	Heme Malignancy Tumor Board	Med/Onc Conf Rm
5:30 p.m.	Cardiology	EKG Club	R172G/H

**Friday, October 21, 2016**

7:45 a.m.	Medicine	Board Review – Dr. Hussain	A1006
12:00 p.m.	Medicine	Senior Grand Rounds: Dr. Akinsiku	R170
12:00 p.m.	Medicine	Clinical Competency Committee	G548
12:00 p.m.	Pulmonary	PCC JC: RA	G383

\* Lunch \*\* CME Credit Offered

*The MetroHealth System is accredited by the Ohio State Medical Association to provide continuing medical education for physicians. The MetroHealth System designates this educational activity for a maximum of 1 hour of AMA PRA Category 1 Credit(s)<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.*

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## SAMPLE PEDIATRICS WEEKLY CONFERENCE SCHEDULE



### Department of Pediatrics Weekly Conference Schedule October 17 – October 21, 2016

DATE	TIME	TOPIC/SPEAKER	ROOM
10/17	8:00	MORNING REPORT Yasir Ahmed, MB, BS	H-427
10/18	8:00	MORNING REPORT Matthew Badgett, MD	H-427
	12:00	PERINATAL PHYSIOLOGY AND PATHOLOGY CONFERENCE NEUROLOGY BLOCK Hypothalamic Pituitary Axis in Pregnancy: Maternal and Fetal Interactions Erica Berggren, MD	R-172B
10/19	8:00	MORNING REPORT Michael Gardner, MD	H-427
10/20	7:30	PEDIATRIC GRAND ROUNDS Evaluation of the Pediatric Airway Jay Shah, MD	R-170
	1:00	Behavioral Pediatrics Robert Needlman, MD	H-427
	2:00	Evaluation of the Child with Short Stature Ajuha Davis, MD	H-427
	3:00	Interpreting Thyroid Labs Ajuha Davis, MD	H-427
	4:00	Journal Club Drs. Yasir Ahmed Dr. Aparna Roy	H-427
10/21	8:00	MORNING REPORT Fatima Malik, MD	H-427
	12:00	OB/PEDS CONFERENCE Bronchopulmonary Dysplasia-Outlyers Mugahid Ibrahim, MD	R-172B

*NOTE: Location is the Dr. Robert Eiben Conference Room, H-427 unless otherwise noted. \*The MetroHealth System is accredited by the Ohio State Medical Association to provide continuing medical education for physicians. The MetroHealth System designates this educational activity for a maximum of 1 hour of AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.*


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## MAPS / DIRECTIONS

### Directions to MetroHealth Medical Center, Main Campus

- Interstate 71 North:  
Exit at West 25th Street. Turn left at the end of the ramp and follow West 25th Street to MetroHealth Drive. Turn right onto MetroHealth Drive to enter the campus.
- Interstate 71 South:  
Exit at West 25th Street. Turn left at the end of the ramp and follow West 25th Street to MetroHealth Drive. Turn right onto MetroHealth Drive to enter the campus.
- Interstate 90 East:  
Exit at West 25th Street. Turn right at the end of the ramp and follow West 25th Street to MetroHealth Drive. Turn left onto MetroHealth Drive to enter the campus.
- Interstate 90 West:  
Exit at Interstate 71 South. Follow the directions for Interstate 71 South above.
- Interstate 490 West:  
Exit at Interstate 71 South. Follow the directions for Interstate 71 South at left.
- Interstate 77 North:  
Exit at Interstate 490 West. Follow Interstate 490 to Interstate 71 South. Follow the directions for Interstate 71 South at left.
- Scranton Road South:  
Follow Scranton Road south to MetroHealth Drive and the center of the campus.
- Pearl Road (State Route 42) North:  
Follow Pearl Road north where it will become West 25th Street. Stay on West 25th Street to MetroHealth Drive. Turn right on to MetroHealth Drive to enter the campus.

### Parking and meeting for your interview day

1. Park in the visitors' North Parking Garage marked by the green car  on the [map](#) (page 57).
2. Take the bridge into the main entrance.
3. Walk to the right or left around the "B" elevators toward the Tower's Café and continue toward the "C" elevators.
4. Take the "C" elevators to the 5<sup>th</sup> floor, take the left hallway (the only hallway with a door), walk halfway down the hall to the Med-Peds Center, room 574.
5. Please call the Med-Peds office (216.778.2882) or the Program Director's cell phone (216.224.7922) if you have any problem finding the meeting location.

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# Map of MetroHealth Medical Center, Main Campus



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