

Welcome, Interns!

This year is going to be great.



“Need to Know” Information



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Appropriate Use of Texts, Emails, Phone Calls

- In communicating with the chiefs, faculty, and staff, email is the preferred method of communication
- Please reserve our cell phone for urgent issues
- Unless! It is an emergency
- Please **call** our cell phones with emergencies or urgent call offs
- Examples of emergencies:
 - You are sick on the day of a scheduled night shift and cannot come



We are here to help and be your advocate, but we are human!



**We will give you the benefit of the doubt –
remember to return the favor!**

Thinking about
Residency



Doing
Residency



Schedules

On summalearner.com:

Password (when accessing conferences): bullpen

- Master rotation schedule
- Monthly “call schedule”
- Med team schedules
- ICU schedule
- CCU schedule

Elective schedules – different for each elective. Expect to cross cover at least 1-2 weekend/day pager shifts, otherwise the expectation is M-F . Some require you to travel short distances

Others:

- Rheumatology (emailed to you)
- Neurology (emailed to you)
- Emergency Medicine – you will receive from the ED chiefs (Saiaravind Sompalle, Michaela Macko, Samuel Cray).



SUMMA INTERNAL MEDICINE RESIDENCY

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Internal Medicine Residency

The Summa Health Internal Medicine Residency is an intimate and community-based program that provides residents with university-caliber education and highly personal attention from attending physicians and faculty

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Overview

1. Schedules

- SummaLearner
- Year Master
- Call hours/duties
- Code Blue Notes
- Monthly Master
- Responsibilities

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- Off Call, Conferences

3. Call

4. STEP3/LEVEL3

5. Noon Conferences

6. IMC orientation

7. IMC didactics

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9. Evaluations

10. Duty Hours

11. Box Expectations

12. Outpatient orders

13. Med-team workflow

- Handoff / sign outs
- Secure chat etiquette

14. Coordinators

- Layne, Samantha, Shelby

15. Scholarly Activity

16. Wellness

17. MKSAP, Board Prep Program

18. General Advice



Home

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Follow us on Social Media!

Our department has so many new and exciting things happening! From publications, resident highlights, to

Viewing your master rotation schedule

DEPARTMENT OF MEDICINE
Resident Schedules

July 24 August 24 September 24 October 24
November 24 December 24 January 25 February 25
March 25 April 25 May 25 June 25

MASTER SCHEDULE

2023-24 Master Schedule
Archived Schedules

Master Rotation Schedule

IM Master Schedule IM 22-23 DS5.09.22

	5.9.2022	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
PGY1														
Broadb	01		CCU	GI	MT	ID	MT	Renal	ER/IMC	Pulm	ICU	MT	HPM/NF	Endo
Bovlan	02		ID	MT	E Renal	ICU	Hem/Onc	Pulm	ER/IMC	MT	HPM/NF	MT	Rheum	CCU
Dangl IV	3		E Renal	MT	ID	Card	MT	Endo	ICU	GI	ER/HPM	NF/IMC	CCU	MT
DeVault	4		MT*24	Endo	E Renal	CCU	HPMER	MT	Pulm	Card	ICU	IMC/NF	MT	ID
Farrag	5		MT	E GI	CCU	E Pulm	MT	Renal	ER/IMC	Card	Endo	ICU	MT	NF/HPM
Flang	6		E Card	V Endo	MT	ID	CCU	MT	GI	HPM/ER	MT	Pulm	ICU	NF/IMC
Ghimirey	7		ID	MT	Card	V GI	CCU	MT	Hem/Onc	NF/HPM	V Renal	ER/IMC	MT	ICU
S Hinch	8	MT	CCU	HPM/Mat Leave	Mat Leave	MT	ER/	Hem/Onc	Renal	ICU	MT	IMC/NF*	Rheum	Geriatrics
D Johnson	9		MT	V ID	ICU	MT	ER/HPM	Card	Pulm	IMC/NF	GI	CCU	V Geriatrics	MT
Koshara	10		Neuro	MT	Pulm	V Geriatrics	CCU	MT	GI	ER/IMC	MT	NF/HPM	Card	ICU
Laquidara	11		MT	Renal	ER/HPM	ICU	V ID	Pulm	MT	Endo	NF/IMC	MT	GI	CCU
Mba	12		MT	V Hem/Onc	ID	MT	V Endo	ICU	GI	MT	Card	IMC/ER	CCU	HPM/NF
Mirmiranli	13		MT	Pulm	MT	CCU	V Renal	E GI	MT	ID	NF/IMC	HPMER	Card	ICU
Mistry	14		Pulm	CCU	MT	HPM/NF	MT	GI	Hem/Onc	IMC/ER	Neuro	ICU	MT	Rheum
A Myer	15		Geriatrics	ICU	V Renal	MT	ER/NF	ID	CCU	IMC	Pulm	MT	Endo	MT
Okprebholo	16		MT	Pulm	CCU	MT	Card	ER/HPM	Hem/Onc	MT	IMC/NF	V Neuro	ICU	GI
Raval	17		GI	MT	Neuro	V Endo	ICU	Pulm	NF/ER	MT	Card	CCU	V IMC	MT
Salem	18		Neuro	MT	Card	NF/HPM	ICU	E ID	MT	Renal	CCU	Pulm	IMC/ER	MT
Sarwar	19		GI	MT	Geriatrics	E Neuro	Hem/Onc	CCU	MT	IMC/NF	MT	V ID	ER/HPM	ICU
Vo	20	MT	ICU	Neuro	HPM/NF	MT	Renal	ER/IMC	V Endo	CCU	E Hem/Onc	Card	MT	IMC/NF
Wang	21	MT	ICU	Geriatrics	Pulm	ER/NF	MT	HPM/IMC	Neuro	Hem/Onc	CCU	V GI	MT	IMC/NF
Prelim Med														
Dodson	1	MT	ICU	ER	MT	Renal	MT	IMC	NF	CCU	MT	Hem/Onc	Pulm	XXX
Lewinc	2		MT	ICU	*26, 27	*5,10,11,17,18	MT	CCU	NF	MT		IMC*5,12,13	ER*26,27	MT
Transitional														
M Chen	01		Hem/Onc	MT	ER	MT	NF	ICU	MT			MT	CCU	V IMC
Cookrell	2		Pulm	CCU	MT	NF	ICU	Research	MT	IMC	MT	ER	MT	E Hem/Onc
Engle	3 (IM)		MT	GI	E ER	ICU	E Hem/Onc	MT	Card	MT	NF/IMC	IMC/NF	MT	CCU
Gan	4		Renal	MT	CCU	ER	MT	NF	ICU	MT		MT	W IMC	Hem/Onc
Hammer	5		Hem/Onc	MT	ER	MT	ICU	NF	IMC	CCU	MT	ID	MT	Rheum
Hofler	6	MT	ICU	ER	GI	MT	NF	IMC	CCU	MT		V (V) MT	E Hem/Onc	XXX
J Patel	7		ICU	ER	MT	Hem/Onc	V Derm	CCU	MT	NF	MT	IMC	ID	MT
Rama	8		MT	E Hem/Onc	ICU	ER		MT	CCU	MT	E	MT	NF	E IMC
Saleh	9		CCU	Research	Derm	ER	MT	Hem/Onc	MT	IMC	MT	ICU	NF	MT
Sheng	10		Endo	CCU	MT	ER	V Pulm	NF	MT	V Hem/Onc	ICU	MT	IMC	MT

Monthly Call



You're on hospital time now



On Call Hours = in the hospital

Day AI1(Admitting)	0700 - 1830
• Day AI2/3 (“Day Pager”)	0700 - 1830
Night AI1 (Admitting)	1930 - 1100
• Night AI2	1830 - 0700
Night AI3	1830 - 0700
▪ Night AI2/AI3: Morning report	0700 - 0730
Night ICU-I	1800 - 0600
• Night CCU-I	1800 - 0600
Day ICU-I	0600 - 1800
• Day CCU-I	0600 - 1800

Med Team Admitting

- Day AI1 “Admitting Intern”
 - 0700 to 1830
 - Work with AR1 (Admitting Resident)
 - Respond to ER and Floor Medicine consults
 - Respond to pages (secure chat) regarding your team’s patients on the floor
 - AR1 will receive pages about consults first and then will notify you of the consult

- Night AI1 "Night admitting intern"
 - 1930 to 1100
 - Admissions over night with the night AR1
 - In AM: write notes and round with day team only on patients seen or admitted overnight

Day Pager & Night Float

- AI2 “Floor Intern”
- AI3 “Floor Intern”

- Sign into med teams (A&B/C&D)
- Respond to all floor pages on Med Team patients
- Work with AR2 “Floor Resident”
- Respond to Code Blues
- Respond to Stroke Teams on the floors/observation unit
- Back up for AI1
- Assist AR2 with ICU floor consults and ED stroke teams requiring ICU admission from 1700-0600
- **Daytime:** Hold both, AI2/3
 - Pick up in 2 West work rooms at 0700
 - Code Blues (**except Team 4 during day**)
 - Stroke Teams on the floors and observation unit
 - Sign out at 1830 in Resident Lounge
- **Night-time:** 2 interns
 - Resident’s Lounge 1830
 - All Code Blues (**including Team 4**), Stroke Teams on the floor or observation unit
 - Morning report at 0700 weekdays

Code Blue

- Residents who respond to codes
 - AR2
 - AI2/AI3 (at night two separate interns, during the day one intern)
 - ICU senior and intern
 - During day (0600-1800 on ICU), **admitting team responds to codes**
 - Overnight (1800-0600 on ICU), both overnight senior and intern respond to codes
 - CCU senior and intern
- 0700-1830 = all codes **except team 4**
- 1830-0700 = all codes **including team 4**

Code Blue Notes: "Teams"

- TEAMS 1-4 (e.g. "Code blue...Team 2...55 Arch St, ground floor...")
- All codes: Critical Care Provider, Medical Residents (Except team 4 during day), ACLS Trained Nurse, Respiratory Therapist, EKG Technician, Patient's Primary Nurse

Team Responders:

Team Responders:	
Team 1	Rapid Response RN (1) & HLU RN (1)
Team 2	T2 RNs (1) & T3 RN (1)
Team 3	T2 RNs (1) & T3 RN (1)
Team 4	ED RN (1) & Ancillary person from the ED (1)

Code Blue Team Response

H Tower	Responder	Backup Responder
Basement	Team 4	Team 1 → 2
Ground Floor (Blood Bank, PAT, Registration, Main Lobby, Breast Center)	Team 4	Team 1 → 2
H1 (SDS)	Team 1	Team 2 → 4
H2 (L&D, L&D Triage, Perinatal, NICU)	Team 1	Team 2 → 4
H3 (Mechanical Room)	Team 1	Team 2 → 4
H4 (Post-partum)	Team 1	Team 2 → 4
H5 (Med/Surg)	Team 1	Team 2 → 4
H6 (Tele)	Team 1	Team 2 → 4

*DAB, IO & Video Laryngoscope (H6)

Main Building	Responder	Backup Responders
Basement	Team 4	Team 1 → 2
Ground Floor	Team 4	Team 1 → 2

1st Floor	Team 1	Team 2 → 4
Inpatient Units (2E, 2N, 2W, 3E, 3N, 3W, 4E, 4W*, 4N, 5E, 5W, 5N, 6E, 6W, 7E, 7W)	Team 1	Team 2 → 4
Helipad (5W to take Crash Cart)	Team 1	Team 2 → 4

*DAB, IO & Video Laryngoscope (4 West)

Outlying Buildings	Responder	Backup Responders
Administration Building (Ground floor, 2 nd , 3 rd , 4 th & 5 th)	Team 4	Team 1 → 2
Annex Building (Ground floor, 2 nd , 3 rd & 4 th)	Team 4	Team 1 → 2
Medical Building (Ground floor, 2 nd & 3 rd)	Team 4	Team 1 → 2
55 Arch building & 55 Arch Parking Deck	Team 2	Team 4 → 3 ⊙Team 1
75 Arch building & 75 Arch Parking Deck	Team 2	Team 4 → 3 ⊙Team 1
95 Arch	Team 4	Team 2 → 3 ⊙Team 1
Cooper Cancer Center	Team 4	Team 2 → 3
Adolph Parking Deck	Team 4	Team 2 → 3
YMCA – PT area only	Team 4	Team 2 → 3
Coleman Behavior Health	Team 4	Team 2 → 3

**Administration Building, Annex Building and Medical Building: 1st floor is still a Team 1

Code Blue Notes

- Intern Roles

- Always verify code status
- First one there? -> Check a pulse on carotid arteries
- If no pulse -> start compressions if Full Code
- If compressions are started -> start investigating history
- Attendings/seniors will be there within minutes
- Once attendings/seniors arrive
 - Help with compressions
 - Help with information
 - Contact family
 - Learn from what is happening
 - Eventually should move towards running codes later in year when more comfortable

When you code on a night shift in the middle of July



ICU Responsibilities

You will be expected to attend sign-out the night before you start on days.

