



Internal Medicine
Residency



Welcome to Residency

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Internal Medicine

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The most formative
time as a physician

“First say to yourself
what you would be: and
then do what you have
to do.”

-Epictetus

What do you want to
do as a Resident
here?

Who do you want to
be as a resident
here?

I am committed to
doing everything in
my power to help
you become the
best physician you
can be.

Welcome: 1

- These slides are intended primarily as a reference
- These are just highlights
- Most of what is said at orientation isn't remembered.



Welcome: 2

When in doubt

- Go see the patient
- Always document your patient encounter, even if minor
- Always listen to the nurses
- Ask your senior resident



Welcome: 3

- Treat the patients like they are your *family* – they are someone's family.
- Treat your colleagues like *family* – they will become your family.
- Whenever possible give others the *benefit of the doubt*.
- If something about the program doesn't sound, look, or seem right, *ask me* – we want to avoid any misunderstandings

Welcome: 4 – Residency is Hard Work

- Average 6 days a week, 60-70 hours a week, 70-80/week during ICU & CCU
- Residency is a job and an educational experience
- One of our faculty recently gave some advice on how to do well in residency:
 - Show up 5 min early every day
 - Plan on staying an hour later than expected every day – if you go home earlier than this it is a bonus

Welcome: 5 – a few pointers

- On Med Teams expect to be here until 5 pm unless you are overnight admitting or post overnight admitting
 - If patient care is completed check your IMC box and do MKSAP
 - We always make accommodations for health care appointments and do our best for occasional other issues that come up
- Complete your IMC notes on day of visit

Welcome: 6

- Show up on time particularly for:
 - Morning sign-in
 - Night Call
 - IMC
- Have a “To Do” list on rounds
- Look over your patients at the end of the day

Welcome: 7

- **Keep up on stuff**
 - IMC Charts –complete notes by end of day
 - IMC electronic “box”
 - Look at this daily
 - Complete items each day
 - Health Stream
 - MKSAP Board Prep
 - Surveys
- **Answer emails and messages from Layne, Samantha, Shelby, Rosie, Dixie, and other secretaries.**
- **Ignoring messages from Layne, Samantha, or Shelby is essentially ignoring me and Dr. Zaugg**

Welcome 8: Wellness

- Remember Residency is hard & a major commitment
- We do our best to help you
- Our system works but only if we all work together
- Everyone needs something sometime
- Do what you can to help yourself ...
 - To help yourself:
 - Avoid exhaustion
 - Avoid overextending yourself
- ... but ask for help when you need it
- Give others the benefit of the doubt
- Overlook “slights” and minor issues
- Don’t gossip or speak negatively about others
 - Even if it’s “true” it’s gossip

Who are the key
individuals I need to
know about?

Key Individuals:

- **Caleb Marsh DO**, Chief Resident/Assistant Program Director for 26-27
- **Allison Newman DO**, Chief Resident/Assistant Program Director for 26-27
- **Mike Rich MD**, Chair, Department of Medicine; Associate Program Director
- **Stephanie Zaugg DO**, Transitional Year Program Director; Associate Program Director, IM
- **Joe Myers MD**, Associate Program Director, IM; Scholarly Activity/Research Lead
- **Joel Rayl MD**, Associate Program Director, IM; IM CCC/REEAC Chair
- **Katie Tatar MD**, Clerkship Director and Core Faculty
- **Kamal Dayal MD**, Internal Medicine Center Director and Core Faculty

Key Individuals – Core Faculty

Full Time

Bryan O’Connell MD

Asha Chakka MD

Jordan Groubert DO

Claire Dolan MD

Kyle Devault DO

Adrienne Wolf MD

Part Time

Yoleetah Ilodi MD

Diana Stewart MD

Stephanie Tan MD

Amy Hite MD

Don Albainy MD

Mike Dentler MD

Key Individuals – Coordinators & Secretaries

Layne Crow*, Program Coordinator, IM

Samantha Chapman-Smith*, Program Coordinator,
IM

Shelby Parker*, Program Coordinator, TY

Dixie Bennett, Department Secretary

Staci Westren, Medical Student Coordinator

Rosie Saunders, Department Secretary

Lisa Geer*, IMC Practice Manager

Key Individuals – Fellowship Programs

- **Themos Politis MD**, Program Director, Hospice & Palliative Medicine Fellowship
- **Marc Penn MD**, Program Director, Cardiovascular Disease Fellowship
- **Saurav Uppal MD**, Program Director, Interventional Cardiology
- **Ashley Desmett MD**, Program Director, Pulmonary and Critical Care Medicine

How can I contact Dr. Moore?

