WELCOME

The Christ Hospital Internal Medicine Residency Program
The Christ Hospital Internal Medicine Residency

Cincinnati

The Christ Hospital

Our residency
Cincinnati, Ohio
Cincinnati

The city at a glance

• Cincinnati’s population is about 300,000 people with 2.1 million living in the metropolitan area.

Source: Cincinnati USA Regional Chamber
Cincinnati superlatives

- 52 best places to go (the NY Times)
- Best places to live like royalty (CNBC)
- Most affordable cities in the country (Forbes)
- Fastest-growing economy in the Midwest (US Gov)
- Best cities for new grads (ZipRecruiter and Smart Asset)
- Best college cities in America (WalletHub)
- Cities where startups are thriving (CNN Money)

Source: Cincinnati USA Regional Chamber
What to do in Cincinnati

Professional Sports
- Cincinnati Reds
- Cincinnati Bengals
- Cincinnati Cyclones Hockey
- FC Cincinnati Soccer
- Western and Southern Tennis Tournament

Local Attractions
- Cincinnati Museum of Art
- Taft Museum
- National Underground Railroad Freedom Center
- Cincinnati Museum Center at Union Terminal
- Cincinnati Zoo
- Newport Aquarium
- Krohn Conservatory
- Jack Casino
- Riverbend Music Center
- Aronoff Center
- Cincinnati Music Hall
- Playhouse in the Park
- Ensemble Theatre Cincinnati
- Kings Island

Local Events
- Flying Pig Marathon
- Oktoberfest
- Blink
- Hamilton County Parks
- Cincinnati Parks
- Devou Park
- Ohio State Parks
- Kentucky State Parks
- Etc, etc, etc
Cincinnati attractions
Vision
- We will be a national leader in clinical excellence and patient experience.

Mission
- To provide the finest patient experience and improve the health of our community.
- To be recognized as a nationwide top 10 community hospital.
Christ Hospital’s core values

Excellence
Compassion
Efficiency
Leadership
Safety
In 1989, the Elizabeth Gamble Deaconess Home was established in Cincinnati’s West End at 46 York Street. Soon afterwards, the home realized there was a significant need for medical services.

James Gamble donated a 10-bed house at 50 York Street (which was subsequently named Christ’s Hospital).

By 1893, the Hospital had expanded to 3 buildings and 40 beds.
Our story continues...

In 1893, The Gamble family bought a building and 4 acres of land in Mt Auburn. After renovations were completed, the hospital moved to its current location. It was renamed The Christ Hospital in 1904.
Our story continues…

West wing added 1960

West wing raised to current height 1968. Research building and nursing dorms visible.

Old south wing razed. New south wing added 1977

Heart center built 2003. New nursing school added 2000s
Our story continues...
The Christ Hospital today

555-bed tertiary acute care hospital

Serves a 15-county area with comprehensive health services

24 cardiovascular physician offices

30 primary care physician offices

10 physical/occupational therapy outpatient offices

9 testing centers, including route lab, cardiovascular testing and imaging

2 ambulatory surgery centers (and expanding)

Christ College of Nursing and Health Sciences (880+ students)

5,000+ employees
A PROUD TRADITION

• Christ Hospital has been designated Cincinnati’s Most Preferred Hospital for 22 consecutive years
• HealthGrades Distinguished Hospital Award for Clinical Excellence (>95th %)
• U.S. News & World Report – Top 50 Hospitals 19 consecutive years
• Press Ganey Summit Award winner for inpatient satisfaction (>95 %)
A History of Innovation

• First regional hospital to admit a female physician to its staff (1902)
• Pioneers in mechanical kidney, a predecessor to dialysis (1951)
• First regional ICU (1962)
• One of the first hospitals nationally to offer helicopter transport (1968)
• Pioneers in coronary balloon angiography (1980)
• First ceramic hip replacement in the US (1982)
• First implantable defibrillator in Cincinnati (1987)
• First MRI-compatible pacemaker in Cincinnati (2008)
• First eICU in Cincinnati (2008)
• First heart valve replacement without open heart surgery in Cincinnati (2011)
The Carl and Edyth Lindner Research Center at Christ Hospital