Your senior residents will go over expectations the day prior to your first shift

ICU Day Intern

- Respond to all Code Blue pages
- Daytime: Arrive 0600 for sign out at the T3 “Fishbowl”
- Write progress notes with other interns, daily ICU activities
- Answer pages on “teaching” ICU patients
- Sign out to night team at 1800 in T-3 “Fishbowl”

Night Intern

- Follow up on any outstanding issues the day team signed out
 - Answer pages on patients you are covering
 - Assist ICU resident with new admissions if time permits
 - Direct issues about “non-teaching” patient to attending or fellow on overnight

ICU Responsibilities (continued)



ICU Blue, Orange, and Gold (Elective)



Each team works with different attending every week



Teams admitting every other day, Gold team admits Mondays



ICU Fellows are increasingly part of teams/workflow, will work closely with fellow in managing patients care

CCU Responsibilities

CCU Day Intern

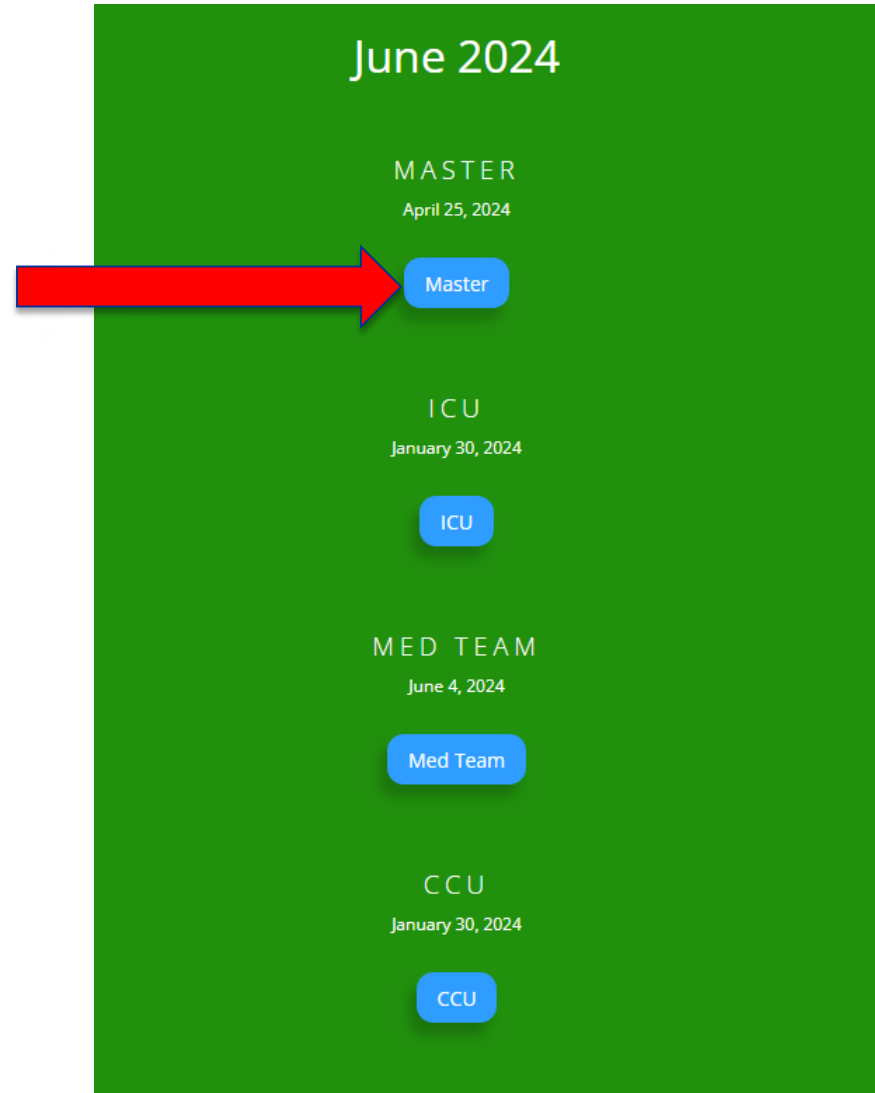
- Arrive for sign out at 0600 in CCU fishbowl
- Respond to all Code Blue pages
- Write progress notes with other interns and other daily CCU activities
- Answer all pages regarding CCU patients
- Sign out to night team at 1800 in CCU fishbowl

Night Intern

- Follow up on any outstanding issues the day team signed out
- Answer pages regarding CCU patients
- Respond to Code Blue pages in the Units (can go to floor codes but may be sent away if enough backup)
- Assists CCU resident with Code STEMI's/new admissions if able

Viewing your monthly master call schedule

- Anticipate 1-2 “Calls” per month outside of your existing rotation duties
- On Electives, Calls will typically include 1-2 weekend of night coverage and sometimes unit (ICU/CCU) cross-cover
- It is very important you review your call schedule at the beginning of each month
- If you notice an error, notify a Chief



Monthly "Call Schedule"

Residents

	3	6	9	6	7	8	9
	B	C	D	A	B	C	D
Day AR1	Shaub	Wolfe	Cho	Qubti	Shamim, Hatch(2)	Karykarcz	Chaffee
Night AR1	Vetter	Kenyhercz	Chaffee	Granieri	Shaub	Sindelar	Phasant
Day AR2	Cho	Qubti	Shamim	Elesh	Chaffee	Vetter	Hatch (2)
Night AR2	Kim	Kim	Kim	Siddiqui	Siddiqui	Siddiqui	Maudhant
Day ICU/ICVR							
Night ICUR	Dobb	Dobb	Dobb	Dobb	Dobb	Sivaram	Sivaram
Night CCUR	Dang (3)	Dang (3)	Dang (3)	McDonough	McDonough	McDonough	McDonough
Day A1/2/3	Laquidara	Dang (1)	Fling	Ghimirey	Mistry	Myer	DeVault
Night A1	Pianigiano	Engle	Alba	Minnarath	Farsq	Wong	Justus
Night A1/2	Robison	Robison	Robison	Robison	Shaw	Shaw	Shaw
Night A1/3	Mistry	Le	Le	Le	Le	Chen (1)	Cockrell
Night ICU-I	Khencarly	Vo	Vo	Vo	Vo	Vo	Dodson
Night CCU-I	Hatch	Hatch	Hatch	Hatch	Hatch	Khencarly	Khencarly
	10	11	12	13	14	15	16
	A	B	C	D	A	B	C
Day AR1	Qubti	Shamim, Hatch(2)	Kenyhercz	Chaffee	Granieri	Shaub, Shamim	Wolfe
Night AR1	Granieri	Shaub	Wolfe	Cho	Qubti	Hatch (2)	Mirzoy
Day AR2	Kenyhercz	Kaza	Mirzoy	Shamim	Phasant	Gub	Granieri
Night AR2	Siddiqui	Siddiqui	Siddiqui	Siddiqui	Siddiqui	Siddiqui	Gyengo
Day ICU/ICVR							
Night ICUR	Sivaram	Sivaram	Sivaram	Sivaram	Tju	Tju	Tju
Night CCUR	Weiner	Weiner	Weiner	Weiner	Weiner	Vetter	Vetter
Day A1/2/3	Engle	Raval	Minnarath	Chen (1)	Cockrell	Gen	Minnarath
Night A1	Johnson	Levine	Engle	Laquidara	Povier	Farag	Malik
Night A1/2	Meniru	Meniru	Meniru	Meniru	Meniru	Le	Le
Night A1/3	Shaw	Shaw	Shaw	Le	Le	Dang (1)	Hammar
Night ICU-I	Dodson	Dodson	Dodson	Dodson	Wobser	Wobser	Wobser
Night CCU-I	Khencarly	Khencarly	Khencarly	Khencarly	Saleh	Saleh	Saleh

Interns

Monthly "Call Schedule"

Night Call:

AR1 = Overnight Admitting shifts

AR2 = Resident Night Float

AI2/AI3 = Interns Night float

Day Pager:

0700-1830

AR2 (resident) *OR* AI2/AI3 - Day pager (intern)

PGY II		Night Call	Day pager	Vacation/Off Call	Unit CXVR	IMC Days (NF Only)	
Baadh	MT	3, 23	21, 29	1, 2, 8-16, 22		5, 18, 25	Post Grad Day 3
Boylan	MT	13, 25, 29	23, 27	1, 2, 15, 16, 27, 28		0 3, 12, 20, 28	Post Grad Day 3
Dang	MT	10, 22, 26	16, 20	8, 9, 12, 24, 25		5, 21, 28	Post Grad Day 3
DeVault	Paternity						Post Grad Day 3
Engle	CCU	X 2-5, 16-20		7, 8, 14, 15, 22, 30			Post Grad Day 3
Farag	IMC/NF	16-20, 26-30				1-15.	Post Grad Day 3
Fling	Rheum (EI)		3	8-16.	ICUN:21, 22, 23		Post Grad Day 3
Ghimirey	ICU	4-6, 24-28		2, 8, 9, 23, 30			Post Grad Day 3
Hatch(2)	ICU	X 9-13,		2, 7, 8, 16, 20			Post Grad Day 3
Johnson	NF/IMC	6-10, 21-25			ICUN: 29, 30	1-5, 14-20,	Post Grad Day 3
Koduru	CCU	X 6-10, 21-25		4, 5, 12, 20, 27, 28			Post Grad Day 3
Laquidara	MT	X 4, 12, 24	2, 30	8, 9, 14, 22, 23		7, 11, 18, 26	Post Grad Day 3
Mba	ICU	17-20		1, 14, 15, 16, 22			Post Grad Day 3
Minnerath	NF/IMC	1-2, 4-5, 11-15			ICUD: 20	16-30	Post Grad Day 3
Mistry(2)	MT	16, 20, 28	14, 22	2, 15, 18, 19, 30		6, 10, 19, 27	Post Grad Day 3
Myer	IMC		21	27 3-7,			Post Grad Day 3
Okpebholo	MT	7, 11, 27	1, 25	9, 10, 22, 23, 29, 30		6, 13, 21, 26	Post Grad Day 3
Raval	CCU	11-15, 26-30		2, 10, 17, 18, 24, 25			Post Grad Day 3
Saleem	MT	6, 14, 18	8, 28	1, 13, 16, 17, 29		4, 20	Post Grad Day 3
Vo	MT	15, 19	9, 26	1-7, 17, 18, 29, 30		14, 21, 25	Post Grad Day 3
Wang	MT	5, 17	7, 15	8, 9, 10, 22, 23, 24		4, 11, 19, 27	Post Grad Day 3
PGY I		Night Call	Day pager	Vacation/Off Call	Unit CXVR	IMC Days (NF Only)	
Chikyala	PGY2	X AI2: 3, AI1:22					Post Grad Day 3
Clay	IMC/NF	17-21, 24-26, 30		28-30 (wedding, OK for Night 30th if needed)		1-16.	Post Grad Day 3

Monthly "Call Schedule"

Unit cross-cover:

ICUD: 0600-1800

CCUD: 0600-1800

ICUN: 1800-0600

CCUN: 1800-0600

"D" & "N" at end of unit correspond to Day & Night



PGY II			Night Call	Day pager	Vacation/Off Call	Unit CXVR	IMC Days (NF Only)	
Baadh	MT		3, 23	21, 29	1, 2, 8-16, 22		5, 18, 25	Post Grad Day 3
Boylan	MT		13, 25, 29	23, 27	1, 2, 15, 16, 27, 28	0	3, 12, 20, 28	Post Grad Day 3
Dang	MT		10, 22, 26	16, 20	8, 9, 12, 24, 25		5, 21, 28	Post Grad Day 3
DeVault	Paternity							Post Grad Day 3
Engle	CCU	X	2-5, 16-20		7, 8, 14, 15, 22, 30			Post Grad Day 3
Farag	IMC/NF		16-20, 26-30				1-15.	Post Grad Day 3
Fling	Rheum (EI)			3	8-16.	ICUN:21, 22, 23		Post Grad Day 3
Ghimirey	ICU		4-6, 24-28		2, 8, 9, 23, 30			Post Grad Day 3
Hatch(2)	ICU	X	9-13,		2, 7, 8, 16, 20			Post Grad Day 3
Johnson	NF/IMC		6-10, 21-25			ICUN: 29, 30	1-5, 14-20,	Post Grad Day 3
Koduru	CCU	X	6-10, 21-25		4, 5, 12, 20, 27, 28			Post Grad Day 3
Laquidara	MT	X	4, 12, 24	2, 30	8, 9, 14, 22, 23		7, 11, 18, 26	Post Grad Day 3
Mba	ICU		17-20		1, 14, 15, 16, 22			Post Grad Day 3
Minnerath	NF/IMC		1-2, 4-5, 11-15			ICUD: 20	16-30	Post Grad Day 3
Mistry(2)	MT		16, 20, 28	14, 22	2, 15, 18, 19, 30		6, 10, 19, 27	Post Grad Day 3
Myer	IMC			21	27	3-7,		Post Grad Day 3
Okpebholo	MT		7, 11, 27	1, 25	9, 10, 22, 23, 29, 30		6, 13, 21, 26	Post Grad Day 3
Raval	CCU		11-15, 26-30		2, 10, 17, 18, 24, 25			Post Grad Day 3
Saleem	MT		6, 14, 18	8, 28	1, 13, 16, 17, 29		4, 20	Post Grad Day 3
Vo	MT		15, 19	9, 26	1-7, 17, 18, 29, 30		14, 21, 25	Post Grad Day 3
Wang	MT		5, 17	7, 15	8, 9, 10, 22, 23, 24		4, 11, 19, 27	Post Grad Day 3
PGY I			Night Call	Day pager	Vacation/Off Call	Unit CXVR	IMC Days (NF Only)	
Chikyala	PGY2	X	AI2: 3, AI1:22					Post Grad Day 3
Clay	IMC/NF		17-21, 24-26, 30		28-30 (wedding, OK for Night 30th if needed)		1-16.	Post Grad Day 3

Note for "Night Call":

-When on MT = overnight admitting — AR1 & AI1

-When on NF = overnight AR2 & AI2/3 (NOTE: 1 senior, 2 interns)

-Your unit CXVR is listed separately (even if it's overnight), so check both columns

On Call Hours

- Day AI1(Admitting)
- Day AI2/3 (“Day Pager”)
- Night AI1 (Admitting)
- Night AI2
- Night AI3

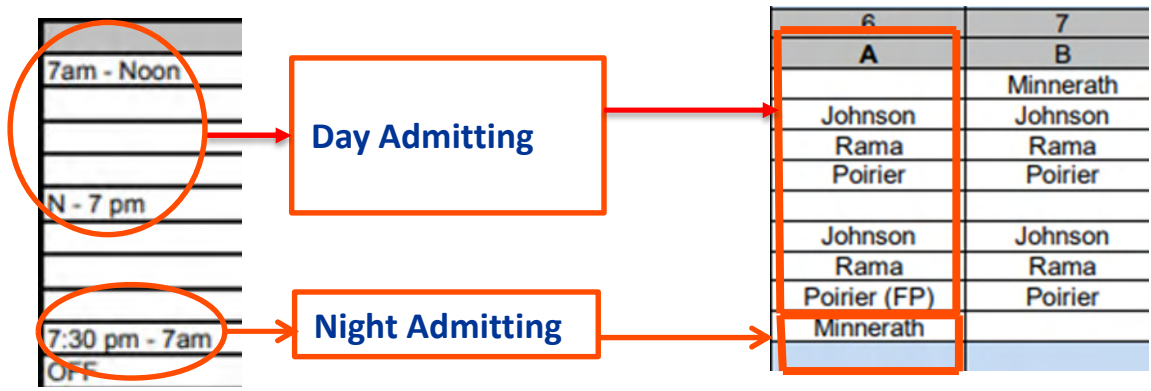
Med Team A Schedule
June Schedule 24_25 (R5.30.24) JuneMedA