Dr. Moore Contact Info

- When in doubt about anything you can reach me at:
- Office 330-375-4837
- Cell 419-571-5530
- Email moorebr@summahealth.org
- **please note the “r” in my email
- Epic Secure Chat

- Please reserve my cell phone for urgent issues
- Email is the preferred method for non urgent issues
- Epic Secure Chat for any patient related issues or if you are on service with me



Akron Family

Restaurant

250

first tee

first tee

- You are never bothering me when you reach out or stop by to talk.
- My favorite part of my work is helping residents.

Contacting the Chief Residents/Assistant Program Directors

Email is the preferred method for non-urgent issues.

It is not appropriate to text the chief residents after hours (8-5 weekdays) about non-urgent issues

Vacation Requests – 1

- All Requests go to the Chief Residents via Online Request Form
- Not guaranteed until approved by the chiefs (including those sent with scheduling requests)
- Turn requests in early!! Late requests are not accepted.
- offcall.summaevals.com

Vacation Requests – 2

- **No Vacation / Away conference time**
 - July, Dec, June
 - ICU, CCU, Night Float
- **Exceptions in Very Special circumstances and require PD approval**
- **Transitional and Prelim and PGY3 1 week vacation June 25-30**
- **Must take at least one week of vacation before December**
- **Turn requests in early!!**
- **5 Holiday Days at Christmas/New Years**



- Available to all residents
- Sponsored by Med Ed jointly with Akron Children's Hospital
- Essentially records-free counselling availability (unless very bad /dangerous info)
- Appointment availability with Christina Rowan, PhD
- Text or email for appt
 - Cell: 330-217-6331
 - Email: rowanc@summahealth.org
- Will have 1 half day unscheduled during each IMC half month and encouraged to schedule appt during this time

Rotation Schedules

- **Requests for monthly schedule changes go to me**
- **Unforeseen circumstances:**
 - We try to accommodate whenever possible
 - I'll try to contact you with any significant rotation changes
 - **Please accept such changes if at all possible**

ACGME Duty Hours Rules

Following these Rules is **YOUR** Responsibility.

ACGME Duty Hour Rules

- Minimum 4 days OFF per month (1 day = 24 hours)
 - Preferably 5 days OFF during most subspecialty months
- NEVER see New Patients after 24 hours on duty
- NEVER on duty in the hospital beyond 28 hours
- Maximum 80 hours per week averaged over rotation or month



Hurley

CAR 169
EXPLORER

NOTICE





Inpatient Situations that always require discussion with a supervisory attending physician

New admissions to the hospital

Patients being discharged from ER after an eval by Med Team, ICU or CCU

Code Blue – requires consult to ICU or CCU

Stroke Team – requires consult to Neuro

Rapid Response call in which resident writes a note or orders

Requires consult to ICU, CCU, or Med Team if patient not already on those resident teams

Patient being placed in restraints for a violent patient– requires consult to ICU

Patient fall with injury

Patient transfer to ICU, CCU, telemetry

New consults on patients

Patients being sent for any invasive procedures

Any change in Code status

Outpatient Situations that always require discussion with a supervisory attending physician

Any unstable patient including patients being transferred to the Emergency Department

All ambulatory patients with diagnostic uncertainty or significant laboratory or radiologic abnormalities

Any ambulatory patient seen by a PGY 1 during the first 6 months of their residency must be seen by an attending physician for key parts of the visit (longer if the PGY 1 is not able to be moved to Indirect supervision with Direct supervision immediately available status)

All ambulatory patients seen by PGY 1s must be discussed with an attending physician

On Duty Time – Med Team

- Weekdays 7A – 5P / completion of patient care / sign out
- Never leave before 5 pm without sign out to another member of your team and approval from your attending – **this should be Rare**
- 1 Senior & 1 PGY 1 from each team must stay on campus until 5 pm. Both cannot be in IMC
- **Never leave before 4 pm without approval of Chief Resident or Program Director.** Must be available by SecureChat
- Weekends/Holidays 7A – end of rounds/completion of patient care AND verbal sign out to cross cover