- Nationally recognized for cardiology, infectious disease, geriatric, oncology, personalized and genomic medicine research
- More than 130 active clinical trials (more than 1200 clinical research trials in total)
  - Cell therapy, gene therapy, dementia, diabetes, hypertension, lipids, ACS, CHF, heart rhythm disorders, heart surgery, heart valve disease, CAD, orthopedics, PAD, pulmonary HTN, women’s health, ...
- More than 50 publications annually

Christ Hospital’s first research center was established in 1927 after a $100,000 grant from the Gamble family
The Christ Hospital Internal Medicine Residency Mission

Mission

1. To train skilled, compassionate, and well-rounded internal medicine physicians prepared to practice in current and future medical environments.
2. To identify and cultivate each individual’s medical interests and talents, and to promote successful careers.
3. To build teamwork, leadership and intellectual curiosity.
4. To encourage balance between professional responsibilities and personal lives.
The Internal Medicine Residency was founded in 1976.

Many attendings and faculty members are residency graduates.

At any time there are roughly 37 internal medicine residents (currently 36)

• 9 categorical interns
• 10 preliminary interns
• 18 senior residents
Residency outcomes

Primary care
Hospital medicine
Fellowships: recent fellowship placements in:
- Gastroenterology
- Endocrinology
- Rheumatology
- Heme-Onc
- Pulm/Critical Care
- Nephrology
- Global Health
- Cardiology
TCH internal medicine residency program

Leadership
- Director of Comprehensive Medicine Service Line: Rajan Lakhia, DO
- DIO: John Schroder, MD
- Program Director: Phil Weisfelder, MD
- Program Administrator: Tena Toft
- Associate Program Directors: Kalpan Desai and Ken Heberling MD

Core faculty and clinical instructors
- Doug Bauman MD
- Debbie Gerdes, MD
- John Hergenrother, MD
- Nate Hudson, MD
- Martha Orabella, MD
- Abi Oyerokun, MD
- Eric Weinstein, MD
Intern rotation breakdown

R1 Categorical

- Medical teams (5 months)
- Floor Nights (2 weeks)
- ICU (3 months)
- Electives (3 months)

R1 Preliminary

- Medical teams, night float, and ICU Months (8.5 months)
- Electives (3.5 months)
## Resident Rotation Breakdown (We Strive for Flexibility)

<table>
<thead>
<tr>
<th>R2</th>
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</thead>
<tbody>
<tr>
<td>Teams (2 months)</td>
<td>B Call (1 month divided into 2 week blocks)</td>
<td>ICU (2 months)</td>
<td>ICU Nights (1 month divided into 2 week blocks)</td>
<td>C Call (2 weeks)</td>
<td>Cardiology + Call (1 month)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>R3</th>
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</thead>
<tbody>
<tr>
<td>Teams (2 months)</td>
<td>B Call (2 weeks)</td>
<td>ICU (1 month)</td>
<td>ICU Nights (2 weeks)</td>
<td>C Call (2 weeks)</td>
<td>Electives (7.5 months)</td>
</tr>
</tbody>
</table>
### Elective choices (we have tons)