***	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Residents	30						A
7am - Noon	B Marsh Ibarra						Mistry(1)
N - 7 pm	CXVR Marsh						Mistry(1)
6:30 pm - 7am							Marsh Ibarra
OFF	Mistry(1)						
	2 B	3 C	4 D	A	6 B	7 C	8 D
7am - Noon	Mistry(1) Marsh	Garrison (A12/3)	Mistry(1)	Marsh Ibarra	Mistry(1) Marsh Ibarra	Marsh (A12/3) Ibarra	Marsh
N - 7 pm	Mistry(1)	Garrison (A12/3)	Mistry(1)	Marsh Ibarra (FMC)	Marsh Ibarra (PM FM)	Marsh (A12/3) Ibarra	Marsh
6:30 pm - 7am				Mistry(1)			
OFF	Ibarra		Marsh			Mistry(1)	Mistry(1), Ibarra
	A	10 B	11 C	12 D	A	14 B	15 C
7am - Noon	Marsh	Mistry(1) Marsh Ibarra	Mistry(1) Marsh Ibarra	Mistry(1) Marsh Ibarra	Mistry(1) Marsh	Mistry(1) Marsh Ibarra	Mistry(1) (A12/3)
N - 7 pm	Marsh	Marsh Ibarra	Mistry(1) (IMC) Marsh Ibarra (FMC)	Mistry(1) Marsh (IMC) Ibarra (PM FM)	Mistry(1) Marsh	Mistry(1) Marsh	Mistry(1) (A12/3)
6:30 pm - 7am	Mistry(1)				Ibarra		
OFF	Ibarra						Marsh, Ibarra
	16 D	A	18 B	19 C	20 D	A	22 B
7am - Noon	Mistry(1)	Marsh Ibarra	Mistry(1) Marsh Ibarra	Mistry(1) (A12/3) Marsh Ibarra	Marsh Ibarra	Ibarra	Marsh Ibarra
N - 7 pm	Mistry(1)	Marsh Ibarra	Marsh Ibarra (FMC)	Mistry(1) (A12/3) Marsh (IMC) Ibarra (PM FM)	Marsh Ibarra	Ibarra	Ibarra
6:30 pm - 7am		Mistry(1)				Marsh	
OFF	Marsh, Ibarra						Mistry(1)
	23 C	24 D	A	26 B	27 C	28 D	A
7am - Noon		Marsh Ibarra (A12/3)	Ibarra	Marsh Ibarra	Marsh (A12/3) Ibarra	Marsh	Marsh
N - 7 pm		Marsh Ibarra (A12/3)	Ibarra (FMC)	Ibarra (PM FM)	Marsh (A12/3) Ibarra	Marsh	Marsh
6:30 pm - 7am			Marsh				Ibarra
OFF	Mistry(1), Marsh	Mistry(1)	Mistry(1)	Mistry(1)	Mistry(1)	Mistry(1), Ibarra	Mistry(1)

	Night	Day	Off	IMC
Marsh	1, 21, 25	7, 27	4, 15, 16, 23, 24	12, 19,
Mistry(1)	5, 9, 17	15, 19	7, 8, 22-30	11
Ibarra	13, 29	23	1-9, 15, 16, 28	

Admitting

- 4 med teams (A,B,C,D)
- Each team admits every 4th day
- Either day or night admitting
- Day 0700-1830
- Night 1930-1100 (round with team in the AM)
- Look for dates with your med team letter under it



Admitting

- 4 med teams (A,B,C,D)
- Each team admits every 4th day
- Either day or night admitting
- Day 0700-1830
- Night 1930-1100 (round with team in the AM)
- Look for dates with your med team letter listed

On Call Hours

- Day AI1(Admitting)
- Day AI2/3 (“Day Pager”)
- Night AI1 (Admitting)
- Night AI2
- Night AI3

Night admitting: 1930-1100 (approximately)

	Night	Day	Off		IMC
Marsh	1, 21, 25	7, 27	4, 15, 16, 23, 24		12, 19,
Mistry(1)	5, 9, 17	15, 19	7, 8, 22-30		11
Ibara	13, 29	23	1-9, 15, 16, 28		

On Call Hours

- Day AI1(Admitting)
- Day AI2/3 (“Day Pager”)
- Night AI1 (Admitting)
- Night AI2
- Night AI3

PGY II			Night Call	Day pager
Baadh	MT		3, 23	21, 29
Boylan	MT		13, 25, 29	23, 27
Dang	MT		10, 22, 26	16, 20
DeVault	Paternity			
Engle	CCU	X	2-5, 16-20	
Farag	IMC/NF		16-20, 26-30	
Fling	Rheum (EI)			
Ghimirey	ICU		4-6, 24-28	
Hatch(2)	ICU	X	9-13,	
Johnson	NF/IMC		6-10, 21-25	
Koduru	CCU	X	6-10, 21-25	
Laquidara	MT	X	4, 12, 24	2, 30
Mba	ICU		17-20	
Minnorath	NF/IMC		1, 2, 4, 5, 11, 15	

	Night	Day	Off
Marsh	1, 21, 25	7, 27	4, 15, 16, 23, 24
Mistry(1)	5, 9, 17	15, 19	7, 8, 22-30
Ibara	13, 29	23	1-9, 15, 16, 28

On Call Hours

AI2/3 “Day Pager”

-usually 2-3 days/month on med team

-0700-1830

-Respond to Code Blues/Stroke Teams (on floor/obs unit) IN ADDITION to normal med team responsibilities

	Night	Day	Off		IMC
Marsh	1, 21, 25	7, 27	4, 15, 16, 23, 24		12, 19,
Mistry(1)	5, 9, 17	15, 19	7, 8, 22-30		11
Ibara	13, 29	23	1-9, 15, 16, 28		

On Call Hours

- Day AI1 (Admitting)
- Day AI2/3 (“Day Pager”)
- Night AI1 (Admitting)
- Night AI2
- Night AI3

- Reminder:
- NF = AI2/3
- MT = AI1
- Elective = will specify

PGY I			Night Call
Chikyala	PGY2	X	AI2: 3, AI1:22
Clay	IMC/NF		17-21, 24-26, 30
Cratty	ICU	X	
Garrison	IMC/NF		16-21, 23-27, 30
Jin	NF/IMC		1-2, 6-10, 13-15
Kabellar	CCU		10-13, 23-26
Khanal	ICU		
Kundu	CCU		1-5, 18-22
Marcum	Pulm		AI3: 27, 28, 29
Marsh	MT		1, 21, 25
Merchant	ICU		2-6, 30
Neopaney	Cards		19
Parker	Geriatrics		AI3: 22, 23
Reamsnyder	MT	X	14, 18
Sain	Endo		AI1: 23, 27
Shah	IMC/NF		1-5, 8-12
Sims	MT		3
Tang	MT		8, 24
Tran	MT		4, 20, 28
Yovichin	Cards		AI2: 22, 28, 29
Prelim Med			
Mistry(1)	MT		5, 9, 17
Ohliger	MT		6, 10
Transitional			
Akel	IMC		

ICU Schedule

ICU Schedule

Master July 25_26 (r6.23.25) JulICU

July	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Residents			1	2	3	4	5
			B	O	B	O	B
6AM				Kabellar	Kabellar	Kabellar	Kabellar
			A Parker	A Parker			
			Cratty		Cratty	Cratty	Cratty
CXVR							
6PM			Marsh	Marsh	Marsh	A Parker	A Parker
OFF			Kabellar (PC)	Cratty	A Parker		Marsh
	6	7	8	9	10	11	12
	O	B	O	B	O	B	O
6AM	Kabellar	Kabellar	Kabellar	Kabellar	Kabellar		
						A Parker	A Parker
	Cratty						
		Marsh	Marsh	Marsh	Marsh	Marsh	Marsh
CXVR							
6PM	A Parker	A Parker	Cratty	Cratty	Cratty	Cratty	Kabellar
OFF	Marsh	Cratty		A Parker	A Parker	Kabellar	
	13	14	15	16	17	18	19
	B	O	B	O	B	O	B
6AM							Kabellar
	A Parker	A Parker	A Parker	A Parker	A Parker	A Parker	
		Cratty	Cratty	Cratty	Cratty	Cratty	Cratty
	Marsh						
CXVR							
6PM	Kabellar	Kabellar	Kabellar	Marsh	Marsh	Marsh	Marsh
OFF	Cratty	Marsh	Marsh		Kabellar	Kabellar	A Parker

ICU Schedule

Day Shift: 0600-1800

July	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Residents			1	2	3	4	5
			B	O	B	O	B
5AM				Kabellar	Kabellar	Kabellar	Kabellar
			A Parker	A Parker			
			Cratty		Cratty	Cratty	Cratty
CXVR							
6PM			Marsh	Marsh	Marsh	A Parker	A Parker
OFF			Kabellar (PC)	Cratty	A Parker		Marsh

Nights Shift: 1800-0600

Handoffs
0600-0700
1800-1900

Putting it all together

Med Team

- 0700 to 1700 on weekdays (2W work rooms)
- Your team admits every 4th day
 - Look for your bolded med team letter under each date
 - Day AI1: 0700 - 1830
 - Night AI1: 1930 – 1100 (often earlier)
- Will hold “day pager” (AI2/3) periodically (0700-1830)

Electives

- Discuss hours and weekends with senior resident, attending
- Will hold “day pager” (AI2/3) periodically (0700-1830)
- “Cross-coverage” (abbreviated on schedule as: “XCVR”)
 - 1-2 weekends per month
 - Can be AI1, AI2, or AI3, and as you enter into senior roles, ICU/CCU
- **Always check the Master Call Schedule**

Putting it all together

ICU

- **Daytime: 0600-1800**
 - Periodically hold the ICU intern pager during the day (respond to ALL Code Blues)
- **Nighttime: 1800-0600**
 - Only one ICU intern at night
 - Carry ICU intern pager
 - Respond to ALL Code Blue Pages

CCU

- **Daytime: 0600-1800**
 - Periodically hold the CCU intern pager during the day (respond to ALL Code Blues)
- **Nighttime: 1800-0600**
 - Only one CCU intern at night
 - Carry CCU intern pager
 - Respond to ALL Code Blues

REMINDER: THE DATES YOU SUBMITTED TO DR. MOORE PRIOR TO THE START OF THE YEAR WERE NOT FORMAL VACATION REQUESTS

- These were informal “save the dates” when designing the master rotation schedule to make sure you would be on a rotation that could accommodate time off
- If you read our emails and instructions, the formal process for submitting vacation requests is electronic, and **the due date to request vacation from July-October 2026 has passed (it was on May 18th)**
- Important reasons that we adhere to our request submission process and deadlines:
 - Plans change, these requests aren’t set in stone until you formally submit them
 - We build schedules with every single request in mind; sometimes even a single day change can unravel days of work
 - We track # of vacations used through this submission form
 - When you submit a request, it also notifies the IMC staff for scheduling purposes
- **FOR ALL FUTURE DATES (NOV/DEC 2026 AND ONWARD) YOU NEED TO SUBMIT VACATION/CONFERENCE/OFF-CALL REQUESTS FORMALLY THROUGH THE STEPS OUTLINED ON THE FOLLOWING SLIDES**

Vacation

Offcall.summaevals.com/

- A total of **3 weeks** throughout the year taken in 1 week blocks (Monday to Friday). At least one weekend (both Saturday & Sunday) will be included in that time.*
 - Highly likely to have both weekends off on electives **but not med teams**.
 - Submit all vacation requests as soon as possible
 - All Requests **must** be made on the website – even if you talked to Dr. Moore.
 - They are used for IMC scheduling as well
 - **Exception – if deadline is missed, need to talk to a Chief for approval and if it cannot be accommodated, you are responsible for finding coverage for your shifts you want off**
 - A specific week/weekend off is **not guaranteed** – especially on med team months
 - If want a particular week off to make plans, you should request vacation during elective months (not med team)
 - MUST USE 1 week of vacation before January 1st
 - NO VACATIONS in July, December, or June
 - NO VACATIONS during ICU, CCU, or Night Float
 - Vacations are to be taken 1 week at a time.
 - No request for 2 consecutive vacation weeks during a ACGME required rotation
 - ACGME will not grant credit for rotation and require repeat
- *Please note, maternity and paternity leave are separate forms with a different process

Off Call Requests

Offcall.summaevals.com/

- Use these for important events (Weddings, graduations, etc.)
- Allowed **one request per month**...1 or 2 consecutive days (usually Saturday/Sunday)
- All Requests must be made on online form
 - **Exception – if deadline missed need to talk to Chief for approval**
 - If you request a weekday, you are still expected to work your usual shift but we will not assign you “call” (i.e. Day pager)
- If you request and are granted a weekend, you typically will get these days off work entirely
- May not be able to grant all requests - **especially on med team**
- Off Call Requests not acceptable on ICU, CCU, Night Float

Conference Requests

[Offcall.summaevals.com/](http://offcall.summaevals.com/)

- Per Academic Year: Residents are permitted 5 days for conference plus 2 travel days.
 - Residents are only allowed 1 week off during their IMC experience, even if it is split across 2 different months. This includes vacation and conferences
 - All conference requests must be submitted via offcall.summaevals.com even if you have discussed the conference in person with Dr. Moore, Dr. Myers, or the Chiefs.
- Specific dates are not guaranteed, especially on Med Team.
 - If you are aware of a conference you want to attend during the year, make sure to let Dr. Moore know early so that you can be assigned elective during that time.
- No conferences during July, December, June, ICU/CCU, or Night Float.
 - Exceptions can be made for primary authors, need PD and Chief approval, and likely can only be excused for day of presentation and minimum travel time.
- Submit the dates ASAP
 - As soon as you know you will be submitting to a conference, submit the dates
 - **Do not wait until you are accepted.** Submit ASAP. We often have schedules finished long before you hear of acceptance
 - Let the chiefs know if you are accepted or not after submitting the dates – send us your acceptance or denial letter

Deadlines

Vacation & Off Call Request Submission Deadlines

Summary of other vacation deadlines is below (we will send further reminders):

DEADLINES:

- **Due Date Elapsed: ~~Monday, May 18th~~** for ~~August, September and October~~ requests
- **Friday, July 10th** for November and December requests
- **Friday, September 11th** for January, February, March, April, May

Call Changes

- Must be approved by Chief Resident, IMC MOC (Medical Office Coordinator) – Brandy Mason, Dr. Moore
- Must find own coverage for the switch, i.e. co-resident or co-intern willing to switch
- Ensure it does not conflict with duty hour violations, IMC coverage on either party, pager shifts, or call shifts.
- Send email to Chiefs with the resident/intern trading shifts attached as your formal request

STEP/COMLEX 3

- Categorical
 - Must have **taken** STEP/COMLEX 3 by end of PGY1 year to advance to PGY2
 - Must have **passed** STEP/COMLEX 3 by end of PGY2 year to advance to PGY3
- Prelim/TYs
 - Must have **taken** by end of PGY1 per ACGME graduation requirements
- Recommend schedule during **elective** Month

***STEP/COMLEX 3 dates do not take from PTO*

2 days for the exam are granted without requiring vacation. However, if you want the whole week off to study/travel/etc., that will require a vacation request and counts as 1 of your 3 vacations for the year.