On Duty Time – CCU

- Days 6A – 6:30P
- Nights 6P – 6:30A

- Day & Night hours same weekdays, weekends, holidays

- Daytime CCU never stays past 7 pm
- Overnight CCU never stays past 7 am

- **Never leave before 6 pm without approval of Chief Resident**
- More details at <https://www.summalearner.com/>

On Duty Time – ICU

- Days 6A – 6:30P
- Nights 6P – 6:30A

- Day & Night hours same weekdays, weekends, holidays

- Daytime ICU PGY 1s never stay past 7:30 pm, seniors never past 8 pm
- Overnight ICU never stays past 7 am

- **Never leave before 6 pm without approval of Chief Resident**
- More details at <https://www.summalearner.com/>



On Duty Time – Other Rotations

- Weekdays 7A – 5P/completion of patient care
- Never leave before 5 pm without approval from your attending and sign out to another member of your team or Day Pager
- Never leave before 4 pm without approval of Chief Resident. Call Chief Resident if attending OK's leaving before 4 pm.
- Must be available by secure chat until at least 5 pm
- Weekends/Holidays individualized by rotation
- Must have minimum 4 days off per month, often more
- Neuro follow schedule at <https://www.summalearner.com/>

Duty Hours Tracking

- Must track everyone for at least one month simultaneously
- Mandatory tracking in July & probably Feb
- Must occur weekly (before 8 am Monday)
- Weekly tracking every month in ICU & CCU
- New Innovations for on-line duty hours tracking
- Weekly time cards for those for whom on-line tracking is not as convenient.
- Epic & parking Deck swipes may be used to confirm some info

IMC “Month” & Night Float

IMC usually half month increments usually attached to half month Night Float, HPM, or ER

- If 1 half month PGY 1 NF, second will be in July-Sept 2027 with AI2 or AI3 pager
- Total 3 IMC months during the 3 years
- **Vacations** – no more than 1 week vacation / conf during “IMC month”

Electronic References, Internet

- All Internet access is trackable by individual log in and password
- *AI Tracks the Charts you enter and flags potentially inappropriate access*
- UpToDate Available
- Open Evidence
- Commure AI Scribe in PGY2 year
- Educational Stipend
 - \$2000 per academic year
 - \$1,000 (Poster) and \$1,500 (Podium Presentation) Available to support primary authors present at national meetings in US (once per your residency)

Didactics

- Noon nearly every weekday
- Attendance Tracked Continuously
- 40% required attendance for promotion/graduation
- Mix of resident and faculty led conference
- Noon conference numbers available to CCC.
- *Directly linked to Milestone rankings (Commitment to Personal Growth and Professional Behavior)
- *Attendance Linked to Final Summative Evaluation
- *Attendance linked to strength of Fellowship LORs and Job References

Scholarly Activity Policy

Categorical Residency – Requirement:

- **By the end of their second year, categorical residents are required to submit at least one abstract to a conference or for publication**, either at the institutional level (e.g., Summa Postgraduate Day or NEOMED Research Day) or above (e.g., Ohio ACP, other state or national meetings). The submission can be the same project presented at noon conference. **Each resident must submit a unique abstract as first author** to fulfill this requirement.
- **If the categorical resident does NOT submit at least one abstract to a conference or for publication, they must present at noon conference:**
 - o This presentation could encompass a joint Internal Medicine/Pathology case, a traditional PGY2 case presentation, a Morbidity and Mortality conference, or a Quality Improvement or research project.
 - Residents are encouraged to select a case or project that they believe could potentially be suitable for presentation at a larger conference or developed into a publication. The case should be approved by their academic advisor prior to presentation.
 - The presentation should be conducted as if it were being delivered at a formal conference. Proper attire should be worn (no scrubs). Residents should anticipate receiving feedback from core faculty members in the audience, offering suggestions for enhancing the quality of their formal presentation performance.
 - Presentation schedules will be arranged by the chief residents during the resident's second year. However, residents who wish to present earlier (e.g., during their intern year) may request the chiefs to schedule their conference accordingly.
- **NOTE: The abstract submission OR presentation at noon conference are required for promotion to PGY3 year.**

Preliminary Medicine and Transitional Year Residency - Requirement:

- Preliminary Medicine and Transitional Year residents must choose one 30-minute conference presentation (traditional case presentation, Morbidity and Mortality Conference, Quality improvement project, or research project) by the end of the first half of the year.
- Alternatively, Preliminary Medicine and Transitional Year residents may choose to deliver a 30-minute presentation during the noon conference focusing on a topic within their future specialty relevant to internal medicine.
 - o For instance, a TY resident planning to specialize in dermatology could present on the diagnosis and treatment of rosacea and discuss the appropriate timing for referral to a dermatologist during the disease course.
 - o If this option is selected, residents must coordinate their topic with the chiefs in advance to ensure it has not already been covered in another conference presentation.
- The scheduling of this presentation will be managed by the chiefs, regardless of the type of presentation chosen.
 - o The presentation should be conducted as if it were being delivered at a formal conference. Proper attire should be worn (no scrubs). Residents should anticipate receiving feedback from core faculty members in the audience, offering suggestions for enhancing the quality of their formal presentation performance.