Let us know your dates as soon as you have this scheduled! Must be scheduled by end of December (exam date can be later)
Submit as an off call request via offcall.summaevals.com

PGY1 USMLE Step 3 / COMLEX Level 3 Requirement Summary

- Summary of Key Deadlines

- ✓ **Schedule your exam date by December 31st**

- ✓ **Send your scheduled exam date to your program coordinators & chief residents**

- ✓ Submit an Off-Call Request for your testing dates

- ✓ Complete Step 3 or Level 3 by the end of PGY1

- ✓ MD residents: Send score reports to Layne and Samantha

- ✓ DO residents: No score reporting action needed

Advisors and Peer Mentor Information

- Faculty advisors will be assigned at a later date.
- Your peer mentors should have already reached out to introduce themselves and serve as a resource as you begin the program.
- If you have not heard from your peer mentor, please let us know so we can verify that they have the correct contact information and help facilitate the connection.
- Peer mentors are a great resource for questions about transitioning into the program, scheduling, and day-to-day life. Don't hesitate to reach out once you're connected!

Noon Conferences



SUMMA INTERNAL MEDICINE RESIDENCY

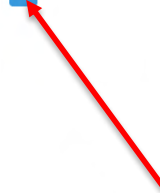


Internal Medicine Residency

The Summa Health Internal Medicine Residency is an intimate and community-based program that provides residents with university-caliber education and highly personal attention from attending physicians and faculty

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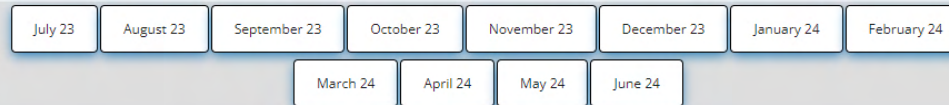
Our department has so many new and exciting things happening! From publications, resident highlights, to

Password: bullpen



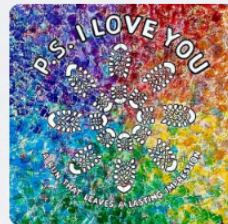
Noon Conferences

CONFERENCE MONTH NAVIGATION BUTTONS



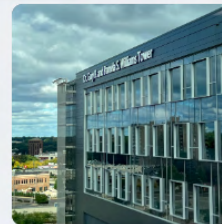
June 2024

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03 JUNE

Post-Grad Day - No conference



04 JUNE

Board Review

Dr. Groubert



05 JUNE

Journal Club

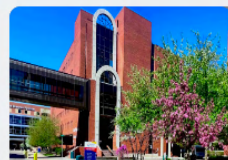
Drs. Mercado, Patel, Garcia



06 JUNE

CPC

Drs. Baahd, Mistry



07 JUNE

Resident Business Meeting

Chiefs



10 JUNE

Pulm - Board Review

Dr. Forte

Noon Conferences

- July – Intern Boot Camp: 1200-1300 conference, core series of lectures
 - ICU Interns excused
 - CCU Interns expected in July (only if able to come – ask your senior,)
 - **Mandatory** for All other interns (unless on Nights/Post-call)
- Typical noon conference
 - Mandatory (unless on CCU/ICU/Nights/Post-call/Vacation)
 - **Minimum attendance: 40% for the entire year if Categorical and 35% if TY/Prelim**
 - Located in the Hemphill Auditorium in 55 Arch Street basement (occasionally Firestone Auditorium on Ground Floor 55 Arch Street if Hemphill unavailable)
 - Reminder email sent out usually around 1100 by Rosie Saunders
 - Logged/Tracked via Kahoot!
 - Excess of un-excused absences are subject to evaluation and meeting with Chief of REEAC (Dr. Joe Myers)

IMC (Outpatient Clinic) Orientation

- All Categorical, Transitional & Prelim PGY-1's
- 2 half days of orientation, labeled O-1 & O-2
- Start seeing patients on Day 3 of Clinic
 - except for prelim/TY
- You received an email from Dr. Dayal with more information and the schedule
- Some start **on July 1st**, you are excused from other rotations for a half day to attend this

IMC Schedule

ALL RESIDENTS

- One half-day per week during Med Team (afternoons)
- Dedicated IMC Months and Half Months

CATEGORICALS ONLY

- One half-day per week on every rotation
 - EXCLUSIONS: ER, ICU, CCU, ICS

IMC Orientation – please attend

- Your first 2 half days of clinic are “Orientation Days”
- Each resident has different orientation days
- Location: 55 Arch Street, Suite 1B
- Times: 1:30 PM-4:30 PM

2026 IMC Orientation Dates

ELECTIVE
MED TEAM

JULY ORIENTATION DAY 1

July 6 (1:30-4:30 PM)	July 7 (1:30-4:30 PM)	July 8 (1:30-4:30 PM)	July 9 (1:30-4:30 PM)	July 10 (1:30-4:30 PM)
Tiv	N Berkebile	Chindavong	Kruithoff	Syed
Ali	Mittal	Robertson	G Singh	Banks
Gutierrez	Meyers	Irfan	R Berkebile	Zeno
Hamadeh	Ramnath	Belleza	Vasquez	Walsh
		Ouyang		Taki Labib

JULY ORIENTATION DAY 2

July 13 (1:30-4:30 PM)	July 14 (1:30-4:30 PM)	July 15 (1:30 - 4:30 PM)	July 16 (1:30 - 4:30 PM)	July 17 (1:30 - 4:30 PM)
Kruithoff	Banks	Tiv	Robertson	G Singh
Ali	Mittal	N Berkebile	R Berkebile	Irfan
Gutierrez	Syed	Ramnath	Chindavong	Zeno
Hamadeh	Meyers	Vasquez	Belleza	Walsh
		Ouyang		Taki Labib

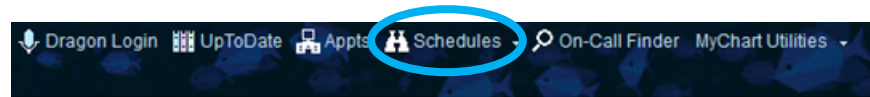
AUGUST ORIENTATION DAY 1

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		August 5 (1:30 - 4:30 PM)		August 7 (1:30 - 4:30 PM)
August 3 (1:30-4:30 PM)	August 4 (1:30-4:30 PM)		August 6 (1:30 - 4:30 PM)	
Deshmukh	A Patel	Dye	Brockner	V Patel
Cosgrove	Chakilam Rico	Wu	Shaner	Barral Salmen

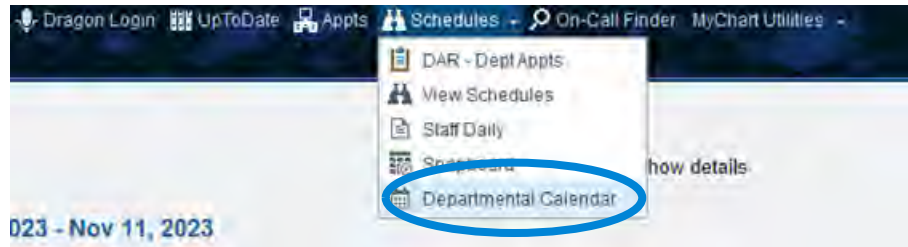
AUGUST ORIENTATION DAY 2

TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
August 11 (1:30-4:30 PM)	August 12 (1:30 - 4:30 PM)	August 13 (1:30 - 4:30 PM)	August 14 (1:30 - 4:30 PM)
Deshmukh	Dye	A Patel	Wu
V patel	Barral	Brockner	Shaner
Rico	Chakilam	Cosgrove	Salmen

When are you Scheduled for IMC?



When are you Scheduled for IMC?



When are you Scheduled for IMC?

Departmental Calendar: ACH IMC

Department: 11/5/2023 Include resources Show details Week Month

Sunday Nov 5, 2023	Monday 6	Tuesday 7	Wednesday 8	Thursday 9	Friday 10	Saturday 11
	<p>BAADH, PALVIR 8:00 a - 11:30 a 1:00 p - 4:30 p</p> <p>BUCHENIC, MICHAEL Unavailable - PTO</p> <p>DANG, JOSHUA Unavailable - PTO</p> <p>DEVAULT, KYLE Unavailable</p> <p>FARAG, SAIF-ELDIN Unavailable - Other</p> <p>FLUNG, JACOB Unavailable - PTO</p> <p>GARRISON, ANDREA MARIE 8:10 a - 10:10 a 1:10 p - 3:10 p</p> <p>HOLLENBACH, JESSICA 7:50 a - 11:20 a</p> <p>KABELLAR, JORDAN ANDREW 8:10 a - 10:10 a 1:10 p - 3:10 p</p> <p>KODURU, VINUTH Unavailable</p> <p>KONCILJA, LANIE M Unavailable - PTO</p> <p>MARCIUM, KRISTEN Unavailable - PTO</p> <p>MBA, CELESTINE 1:00 p - 4:30 p</p> <p>MCCOLLUM, SAMUEL WILEY 1:10 p - 3:10 p</p> <p>MCCORCLE, CAMERON Unavailable - Med Team</p> <p>MIRZOY, AJMAL 12:50 p - 4:50 p</p> <p>MISTRY, SOHI Unavailable</p> <p>NEOPANEY, NARA Unavailable</p> <p>O'CONNELL, BRYAN PATRICK 1:00 p - 4:30 p</p> <p>OKPEBHOLO, JAPHETH 8:00 a - 11:30 a</p> <p>PETERSEN, STEPHANIE 9:00 a - 12:00 p 1:00 p - 5:00 p</p> <p>RAVAL, AKHINAV Unavailable</p> <p>SALEEM, ABRAHAM 8:00 a - 11:30 a</p> <p>SRIVASTAVA, ROHAN SHANKAR 8:10 a - 10:10 a 1:10 p - 3:10 p</p> <p>STAAB, WANDA L 1:00 p - 4:00 p</p> <p>TANG, ALEX DIEU Unavailable - PTO</p> <p>VO, PHUONG UYEN JULIE</p>	<p>BAADH, PALVIR Unavailable</p> <p>BOYLAN, KATE 8:00 a - 11:30 a</p> <p>BUCHENIC, MICHAEL Unavailable - PTO</p> <p>CHAFFEE, BLAKE 1:00 p - 4:00 p</p> <p>CUDNIK, MICHELLE 8:30 a - 11:30 a 1:00 p - 3:30 p</p> <p>DANG, JOSHUA Unavailable - PTO</p> <p>DENNISON, JENNIFER 12:50 p - 4:50 p</p> <p>FARAG, SAIF-ELDIN Unavailable - Other</p> <p>FLUNG, JACOB 8:30 a - 11:30 a</p> <p>GARRISON, ANDREA MARIE 8:40 a - 10:10 a</p> <p>GORRELL, NATHAN Unavailable - PTO</p> <p>GRANIERI, MICHAEL 12:50 p - 4:50 p</p> <p>KABELLAR, JORDAN ANDREW 1:10 p - 3:10 p</p> <p>KONCILJA, LANIE M Unavailable - PTO</p> <p>MARCIUM, KRISTEN Unavailable - PTO</p> <p>MARSH, CALEB RYAN Unavailable</p> <p>MCCORCLE, CAMERON 1:15 p - 1:45 p 2:15 p - 2:45 p 3:15 p - 3:45 p 4:15 p - 4:45 p</p> <p>ROBISON, YASMINE 12:50 p - 2:50 p 3:20 p - 4:50 p</p> <p>SHAW, MEGAN 7:50 a - 11:20 a</p> <p>SRIVASTAVA, ROHAN SHANKAR</p>	<p>BAADH, PALVIR 8:30 a - 11:30 a</p> <p>BOYLAN, KATE Unavailable</p> <p>CHAFFEE, BLAKE Unavailable - Other</p> <p>CHO, MANDY 12:50 p - 4:50 p</p> <p>CUDNIK, MICHELLE 9:00 a - 12:00 p</p> <p>DANG, JOSHUA Unavailable - PTO</p> <p>FARAG, SAIF-ELDIN Unavailable - Other</p> <p>FLUNG, JACOB Unavailable - PTO</p> <p>GARRISON, ANDREA MARIE 1:10 p - 3:10 p</p> <p>GHIRREY, NIRMALA Unavailable</p> <p>GORRELL, NATALIE Unavailable - Other</p> <p>GRANIERI, MICHAEL 12:50 p - 4:50 p</p> <p>KONCILJA, LANIE M Unavailable - PTO</p> <p>KODURU, VINUTH 8:00 a - 11:30 a</p> <p>KONCILJA, LANIE M Unavailable - PTO</p> <p>LAQUIDARA, BETHANY MICHELLE Unavailable</p> <p>MALIK, ALEXANDER K 12:50 p - 4:50 p</p> <p>MARCIUM, KRISTEN Unavailable - PTO</p> <p>MARSH, CALEB RYAN Unavailable</p> <p>MCCORCLE, CAMERON Unavailable - Med Team</p> <p>MINNERATH, CARL Unavailable</p> <p>MISTRY, SOHI 8:30 a - 11:30 a</p> <p>NEOPANEY, NARA 8:10 a - 10:10 a</p> <p>O'CONNELL, BRYAN PATRICK 8:30 a - 11:30 a</p> <p>PETERSEN, STEPHANIE 1:00 p - 5:00 p</p> <p>PETRANIC, ALLISON 2:00 p - 4:00 p</p> <p>PLEASANT, CHAUCOLA 12:50 p - 4:50 p</p> <p>RAVAL, AKHINAV 8:30 a - 11:30 a</p> <p>RAYL, JOEL 9:00 a - 9:40 a</p>	<p>BAADH, PALVIR 1:00 p - 4:30 p</p> <p>BOYLAN, KATE Unavailable</p> <p>CUDNIK, MICHELLE 8:30 a - 11:30 a</p> <p>DANG, JOSHUA Unavailable - PTO</p> <p>ELEY, SARAH 1:10 p - 3:10 p</p> <p>ENGLE, JOSEPH 1:00 p - 4:30 p</p> <p>GARRISON, ANDREA MARIE 1:10 p - 3:10 p</p> <p>HOLLENBACH, JESSICA 7:50 a - 11:20 a</p> <p>KABELLAR, JORDAN ANDREW 8:10 a - 10:10 a 1:10 p - 3:10 p</p> <p>KODURU, VINUTH Unavailable</p> <p>KONCILJA, LANIE M Unavailable - PTO</p> <p>MARCIUM, KRISTEN Unavailable - PTO</p> <p>MARSH, CALEB RYAN Unavailable</p> <p>MCCORCLE, CAMERON Unavailable - Med Team</p> <p>MISTRY, SOHI Unavailable - Case Conference</p> <p>OKPEBHOLO, JAPHETH EITAMAEGBE Unavailable - Other</p> <p>PETERSEN, STEPHANIE 9:00 a - 12:00 p 1:00 p - 5:00 p</p> <p>PETRANIC, ALLISON 1:00 p - 4:00 p</p> <p>RAVAL, AKHINAV 8:00 a - 11:30 a</p> <p>RICH, MICHAEL 1:15 p - 1:45 p 2:15 p - 2:45 p 3:15 p - 3:45 p</p> <p>SAIN, ELIZABETH MARIE 8:10 a - 10:10 a</p> <p>SIMS, AMANDA DENISE 8:10 a - 10:10 a</p> <p>SRIVASTAVA, ROHAN SHANKAR 1:10 p - 3:10 p</p> <p>STAAB, WANDA L 8:30 a - 12:00 p 1:00 p - 4:30 p</p> <p>TANG, ALEX DIEU Unavailable - PTO</p> <p>VO, PHUONG UYEN JULIE Unavailable - Other</p> <p>WIANG, ANDY 1:00 p - 4:30 p</p>		

Select Literally Anyone

When are you Scheduled for IMC?

Schedule Admin | EpicCare

Provider Calendar | CUDNIK, MICHELLE | Edit Template | Edit Pattern | Provider Pattern | Provider

Provider Calendar: CUDNIK, MICHELLE

September 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sep 1, 2024 No Template	2 SBH ANTICOAG Unavailable - Holiday	3 ACH IMC 8:30 a - 11:30 a 1:00 p - 3:30 p 6 appointments	4 ACH IMC 9:00 a - 11:30 a	5 ACH IMC 8:30 a - 11:30 a 2 appointments	6 No Template	7 No Template
8 No Template	9 No Template	10 ACH IMC 8:30 a - 11:30 a (U) Other 1:00 p - 3:30 p (U) Other 1 appointment	11 ACH IMC 9:00 a - 11:30 a (U) Other	12 ACH IMC 8:30 a - 11:30 a (U) Other	13 No Template	14 No Template
15 No Template	16 No Template	17 ACH IMC 8:30 a - 11:30 a 1:00 p - 3:30 p 8 appointments	18 ACH IMC 9:00 a - 11:30 a 4 appointments	19 ACH IMC 8:30 a - 11:30 a (U) Other	20 No Template	21 No Template
22 No Template	23 No Template	24 ACH IMC 8:30 a - 11:30 a 1:00 p - 3:30 p 6 appointments	25 ACH IMC 9:00 a - 11:30 a 2 appointments	26 ACH IMC 8:30 a - 11:30 a	27 No Template	28 No Template
29 No Template	30 No Template	Oct 1, 2024 ACH IMC 8:30 a - 11:30 a 1:00 p - 1:30 p 1:30 p - 3:30 p (U) Other 2 appointments	2 ACH IMC 9:00 a - 11:30 a 1 appointment	3 ACH IMC 8:30 a - 11:30 a	4 No Template	5 No Template

When are you Scheduled for IMC?

Type your name

The image shows a software dialog box titled "Provider/Resource Select". At the top, there is a search input field containing the text "wolfe" and a magnifying glass icon to its right. Below the search field is a large, empty rectangular area. A yellow banner at the top of this area contains a question mark icon and the text "Enter text above to begin your search." At the bottom left of the main area, it says "0 records loaded." At the bottom right, there are two buttons: "Accept" with a checkmark icon and "Cancel" with a red X icon.

When are you Scheduled for IMC?

Provider Calendar:

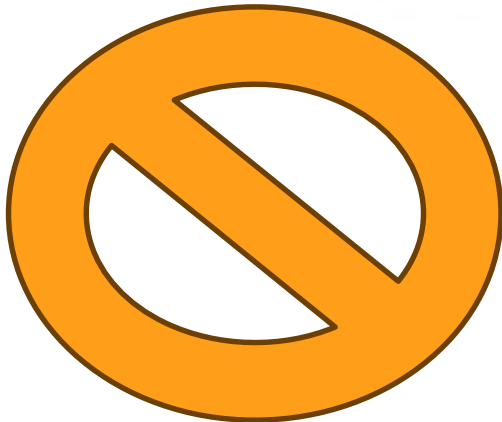
Sunday Oct 29, 2023	Monday 30	Tuesday 31	Wednesday Nov 1, 2023	Thursday 2	Friday 3	Saturday 4
No Template	No Template	No Template	No Template	ACH IMC 7:50 a - 11:20 a 11:20 a - 11:50 a (U) Other 7 appointments	No Template	No Template
5	6	ACH IMC 1 appointment	No Template	ACH IMC 7:50 a - 11:20 a 11:20 a - 11:50 a (U) Other 4 appointments	No Template	No Template
12	13	ACH IMC 7:50 a - 11:20 a 11:20 a - 11:50 a (U) Other 5 appointments	No Template	ACH IMC 7:50 a - 11:20 a 11:20 a - 11:50 a (U) Other 3 appointments	No Template	No Template
19	20	ACH IMC 7:50 a - 11:20 a 11:20 a - 11:50 a (U) Other 3 appointments	No Template	ACH IMC Unavailable - Holiday	ACH IMC Unavailable - Holiday	No Template
26	27	ACH IMC 7:50 a - 11:20 a 11:20 a - 11:50 a (U) Other 3 appointments	No Template	ACH IMC 7:50 a - 11:20 a 11:20 a - 11:50 a (U) Other 1 appointment	Dec 1, 2023	No Template

HOW TO TELL IF YOUR IMC WAS ACTUALLY CANCELLED

- BLACK TEXT = SCHEDULED FOR IMC
- RED TEXT = OTHER (DAY PAGER, HOLIDAY, ETC)

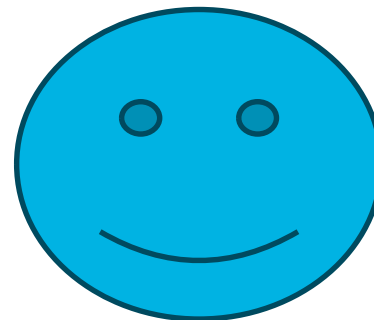
-1 means patient is being rescheduled but has not been contacted yet

7	
ACH IMC	
1 appointment	
	Time
-1	11:20 a



0 means patient is scheduled
1 means slot is open

14	
ACH IMC	1 7:50 a
7:50 a - 11:20 a	0 8:20 a
11:20 a - 11:50 a (U) Other	1 8:50 a
5 appointments	1 9:20 a
	0 9:50 a
	0 10:20 a
	0 10:50 a



IMC Didactics

- For all interns/residents during their IMC rotation
- Every Tuesday, Wednesday, and Thursday from 8-8:30AM held in Resident Library
- Didactics schedule is available on www.summalearner.com
- Be sure to check the website if you are scheduled to be presenter or backup for that day
 - Everyone should be ready to present though



SUMMA INTERNAL MEDICINE RESIDENCY

[Click Here](#)



Internal Medicine Residency

The Summa Health Internal Medicine Residency is an intimate and community-based program that provides residents with university-caliber education and highly personal attention from attending physicians and faculty

[How to Apply](#)

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Med Team

Evaluations

Schedules

Policies & Rotations

Conferences

Research

Department

Clerkship

Applicants

How to Apply

Follow us on Social Media!

Our department has so many new and exciting things happening! From publications, resident highlights, to

Summa Internal Medicine Center

Welcome to the IMC at Summa! Here you will find resources to help you working in the clinic. Look for orientation material, workflow resources, and clinic updates.



June 2024 Didactics

Didactics are held as face to face sessions in the Resident Library. Be sure to review your assignment as Presenter or Back Up resident and be ready to lead the session on your day to do so. **Presenters: Give other participants the chance to answer the questions before giving the answer.**

<p>4 Jun Tue</p> <p>View Case</p> <p>PREVENTATIVE HEALTH - DR. ILODI Presenter: (Group); Back Up: (None)</p>	<p>5 Jun Wed</p> <p>View Case</p> <p>DIABETES - DR. CUDNIK Presenter: (Clay); Backup: (Garrison)</p>	<p>6 Jun Thu</p> <p>View Case</p> <p>EPIC TIPS - DR. CHENOWITH Dr. Chenowith- no prework needed</p>
<p>11 Jun Tue</p> <p>View Case</p> <p>HEADACHES - DR. O'CONNELL Presenter: (Akel); Back Up: (Farag)</p>	<p>12 Jun Wed</p> <p>View Case</p> <p>COPD - DR. GROUBERT Presenter: (Garrison); Back Up: (Farag)</p>	<p>13 Jun Thu</p> <p>View Case</p> <p>HEPATITIS C - DR. STEWART Presenter: (Myer); Back Up: (Farag)</p>
<p>18 Jun</p> <p>View Case</p>	<p>19 Jun</p> <p>View Case</p>	<p>20 Jun</p> <p>View Case</p>

Didactic Resources

ASTHMA

Download these asthma resources to answer questions

Asthma Guidelines

Asthma 2020 Update

Pull Function Testing

COPD

Download the PFT article

PFT Article

COUMADIN

download resources needed for the Coumadin case

VTE Guidelines

Oral Anticoagulants

Perioperative Anticoagulants

HEPATITIS C IMC PROTOCOL

Procedures

- All procedures require documentation and you must use the following dot phrases for notes:
 - .procdoc

Procedure Policy

- Full Policy Listed in the Graduate Medical Education Procedures/Policy Manual
- Applies to:
 - Central Line (Internal Jugular, Subclavian, Femoral)
 - Endotracheal Intubation
 - Arterial Line
 - Paracentesis
 - Thoracentesis
 - Lumbar puncture

Procedure Policy

- **MUST** be credentialed for intubations and central lines PRIOR to your ICU or CCU rotation
- A Summa Full procedure credentialing is a 3 step process
- Step 1
 - Resident has completed didactic test on indications, contraindications, and troubleshooting strategies associated with the procedures.
- Step 2
 - Resident has completed procedure under supervision of an attending (in person) with a high-fidelity simulator and performed all critical actions
 - Done in the sim lab
 - Resident is now able to perform the procedure under supervision of a credentialed ***attending** physician.

***Senior residents and fellows are not permitted to supervise any PGY-1 or other resident doing an invasive procedure. An attending must be scrubbed in.**

Procedure Policy

- Step 3 (Applies to Senior Residents only)
 - Resident has completed the pre-determined number of procedures under the supervision of a fully credentialed physician and is now credentialed to perform the procedure independently (with approval of the attending/credentialed physician).
 - Number required for some common procedures:
 - Intubation: 10
 - Central Line
 - IJ: 8
 - Subclavian: 8
 - Femoral: 5
 - A line: 5

Procedure Policy

- **Take Home**: PGY-1s are **NEVER** to perform a Med Ed identified invasive procedure without a certified Attending physician physically in the room and scrubbed with them
- We will get you into the Sim Lab before your ICU month to be Step 2 Certified in Central Lines and Endotracheal Intubation, and arterial lines.



Request Evaluations for Rotations

Request.summaevals.com

- Rosie will send this out every month
- It goes out in the middle of the month so you can remind your attendings that you are working with to fill it out if need be

Logging Duty Hours (July, Feb, CCU, ICU)



Account Login

Institution

Summa Health System - SUMMA

Username

jhatch

Password

.....|



[Forgot Your Password?](#)

Log In

*By logging in, you agree to our [License Agreement](#).
Login information is case-sensitive.*

[Not an NI user? Visit our site.](#)

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Logging Duty Hours

Summa Health System

[My Profile](#) [Schedules](#) [Evaluations](#) [Work Hours](#) [Logger](#) [Conferences](#) [Portfolio](#) [More](#)

[Log Hours](#) [View Hours](#) [Violations](#) [Sign Off Hours](#)

Curriculum

[Unconfirmed curriculum for your review](#)

Evaluations

[9 evaluations to complete](#)

Residency Evaluations

Create an Evaluation



Request an Evaluation



Announcements 1

House Staff - Planning an Outside Rotation?