Med Team Progressive Intern Responsibilities

	1st Intern Med Team	2nd Intern Med Team	3rd & 4th Intern Med Team
Primary Focus	<p>Obtaining H&P Note Writing Basic Rounding Order Entry</p>	<p>Admission Workflow & Orders Discharge Workflow & Orders</p>	<p>Showcase the Independent Skills Necessary to be a Senior on Med Team</p>
Expected Skill Development	<p>Conduct effective bedside history and physical</p> <p>High Quality Note Writing: H&Ps Progress Notes Hand offs Discharge Summaries</p> <p>Enter basic day-to-day orders</p>	<p>In addition to previously learned skills....</p> <p>Complete all workflows & orders to effectively admit a patient</p> <p>Complete all workflows & orders to effectively discharge a patient</p> <p>Enter all orders including complex orders</p>	<p>In addition to previously learned skills....</p> <p>Fully admit patient without any assistance of the senior resident</p> <p>ICU/CCU transfers done by the intern with senior resident assistance if needed</p> <p>Lead educational team session</p>
Expected Tasks	<p>Work closely with senior resident and attending to personally carry out above skills</p> <p>Ask Your Attending to Observe You Obtaining an H&P</p>	<p>Interns should be entering all orders and completing all admission and discharge workflows with senior resident supervision</p> <p>Ask your attending to observe your bedside discharge discussion (see Med Team Expectations)</p>	<p>Participate in "Switch Days" – Seniors and Interns swap roles – <i>Day 1: Non-Admit: learn to round as a senior</i> <i>Day 2: Admit: learn to triage calls and manage senior tasks for an entire admission day</i> (Optional for PY/TY)</p> <p>Present 1-2 short (e.g. 3-5 minute) teaching sessions to the team on narrow topics that you learned while caring for your patients.</p>
Assessment of Skills	<p>Attend a feedback session with a teaching attending to review your own independent work on the above four note types. Print paper copies of your 4 note types and bring to your session</p> <p>Your Med Team Evaluation will also include an evaluation on your observed H&P discussion and note writing skills</p>	<p>Your Med Team Evaluation will also include an evaluation on your observed bedside discharge discussion and admission/discharge skills</p>	<p>Your Med Team Evaluation will also include an evaluation on your readiness to be a senior resident.</p>



State Board

- State Board has access to all areas of a physician's life
- Licensure can be jeopardized by anything that results in court action
- Random drug testing possible

Legal

- If you encounter any difficulties with the law you need to notify the residency program
- “Difficulties” include speeding tickets

Evaluation System

- Resident Education Evaluation and Advisory Committee (REEAC)/Clinical Competency Committee
- Monthly evals for all rotations based upon Goals and Objectives

Resident Education and Evaluation Advisory Committee (REEAC) -1

- Includes key faculty members
- Reviews every resident minimum 2x/year; more often as needed
- Meets 2nd and 4th Thurs 8am
- Advisor meets with resident after REEAC/CCC and does semiannual review of milestones with you

Resident Education and Evaluation Advisory Committee (REEAC) -2

- Schedule will come from Layne and Samantha
- Self Eval sent before REEAC.
- Individualized Learning Plan filled out before REEAC and finalized after REEAC with you advisor
- Enhanced improvement plan for residents behind in milestone development
- Resident may attend REEAC meeting if you want to do so (just let Layne or Samantha know)

Evaluation System – Program Eval by Residents

- Annual year end eval – anonymous and confidential
- Individual rotation evals – available any time on SummaLearner website
- Program Evaluation Committee– 1st and 3rd Thursdays at 7:30 AM.
 - Resident representatives assigned during IMC rotation
 - All residents / faculty are **welcome** any time

Transitional and PY Year Residents

- All have Dr. Stephanie Zaugg as Advisor
- Categorical Residents will have advisors named by Late July or Early August

Advising

- Meet with advisors minimum 2x per year, but more is encouraged
- Review evals including REEAC
- Review semi-annual ACGME Milestone evaluation
- Finalize semiannual Individual Learning Plan with resident
- Discuss progress, concerns & career goals
- Heavily involved if Enhanced Improvement Plan or Remediation needed
- Program Directors and other faculty are always available as well as advisor

Don't be a stranger. We are here for you.