Be sure to check out the **Outside Rotation Policy**, under Forms. This MUST be filled out if you have any questions.



Forms

[LOA Form 2022.pdf](#)
[Outside Rotation Policy](#)

[GMEC Welln](#)
[IMP](#)

My Work Hours: Log Hours★

Log Hours View Hours Violations Sign Off Hours

Click & drag to log your hours. Use right-click for more options.

[Need help logging your hours?](#)

Navigation: Sun 3/3, Mon 3/4, Tue 3/5, Wed 3/6, Thu 3/7, Fri 3/8, Sat 3/9, 2024

Employee: Jordan Hatch DO PGY3

Department: Medicine

Choose a Work Type

- Conference
- Hospital Duty
- Hospital Duty, ACH
- Night Float
- Out Of Town Conference
- Research

Current Selection: Hospital Duty, ACH

Log Vacation

Choose Training Location: Summa Health

Buttons: Save, Cancel, Save & Copy, Edit in Bulk, Preferences

Time	Sun 3/3	Mon 3/4	Tue 3/5	Wed 3/6	Thu 3/7	Fri 3/8	Sat 3/9
12 A							
1							
2							
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7							
8							
9							
10							
11							
12 P							
1							
2							
3							
4							
5							
6							

Logging Procedure

Summa Health System Medicine | Michael Graham | Help

My Profile | Schedules | Evaluations | Duty Hours | **Logger** | Conferences | Portfolio | More

Procedures | Privilege Report | Resident Reports | Extract Data | Continuity Clinics | Log Books

Curriculum

[Unconfirmed curriculum for your review](#)

Evaluations

6 evaluations to complete

Residency Evaluations

Create an Evaluation

Request an Evaluation

Expirations

Your Contract, expires in 47 days

Favorites

[My Evaluation Results](#)


[Completed Evaluations \(about me and by me\)](#)

[Log My Duty Hours](#)

[My Procedure Log](#)

[My Procedure Log Report](#)

[My Log Books](#)



THANK YOU!

To our heroes on the front lines of the COVID-19 pandemic!

Onboarding Checklist

	Progress	Due
2017 Onboarding - Residents	<div style="width: 100%; height: 10px; background-color: green;"></div>	

[View My Checklists](#)

Announcements

No news is good news!

Notices

Link to [Online Procedure Manual](#)

Link to [M & M and CPC cases](#)

Department of Medicine Home Page: imsumma.org

You are required to change your password on your first time log in.



Status: Department:

Patient

*Patient ID:

*Gender: *Age:

*Complication:
Remaining Characters: 496

Procedures/Diagnoses

* Date Performed: * Location:

Group:

Procedure:
18 Logged 3 Confirmed (7 logs needed for Conditional Independence)

* Supervisor: * Role:

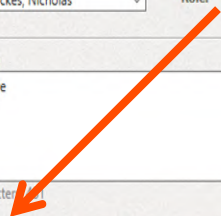
* Diagnosis Text:

Remaining Character: 100

+ Add Procedure

Comments

Remaining Characters: 3,500



View Procedures

Add Confirm View

View, edit or delete procedures. Logs cannot be deleted if they have been confirmed.

Show all logs

All Dates

Filters Columns Add Procedure

		Date	Resident	Procedure	Supervisor	Confirm Date
		5/10/2020	Graham, Michael William	Intubation, Endotracheal (Medicine)	Matriano-Lim, Charles	
		4/14/2020	Graham, Michael William	Arterial Line Placement (Medicine)	Chandler, Michael A	
		4/14/2020	Graham, Michael William	Intubation, Endotracheal (Medicine)	Chandler, Michael A	
		4/13/2020	Graham, Michael William	Central Venous Catheterization- U (Medicine)	Chandler, Michael A	
		4/2/2020	Graham, Michael William	Central Venous Catheterization- U (Medicine)	Other / None	
		3/26/2020	Graham, Michael William	Arterial Line Placement (Medicine)	Nackes, Nicholas	
		3/26/2020	Graham, Michael William	Intubation, Endotracheal (Medicine)	Nackes, Nicholas	
		3/25/2020	Graham, Michael William	Arterial Line Placement (Medicine)	Wilson, James	
		3/25/2020	Graham, Michael William	Central Venous Catheterization- U (Medicine)	Wilson, James	
		3/25/2020	Graham, Michael William	Central Venous Catheterization- U (Medicine)	Wilson, James	
		3/25/2020	Graham, Michael William	Intubation, Endotracheal (Medicine)	Wilson, James	
		3/24/2020	Graham, Michael William	Arterial Line Placement (Medicine)	Nackes, Nicholas	
		3/13/2020	Graham, Michael William	Intubation, Endotracheal (Medicine)	Wilson, James	
		3/12/2020	Graham, Michael William	Arterial Line Placement (Medicine)	Welko, Jeffrey R.	5/10/2020
		3/12/2020	Graham, Michael William	Central Venous Catheterization- U (Medicine)	Wilson, James	
		3/12/2020	Graham, Michael William	Central Venous Catheterization- U (Medicine)	Welko, Jeffrey R.	5/10/2020
		3/5/2020	Graham, Michael William	Lumbar Puncture (Medicine)	Chandler, Michael A	
		3/4/2020	Graham, Michael William	Arterial Line Placement (Medicine)	Bauman, Brian	
		3/4/2020	Graham, Michael William	Arterial Line Placement (Medicine)	Chandler, Michael A	
		3/4/2020	Graham, Michael William	Central Venous Catheterization- Femoral (Medicine)	Bauman, Brian	
		3/4/2020	Graham, Michael William	Central Venous Catheterization- U (Medicine)	Chandler, Michael A	
		3/3/2020	Graham, Michael William	Thoracentesis (Medicine)	Chandler, Michael A	
		2/28/2020	Graham, Michael William	Arterial Line Placement (Medicine)	Szilagy, David M.	
		2/28/2020	Graham, Michael William	Central Venous Catheterization- Femoral (Medicine)	Szilagy, David M.	
		2/25/2020	Graham, Michael William	Intubation, Endotracheal (Medicine)	Szilagy, David M.	

Export to Excel | Export to PDF

Box (in-basket) Expectations

- Interns will be assigned a senior in their firm to assist with their box
- This senior will cover messages through August 1st
- After August 1st interns will be responsible for their own boxes with assigned senior serving as a back up
 - Senior will periodically check box to assure all items are addressed
 - Senior will remain available to message with box related questions
 - Senior will not be resolving box issues directly
- After July you will be independently responsible for your box
- If you are on ICU/CCU
 - Your senior will cover your box the entire month of July

IMC Firm System and Expectations

- Firms have been assigned.
- You will have to cover all messages in Epic box
 - Plus paper box (located in IMC) if Categorical
- On ICU, CCU, vacation need to have coverage.
 - Let firm members know in advance. May need to find someone else if firm members are not available.
- **DON'T FORGET ABOUT PAPER BOX**

Box Expectations

- **Vacations:** you will not be asked to name coverage when submitting a vacation or off-call request. (this became problematic because residents would not know who could cover them, so far in advance). In place, when you are 1 month from your vacation, please email Brandy Mason (masonb@summahealth.org) about who will be covering you. She will also be reaching out to you via EPICChat or Email to confirm.
- **Firm System:**
 - when you are finding coverage, please ask your Firm members as the first option, but always confirm that they are available (ICU months and vacations often overlap, in which case someone outside the firm should be asked).
 - PGY-1's should not be asked to cover senior resident boxes until October 1st.
 - This is a major issue - failure to address box can lead to serious adverse patient outcomes (patient runs out of anti-hypertensives, heart failure meds, insulin, seizure meds; critical lab values or imaging results not addressed in a timely manner)
 - You can usually address many box items in minutes so get in the habit of keeping it cleared out
 - Is a professionalism issue and recurrent issues are monitored

when you're looking for a
doctor to handle the situation and
you realize that you're the doctor



The Four Boxes	Patient Related	Non-patient Related (Residency, Summa, employment, etc)
Virtual	EPIC in basket (check daily)	Summa Email (check daily)
Physical	Paper boxes between nurses station and bullpen (check twice a week)	Paper boxes by Layne/Sam (check monthly)

Signing Outpatient Orders

- All outpatient orders will require a co-signer
 - Most box requests do not require staffing with an attending:
 - For these cases:
 - Select “Indirect Supervision”
 - Assign supervising individual as your outpatient order supervisor (List available ***)
 - In the event you do need to staff with an attending:
 - For these cases:
 - Cosign orders to the attending you staffed with
 - Bullpen attendings are always willing to help with box questions
 - Tips:
 - Run anything you are unsure about by a senior or attending
 - You do not need to tell your advisor every time you sign an order to them (such as routine refills) but it is good practice to send them a message if you are ordering further work up/new treatment for a patient

Med Team Workflow / Teamwork

- 0700: print a list, meet night team for sign-out. Then start chart reviewing, pre-rounding, and writing your assigned notes.
- 0900-1000: Begin rounding with attending and rest of the team. This time varies depending on the med team, but you should aim to have all your notes completed prior to rounds.
- 1200-1300: Noon Didactics
 - Beginning in August each Med Team and some Subspecialties will give 20 min case presentations at the Patient Care Conference (PCC). You will also receive an email when you have one of these. Check the Conference Schedule posted on summalearner.com.

Workflow / Teamwork

- 1300-1700
 - Finish rounding, floor work, discharges, start discharge summaries, **complete Epic handoff**
 - Sign out in person to the floor intern if there are pressing issues that may come up for them or need checked on.
 - Ex: follow up troponin, CXR, H/H, etc.
 - Check Epic/IMC mailbox and complete all telephone encounters or documents.
- Always check with your senior resident and other interns before leaving. Help your fellow interns. One day you will need help too.

Effective Sign-outs

SIGNOUT

Sick or not sick?	Stable / Watcher / Unstable, code status/ NOK
Identifying Data	Name, age, pertinent PMH
General, succinct hospital course	Brief!
New events	Things that happened in the past 24 <u>hr</u>
Overall health at the time of sign-out	How do they look now
Upcoming possibilities	Airway watch? <u>Might</u> need a line? VT?
Things to follow up on	Next lab should be drawn at x time, if y then z

I-PASS: Verbal Handoff Tool

I	Illness Severity	<ul style="list-style-type: none"> Stable, "watcher," unstable
P	Patient Summary	<ul style="list-style-type: none"> Summary statement Events leading to admission Hospital Course Ongoing assessment Plan
A	Action List	<ul style="list-style-type: none"> To do list Timeline and ownership
S	Situation Awareness & Contingency Planning	<ul style="list-style-type: none"> Know what's going on Plan for what might happen
S	Synthesis by Receiver	<ul style="list-style-type: none"> Receiver summarizes what was heard Asks questions Restates key action/to do items

SIGN

S—Sick or DNR? Be sure to explain if your patient falls into either of these categories.

Example: “Okay, this is Mr. Jones. He’s our sickest patient, and he’s full code.”

I—Identifying data. Describe the patient’s identity and the main reason for their hospitalization, which you should be able to summarize in one clear, succinct sentence.

Example: “Mr. Jones is a 77-year-old gentleman with a right middle lobe pneumonia.”

G—General hospital. Offer a concise explanation of the patient’s overall hospital stay, particularly noting how long he or she has stayed in the hospital and key developments on their treatment.

Example: “Mr. Jones came in a week ago hypoxic and hypotensive but improved rapidly with IV levofloxacin.”

N—New events of the day. Before handing your patient over to a colleague, ask yourself what the biggest events of the day were that impacted your patients and/or their treatment. Taking mental inventory of these events will help you identify the most timely background information to share during sign-out.

Example: “Today, Mr. Jones’ temperature spiked to 39.5 degree Celsius, and his white count bumped from eight to 14. His portable chest x-ray was improved from admission. We sent blood and urine cultures. Urinalysis was negative, but his IV site looked red, so we started Vanco.”

OUT

O—Overall health status. This should give a clear snapshot description of your patient’s current health condition.

Example: “Right now, Mr. Jones is sitting at 98 percent on two liters NC and is afebrile.”

U—Upcoming possibilities. Explain any potential situations that may impact your patient’s current health status and your plans to address them. When offering treatments or solutions, be sure to explain the rationale behind your plan, especially during emergencies.

Example: “If he becomes persistently febrile or starts to drop his pressures, start normal saline at 125 cc per hour and have a low threshold for calling the ICU to take a look at him because of possible sepsis.”

T—Tasks to complete overnight. Discuss a clear action-item list of the patient tasks you’d like your colleague to complete and your rationale for these tasks.

Example: “I’d like you to look in on him around midnight and make sure his vitals and exam are unchanged.”

After you’ve discussed these items, also be sure to **leave room for questions**. This gives the listener a chance to actively engage, filling crucial knowledge gaps that may impact the patient’s treatment and help avoid medical errors. It is also important to actively engage if you are receiving sign out.

If you are recommending someone to follow up on something, be SPECIFIC.

Do not say: continue to monitor urine output. Instead, say, if patient has not put out X amount of L of urine by Y time, please give Z dose of diuretic.

Epic Sign-in:

- Epic Chat
- Teams
- Service
- Patients

Using carrot select your Role

Role: "On Call RES"

Using carrot select the Service you are currently on
Service: "Internal Medicine"

use "Internal Medicine" when on Med team, Night float, IMC

The screenshot shows the Epic Sign-in interface. The main window is titled "Sign In" and contains the following fields and options:

- Start: 1217, 06/25/2025
- End: 1603, 06/25/2025
- Time slots: 12H, 4H, 10H, 14H, 16H, 20H, 1D
- Contact #: 330-971-4631
- Buttons: Phone, Pager
- Comment: [Empty field]
- Provider Teams section with a search bar and a list of teams:

Team Name	Patients Selected	Action
<input type="checkbox"/> ACH ICURES	0 Patients Selected	Select all X
<input type="checkbox"/> ACH ICUresBlue	0 Patients Selected	Select all X
<input type="checkbox"/> ACH ICUresOrange	0 Patients Selected	Select all X
<input type="checkbox"/> Med Team - Internal Medicine Center (IMC)	0 Patients Selected	Select all X

At the bottom of the sign-in window, there are buttons for "Sign In (0 Assignments)" and "Cancel".

Annotations in the image include:

- A blue arrow pointing to the "Role" dropdown menu, which is currently set to "On Call RES".
- A red arrow pointing to the "Service" dropdown menu, which is currently set to "Rheumatology".

Epic Sign-in:

- Epic Chat
- Service
- Teams
- Patients

Can update Start Time and Date

Can update End Time and Date

The screenshot shows the Epic Sign-in interface. The 'Start' field is set to 1217 on 06/25/2025, and the 'End' field is set to 1603 on 06/25/2025. The 'Contact #' field contains 330-971-4631, which is circled in green. The 'Provider Teams' section lists four teams: ACH ICURES, ACH ICUresBlue, ACH ICUresOrange, and Med Team - Internal Medicine Center (IMC). The interface also shows a calendar on the left and a navigation bar at the top.

Can place pager number in this box and it will save moving forward

Epic Sign-in:

- Epic Chat
- Service
- Teams
- Patients

Search for Team in box

note: These are the main teams you will be signing into

The screenshot shows the Epic Sign In modal window. The 'Add teams' search box is highlighted with a yellow circle, and a yellow arrow points from the callout box above to it. The modal contains the following fields and options:

- Start: 1217, 06/25/2025
- End: 1603, 06/25/2025
- Role: On Call RES
- Service: —
- Contact #: 330-971-4631
- Phone: Pager
- Comment: [Empty]
- Provider Teams: [Add teams]
- Med Team - Internal Medicine Center (IMC) (0 Patients Selected)
- ACH MED A (0 Patients Selected)
- ACH MED B (0 Patients Selected)
- ACH MED C (0 Patients Selected)
- ACH MED D (0 Patients Selected)
- ACH CCU (CCURES) (0 Patients Selected)
- ACH ICUresBlue (0 Patients Selected)
- ACH ICUresOrange (0 Patients Selected)

At the bottom of the modal, there are buttons for '0 teams selected', 'Take over overlapping provider team assignments', 'Sign In (0 Assignments)', and 'Cancel'.

Epic Sign-in:

Click check box for Team to Sign-up for a team

ACH MED A 0 Patients Selected

Patient	Department / Room-Bed	MRN	On Call RES	Previously Assigned	Override 1st Contact
<input type="checkbox"/> Tahoma, Alan	ACH 1C CV PCU		Manan M Shah, MD	Austin Daniel Parker, DO	
<input type="checkbox"/> Smith, John	ACH 3N EMU		Nandhini Ravichandran,...	Nandhini Ravichandran, M...	
<input type="checkbox"/> John, Jones	ACH 3N EMU		Manan M Shah, MD; Sa...	Nandhini Ravichandran, M...	
<input type="checkbox"/> Claus, Santa	ACH 3N EMU		Manan M Shah, MD	Manan M Shah, MD; Kailee...	
<input type="checkbox"/> Johnson, Ronald	ACH 3W TN PCU		Manan M Shah, MD; Sa...	Kailee M Palmer, DO	
<input type="checkbox"/> Smith, Samantha	ACH 4N MEDICAL		Manan M Shah, MD	Manan M Shah, MD; Kailee...	
<input type="checkbox"/> Miller, Kevin	ACH 4N MEDICAL		Manan M Shah, MD	Austin Daniel Parker, DO	

team selected. Take over overlapping provider team assignments

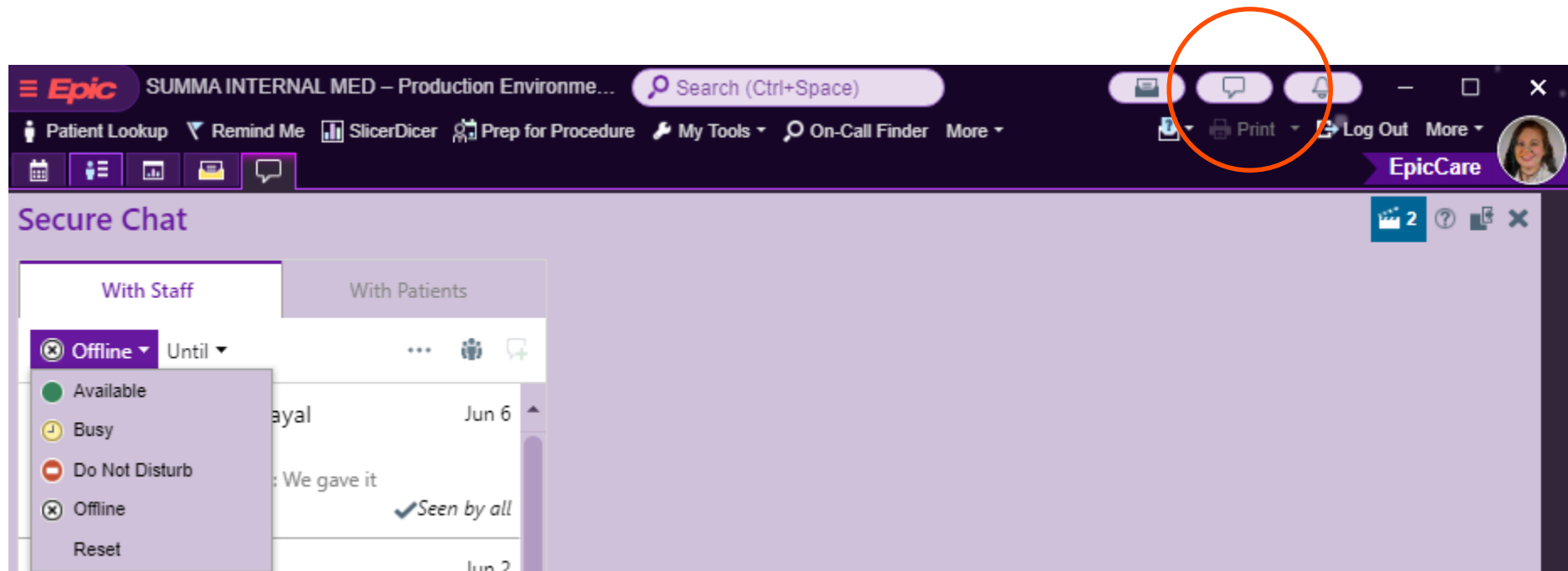
You must select each check box next to the patient on the team you will be providing care for during your shift

Finally click "Sign In" button



Secure Chat Basics & Etiquette

- You need to be available and answering your secure chat while you are at work and on call
- This is a patient safety issue
- You are their doctor
- We can force you online if you are offline but don't make us do that
- When you are not on call, please set yourself to "offline." You can still receive messages while set to "busy" and "do not disturb"



The screenshot displays the Epic Secure Chat interface. At the top, the Epic logo and navigation bar are visible, including a search bar and various utility icons. A red circle highlights the chat icon in the top right corner. Below the navigation bar, the 'Secure Chat' window is open, showing a status menu for 'With Staff'. The menu options are: Offline (selected), Available, Busy, Do Not Disturb, Offline, and Reset. The chat history shows a message from 'ayal' dated 'Jun 6' with the text 'We gave it' and a 'Seen by all' confirmation. The interface also shows a 'With Patients' tab and a notification badge for 2 unread messages.

Epic Chat Sign-In

Be sure to update your "Availability" at begin of shift
Must be listed as Available when scheduled on a shift

The screenshot displays the Epic Secure Chat interface. At the top, the header shows 'ACH IMC - Production Environment (PRD) - KYLE D.' and a search bar. Below the header, there are navigation tabs for 'With Staff' and 'With Patients'. The main content area is divided into several sections:

- Manual Availability:** This section is highlighted with a red box. It includes radio buttons for 'Available', 'Busy', 'Do Not Disturb', and 'Offline', along with a 'Reset' button. Below these are fields for 'Until' (with a date picker and a time range selector for 1h, 2h, 4h, 8h, 12h) and a 'Message' field. A note states: 'Once your availability status expires it won't appear to other users.'
- Automatic Availability:** This section includes radio buttons for 'Available', 'Busy', and 'Do Not Disturb', along with a 'Reset' button. A checkbox labeled 'Automatically update my availability' is checked. A note explains: 'Certain workflows can set your availability status for you. These settings affect that behavior. If you set an availability status manually, that status takes precedence over an automatically triggered status if the manual status is less available or if the manual status starts after the automatic status.'
- Notification:** This section includes a checkbox for 'Notify me on my screen' which is checked, and a sub-section for 'When you are notified' with a 'Show me' button. A note states: 'There are a number of workflows that use this feature, including: OpTime staffing events, Inpatient sign-in, Inpatient on-call, Stork sign-in, Grand Central sign-in, ASAP sign-in, ASAP Narrator staff events, In Basket Out of Contact, Mobile med pass, Mobile order management, Teamwork staffing events'. There is also a checkbox for 'Fade away normal priority Chat messages after a few seconds' which is checked.
- Manual Forwarding:** This section includes buttons for 'Don't Forward Messages', 'Forward All Messages', and 'Forward High Priority Messages'. A note states: 'Forwarding messages will add the selected recipients to conversations that receive messages during the selected time range.'
- Automatic Forwarding:** This section includes buttons for 'In Basket Out of Contact' and 'Critical Tracking Event'. A checkbox for 'Don't send me chat notifications when I'm automatically forwarding' is unchecked. A note states: 'This includes urgent and important chat notifications.'
- Admin Options:** This section includes a link for 'Chat Settings for Others'.

At the bottom right, there are 'Accept' and 'Cancel' buttons.

Epic Chat Sign-In

Availability Setting	Receiving messages	Sending Messages	Receiving Messages & Alerts
Available	Others can message you	Yes	Yes
Busy	Same settings as "Available" but appear listed as "Busy"	Yes	Epic – Pop Up box with chat message appears Phone – PUSH alert if enabled
Do Not Disturb	Others can message you	Yes	Yes Epic – NO pop up box but Epic Chat icon appears blue Phone – PUSH alert if enabled
Offline	Others can NOT send you messages	NO	NO

Secure Chat Basics and Etiquette

Beneath "Until" the 2 boxes correspond to:
Date (1st box)
Time (2nd box)

Can schedule date & time for Chat Availability to automatically switch to "Offline"

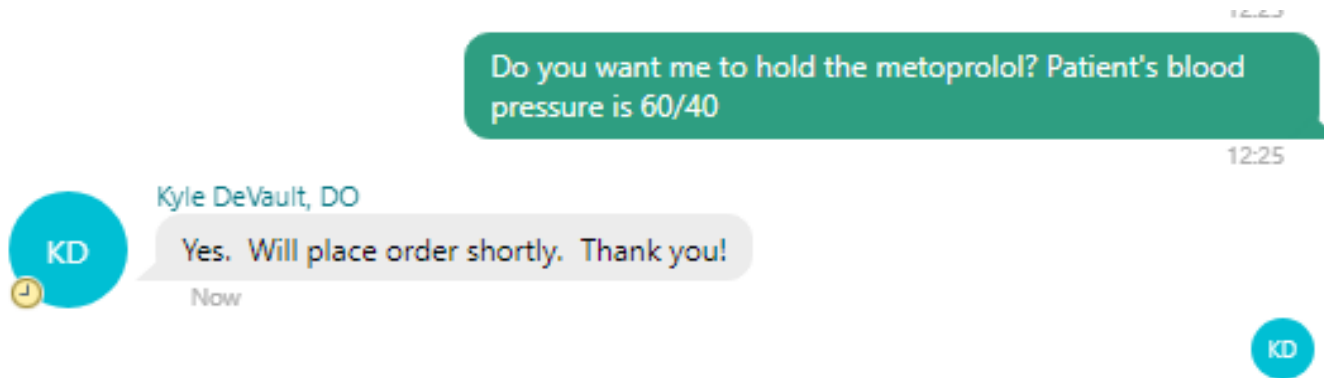
Be sure to confirm after Manual Changing Availability by clicking "Accept" button after changes

Secure Chat Basics & Etiquette

- Secure chats and texts are discoverable by law and easily accessible
 - Anyone with Epic access can read your conversations
 - It is a permanent part of the patient's medical legal chart
- Be professional and cognizant of what you are sending in secure chats
 - If you wouldn't write it in a progress note, do not write it in Epic Chat
- Sometimes it's easier to just pick up the phone
 - Especially when a question arises
- Secure chats should not be used as documentation --> If it needs documented it must be done in a Note.
 - i.e. Neurology attending communicating updated recommendations after reviewing CT for plan on Stroke Team Patient. Not enough that recommendations exist in the Epic Chat. It must be documented appropriately
- Never leave an Epic Chat message on read
 - Even if responding to message by going bedside, can write "coming now"

Secure Chat Basics & Etiquette

- You cannot give orders via secure chat
- You must place an order or give a verbal order
- Just secure chat 1-2 people at a time, do not secure chat 30 people at one time
- It's best to chat over the phone or in person
- Example:



Secure Chat Basics & Etiquette

- Examples of what **NOT** to send:

hope this isn't a head bleed that I missed. not sure why I didn't order a CT scan

Now

this patient is crazy and I'll just push zyprexa so the nurse will leave me alone

Now

hey bro, what's the vibe with this patient. going to juve or naw?

Now

why isn't GI doing an EGD??

Now

this patient's pain is totally fake but I have to consult you anyway. sorry

Now

hey, are you busy later and do you want to go to dinner?

Now

- What to say instead:

I'm going to order a STAT CT scan. Could you please call the radiology techs and get the patient down ASAP?

Now

I will come assess the patient and speak to you afterwards in person

Now

Can I give you a call regarding your recommendations for this patient? I am available at x57333 if you have a moment.

Now

Hi, I'm the resident following this patient. Do you have a moment to help me better understand your recommendations? I am available at x57333

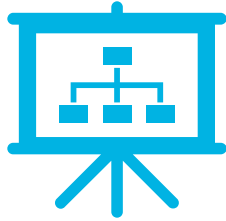
Now

Thanks for seeing this consult for us. My callback number is x57654, I would love to touch base when you have a moment.