Code of Professional Conduct for Residents

<https://www.summalearner.com/rotation-resources>



Difficulties, Academic & Other-1

- Meet with advisor or other appropriate faculty member
- If 2 faculty members meet with resident for review there is generally a problem
- Examples (almost always Professionalism issues):
 - Late for call, morning sign-in, IMC. Frequent call offs.
 - Incomplete/late IMC Notes
 - Buildup of charts in your IMC electronic or paper “box”
 - Not responding to Secure Chat messages or email
 - Incomplete Health Stream
 - Late for MKSAP quizzes
 - Incomplete Surveys (especially ACGME & Med Ed)
 - Poor noon didactics attendance (40% required for promotion/graduation)
 - Leaving early without talking to Chief Resident or PD
 - Arranging with other residents for unapproved “time off”
 - Pushing back about seeing patients/”dumping” patients on others
 - Not taking/passing USMLE/COMLEX 3 before end of PGY1
 - “Senioritis.” Thinking and acting as if residency graduation occurs mid PGY3.
 - **Lying/Dishonesty**

Difficulties, Academic & Other-2

- House Staff manual outlines all disciplinary action
- Program specific, “Enhanced Improvement Plan”
 - For residents significantly behind on one or more milestones
- Remediation, probation, suspension
- Drug testing, Psychiatric assessment

Difficulties, Academic & Other-3

- Many residents will encounter some stressful events during residency – natural in this type of high pressure occupation
- Most adapt without difficulty
- Those who don't generally are reluctant to accept advice, have unrealistic expectations of time commitment to medicine, or have substance issues

Procedures

- PGY 1s NEVER do an invasive procedure without a certified attending scrubbed in the room throughout the procedure
- Seniors must be certified by Mike Chandler before doing any procedure without certified attending scrubbed in the room
- Seniors Not allowed to supervise PGY 1s on procedures
- Details at <https://www.summalearner.com/>
- **EXCEPTION: Always proceed immediately in an Emergent situation & have ICU attending called for a code**

Exams

- InTraining Exam

- Aug – Sept , National Dates

- Schedule will be posted on

- <https://www.summalearner.com/>

- Required of all residents – take it seriously

- Used in developing study plans for Categorical residents

ABIM Preparation - MKSAP

- MKSAP will be purchased for all Categorical IM
- Weekly submissions of 25 questions each week will start in August.
- Residents below 40th percentile on ITE, prior USMLE Step or COMLEX failure, and others per REEAC will be required to submit weekly. All others will be on a monthly submission.
- Not required on ICU months or vacation.
- Two “grace weeks” per year. Still must submit via email link.
- [See full details on the summalearner.com website.](https://www.summalearner.com)

USMLE Step 3 and COMLEX 3

Must take exam before the end of your PGY1 year to be promoted to PGY2

Work with Chiefs to schedule during elective or subspeciality. Plan early! Limited dates!

Must pass exam before the end of your PGY2 year to be promoted to PGY3

Final Musings.....

Our patient population....

Some words on mentors.....

Some words on being an excellent resident.....

(and increasing your chances of obtaining fellowship)

Some words on our culture.....

- **Any questions or issues, call or see me**
- **Personal Wellness is important**
 - If you need something, say something
 - Give others the benefit of the doubt
 - Overlook “slights” and minor issues
 - Avoid exhaustion
- **When in doubt about patients**
 - See the patient,
 - Listen to the nurses,
 - Call your senior
- **When in doubt about the program**
 - Talk to me, Drs. Marsh and Newman, Associate Program Directors, Core Faculty, and Program Directors

- **Expect this to be a Great Residency Experience**
- **I am fully committed to you becoming the best physician you can be...but don't be a stranger**
- **Contribute as much as you can**
- **Remember the goal is to learn as much as you can and be the best physician you can be**

What do you want to
do as a Resident
here?

Who do you want to
be as a resident
here?

“First say to yourself
what you would be: and
then do what you have
to do.”

-Epictetus