Now

Just don't send this!

Accessing Charts Inappropriately



DO NOT:

Access employee charts

Access celebrity charts

Access your own chart (just get mychart)



OK:

If you are part of the care team

If you are writing a case report

If they are an IMC patient

- Summa Health has integrated A.I. monitoring every chart accessed. This helps us as a healthcare network ensure HIPPA compliance is upheld to the highest standards.
- *Seriously, don't. You will be caught and face termination!*

First Day of the Rotation

- **Med Team Interns:**

- Regular day or AI2/3: 0700 on 2 West
- Night admitting: 1930 in resident lounge (page your senior)

- **ICU Interns:**

- Day shift: 0600 in the T3 ICU fish-bowl (attend sign out 1800 night before July 1st and 1800 for the rest of the year)
- Night shift: 1800 in the T3 ICU fish-bowl

- **CCU Interns:**

- Day shift: 0600 in the CCU (T1) fish-bowl (attend sign out 1800 night before)
- Night shift: 1800 in the CCU (T1) fish-bowl

- **Electives:**

- Typically work Monday through Friday with 1-2 weekends of “cross cover” throughout the month (night float or admitting intern)
- **Check Master Call Schedule in case you are cross covering the weekend**
- Usually begin at 0700-0800 AM unless told otherwise

ACGME Caps

- 5 new patients* per day for a PGY-1
- 10 new patients* per day for a PGY-2 or PGY-3
- 14 total patients†† per day can be seen by a team with 1 senior and 1 intern
 - If post-admitting, patients rounded on by night team prior to their departure do not count toward this 14 since they are a different intern and senior.
- 20 total patients can be seen by a team with 1 senior and 2+ interns

* “New patients” includes all admission and floor consults

†† “Total Patients” includes all admissions, floor consults and follow-ups

If any of the following ACGME limits are reached on admission day, the AR2 will see any new evaluations instead of the AR1

Layne, Samantha, and Shelby



- Program Coordinators are your friend and advocate!
- They care a lot about you and your experience here!
- If you receive a text or email from them, it's important
 - Please **respond asap**, even if it's just to say "received."

Scholarly Activity Policy - Categorical

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 Scholarly Activity Policy

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.

Scholarly Activity Policy

- We Encourage you to submit to our local scholarly opportunities!
 - NEOMED Scholarship Day (date TBD)
 - Post Graduate Day (date TBD)

About Us

What We Do

Akron Physician Wellness Initiative provides fully confidential behavioral health services exclusively to physicians and advanced practice providers in the greater Akron Ohio area. Our psychologists and psychiatrist have specialized expertise in treating healthcare providers.

We are a not-for-profit entity whose goal is to reduce known barriers to help-seeking for doctors and APPs. We understand that true wellness is about more than just physical health.

Our Vision

Our vision is:

To normalize compassionate care, understanding, and support for providers with the belief that it will enhance both provider well-being and the healing they extend to their patients.

Our Mission

In recognition of the unique pressures and stress faced in the training and practice of medicine, we eliminate barriers to, and provide prompt access to mental health services. These services are designed specifically for physicians and advanced practice providers so that their lives and well-being are enhanced, and a culture of wellness is promoted.

Our mission is:

To provide barrier-free mental health services designed specifically for physicians and advanced practice providers.



**Akron Physician
Wellness Initiative**

Empowering Physicians in Care

Our Values

- 1. Humanity:** We see providers as human beings first.
- 2. Safety:** We believe human beings deserve safe places where they can access and share their wide range of emotions.
- 3. Compassion:** We believe the basis for other-compassion is self-compassion.
- 4. Respect:** We recognize the deep value, worth, and goodness of every provider and that each makes a unique contribution.
- 5. Support:** We recognize the unique pressures and stresses faced in the training and practice of medicine, and we believe community and connection are needed to thrive and succeed.

"The most important patient to take care of is the one in the mirror"

Robert Wah, MD, former AMA president

Services:

- Individual psychotherapy
- Psychological assessment
- Medication management

Crisis Resources

- **Physician Support Line**: Free, available 7 days a week from 8:00 a.m. – 1:00 a.m.
 - [1.888.409.0141](tel:18884090141)
- **Crisis Text Line**: A free, 24/7 text line for people in crisis
 - Text 741741
- **Suicide and Crisis Lifeline**: A free, 24/7 phone line for people in crisis
 - Call 988
 - Online chat option: www.988lifeline.org
- **Substance Abuse and Mental Health Services Administration National Helpline**: A free, 24/7 treatment referral and information service
 - [1.800.662.HELP](tel:1800662HELP) (4357)



Dimitrios M. Tsatiris, M.D.

Dimitrios Tsatiris, M.D. is a board certified psychiatrist at Summa Health and clinical assistant professor of psychiatry at Northeast Ohio Medical University. He is also the medical co-director of the Intensive Outpatient Program at Summa Health Hudson Medical Center. He received his medical degree from the University of Toledo College of Medicine, and completed his medical residency in psychiatry at University Hospitals Case Medical Center.



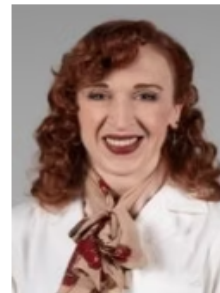
Christina M. Rowan, Ph.D., ABPP

Christina Rowan, Ph.D., ABPP is a board certified clinical health psychologist and the Clinical Director at APWI. She was a behavioral medicine psychologist in Summa Health's Weight Management Institute for 6 years prior to joining Akron Physician Wellness Initiative as the clinical director. She received her Ph.D. in Counseling Psychology from the University of Akron. She completed her psychology internship at the University of Pittsburgh Counseling Center, and a fellowship in clinical health psychology at the Cleveland Clinic Bariatric and Metabolic Institute.



Angela N.R. Miller, Ph.D., MPH, MSCP, DBSM

Angela Miller, Ph.D., MPH, MSCP, DBSM is a clinical health psychologist and a diplomate in behavioral sleep medicine. Prior to joining APWI, she worked in private practice, and as a consultation-liaison psychologist in a hospital setting. She received her Ph.D. in Clinical Psychology from Kent State University. She completed her psychology internship at the West Virginia University School of Medicine, and a fellowship in clinical health psychology at the Cleveland Louis Stokes DVAMC. She also holds a master of public health degree from Wichita State University and a master of science in clinical psychopharmacology from Alliant International University.



Stephanie J. Cunningham, Ph.D.

Stephanie Cunningham, Ph.D. is a counseling psychologist with special interest in culturally responsive and structurally competent clinical care. She received her Ph.D. in counseling psychology and a graduate certificate in women's studies from The University of Akron. She completed her psychology internship at Ball State University Counseling Center. Dr. Cunningham came to APWI from the Indiana University School of Medicine's Department of Mental Health Services, where she provided psychotherapy to a diverse population of medical learners. In addition to her role at APWI, she employs her specialization in LGBTQ mental health in her work with the Summa Health Pride Clinic.

Contact Us

We are here to help! All inquiries come straight to Dr. Christina Rowan, our clinical director. Your personal information will be kept confidential.

Inquires are addressed during regular business hours (M-F from 8am - 5pm). Kindly expect a response within 72 hours.

Call or Text

330.217.6331

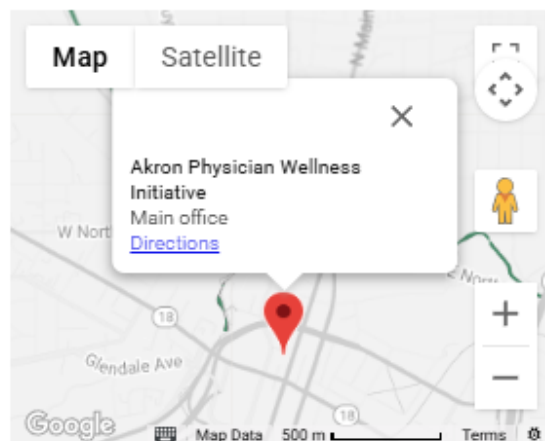
Fax

234.312.2374

Address

47 N. Main St., Suite 138
Akron, OH 44308-1979

[Parking and building access information](#)



Submit an Inquiry

First name *

Last name *

Phone

Email

Preferred contact method

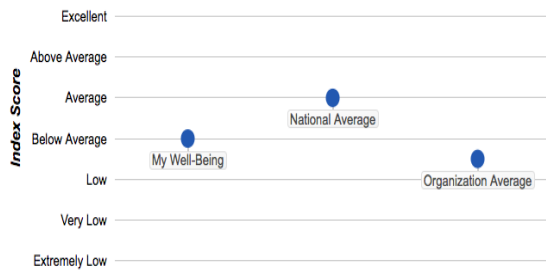
- Phone call
- Text message
- Email

How can we help? Select all that apply.

- Make an appointment for individual therapy
- Make an appointment for medication management
- Discuss options for psychological testing
- Request an outreach presentation to my department or group
- Request a new provider orientation visit
- I have a specific question I would like answered
- Other

Submit

Compare Your Well-Being to Other Physicians. 100% Anonymously.



The **Well-Being Index** is an online self-assessment tool that measures wellness in just [9] questions. It allows users to compare well-being to their peers, track results over time, and more - all 100% anonymously.



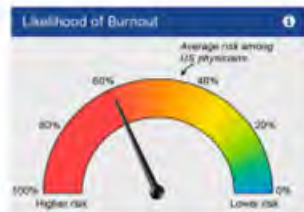
Use Key **Summa Health**



**Develop awareness of your own response to stress:
Download and Install:
My Well-Being Index App (iOS or Android)**

A free app designed to give you dashboard feedback on your resilience

- Developed by Mayo Clinic; a validated tool that can be set to your schedule
- Download the app
- Take the survey and set your test interval



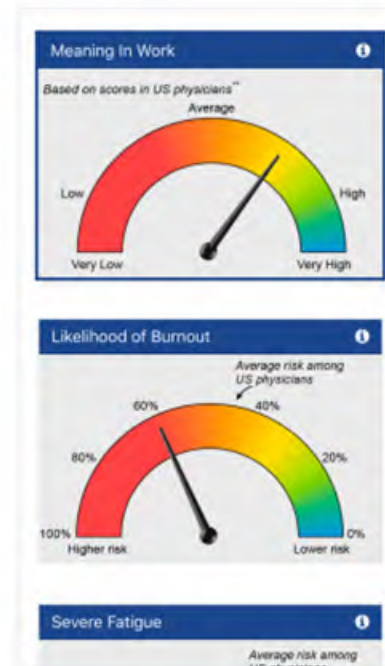
Resources for My Well-Being

These resource categories have been selected based on your Well-Being Index score.

- Emotional Concerns
- Stress & Resiliency

Do this now:

- Download and install the My Well Being Index App (iOS or Google Play stores)
- Create your own log in
- Select Summa if prompted
- Take the 15 second quiz and review your score and dashboard
- Set the recurrence to one month



Boards/MKSAP

- You will receive information regarding MKSAP closer to August!
- Stay Tuned 😊

Summa Health System Internal Medicine Residency Board Preparation Program

(Revised 06/24/2025; Categorical residents only)

In keeping with Summa Health's Internal Medicine Residency's core mission – to prepare medically, professionally, and interpersonally well-rounded physicians for practice or fellowship, this program strives to help develop a core fund of knowledge necessary for the care of our patients and for preparation for the ABIM board exam.

We believe that progression through MKSAP multiple times as a resident is crucial. This program provides a framework of accountability that helps ensure this progression.

The goal is for each resident to get through MKSAP once every academic year

Can be accomplished when meeting the below stated program goals.

General advice

- What's the difference between medical school and residency?
 - Knowledge vs Wisdom
 - **Knowledge** is gained in **Med school** through study, observation, writing, etc.
 - **Wisdom** is gained in **Residency** through action and experience through medical decision making. It's what you're being paid to do (by the insurance companies) and it's what your patients are coming to you for.



IF I COLLAPSE AT WORK HERE IS A LIST OF DOCTORS THAT I DON'T WANT WORKING ON ME



General advice

- When in doubt– call your senior
 - Your priority is the patient
 - Your seniors want you to call them with questions or concerns
- At some point, you will inevitably feel as though you're “nagging” people to do what's best for your patient (eg. calling down to radiology to get your patient with a STAT CT down as soon as possible, following up with a nurse to make sure a medication was given, paging a consultant for final recs)
 - Always be nice, considerate, and professional
 - Help when you can (within your capabilities)
 - Focus on your primary goal: doing what's best for the patient
- If you're not sure about something– always ask
 - Your senior, your attending, the chief, our faculty
 - Someone is *always* here to help you

General Advice

These are your patients now

Take ownership and responsibility
Advocate for them
Keep the patient and their families informed about what's going on
Don't let stress or fatigue allow you to forget why you're here

Double check your work

Before submitting an order– confirm it's on the right patient and that it's the right order
Be careful having multiple charts open at once, epic has a built-in limit for a reason
Make sure you know the risks and indications of whatever medication/procedure/test you are ordering and always keep that in mind

Make checklists

Make a list for each patient– things to do/order/follow-up on/change
Cross things out as you go
Do not rely on memory alone--- these are people's lives
When you are stressed or tired or distracted you will forget– so write everything down

There are two types of physicians. Those that write things down, and those that forget things.

General advice

- Have fun and work as a team
- Always keep in mind -- your actions will impact not only your patients' lives but their families
- Medicine is a small community and your reputation is everything – once lost it never returns
- No one expects you to know everything
- They DO expect you to:
 1. Work hard
 2. Be on time
 3. Work as a team
 4. Identify what you don't know, and ask for help
 5. Learn and improve!

10 THINGS THAT REQUIRE ZERO TALENT

Being On Time

Making An Effort

Being High Energy

Having A Positive Attitude

Being Passionate

Using Good Body Language

Being Coachable

Doing A Little Extra

Being Prepared

Having A Strong Work Ethic

You are going to make mistakes – learn from them!



Perfection is not realistic or attainable.

**Beginning
residency**



**Ending
residency**



Welcome to Summa! We are happy you're here!



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