<table>
<thead>
<tr>
<th>Medical Subspecialties</th>
<th>Specialties</th>
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<tbody>
<tr>
<td>Allergy/immunology</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Alternative/integrative medicine</td>
<td>Primary care</td>
</tr>
<tr>
<td>Away-elective</td>
<td>Pulmonology</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Research</td>
</tr>
<tr>
<td>Custom elective</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>Endocrinology</td>
<td></td>
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<tr>
<td>Gastroenterology</td>
<td></td>
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<tr>
<td>Geriatrics</td>
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<tr>
<td>Hematology/oncology</td>
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<tr>
<td>Hospice/palliative care</td>
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<tr>
<td>Hospitalist medicine</td>
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<tr>
<td>Infectious disease</td>
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<tr>
<td>International medicine</td>
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<tr>
<td></td>
<td>Occupational medicine</td>
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<tr>
<td></td>
<td>Ophthalmology</td>
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<tr>
<td></td>
<td>Orthopedic surgery (non-operative)</td>
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<tr>
<td></td>
<td>PM&amp;R</td>
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<tr>
<td></td>
<td>Podiatry (non-operative)</td>
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<tr>
<td></td>
<td>Psychiatry</td>
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<tr>
<td></td>
<td>Radiology</td>
</tr>
<tr>
<td></td>
<td>Sports medicine</td>
</tr>
<tr>
<td></td>
<td>Urology (non-operative)</td>
</tr>
<tr>
<td></td>
<td>Women’s health</td>
</tr>
</tbody>
</table>
ICU

- Most medical patients are covered by residents (limited by caps and duty hours)
- Closed unit, i.e., all the team attendings are intensivists
- Team-based rounding (residents, intensivists, nurses, pharmacists, chaplain)
- Rounds serve both clinical and teaching purposes

Call is every 5 days
May admit patients every day
Current Team Structure: Wards

Wards

• The team attending may not be your patients’ attending. You may have patients with multiple attendings
• There is a lot of direct intern-to-attending contact
• Rounding may be in a classroom or at the bedside (based on team and attending preferences)
• The goal is for residents to see interesting cases and a wide variety of pathology.

Patient variety

Team A: PCPs, hospitalist, and medical specialties
Team B: hospitalist
Team B: accountable care unit/hospitalist

- Team B does patient-centered, team-based rounding, in a single accountable care unit (SIBR: structured intradisciplinary bedside rounding)
- Team B interns pre-round in the morning then staff the patients with the senior resident and one attending
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:45-7:00</td>
<td>Checkout with night float</td>
</tr>
<tr>
<td>7:00-7:30</td>
<td>Morning report</td>
</tr>
<tr>
<td>7:30-10:00</td>
<td>Patient care</td>
</tr>
<tr>
<td>10:00-11:00</td>
<td>Team A teaching rounds</td>
</tr>
<tr>
<td></td>
<td>Team B SIBR followed by teaching</td>
</tr>
<tr>
<td>11:00-12:00</td>
<td>Patient care</td>
</tr>
<tr>
<td>12:00-1:00</td>
<td>Noon conference</td>
</tr>
<tr>
<td>2:00</td>
<td>Team B discharge planning huddle</td>
</tr>
<tr>
<td>1:00-5:00</td>
<td>Clinic or patient care</td>
</tr>
<tr>
<td>5:00</td>
<td>Checkout with on-call resident</td>
</tr>
</tbody>
</table>
Conferences, didactics, and courses

- Morning report (Tuesdays through Friday)
- Grand Rounds (monthly)
- Noon conference (daily)
- John Hopkins (PEAC) ambulatory modules (formal outpatient curriculum)
- MKSAP board review series
- Med Study board review series
- Personalized study plans, directed reading plan
Categorical resident scholarly activity

R1
• Case Reports: ACP- Ohio
• Morning Report Presentations

R2
• Quality improvement project
• Journal club presentation
• Patient management presentation

R3
• Quality improvement project (continuation from R2)
• Patient safety presentation
• Root cause analysis
Residency sponsored wellness and social activities

- Wellness group
- Wellness sponsored activities: meetings, workshops, resident sports teams, parties, birthday recognition, resident/faculty football outing and family picnic, ...
- Orientation events and team-building outing, ...
- Recruiting events: Metropolitan Club dinners, Cincinnati Reds game, ...
- Holiday potluck dinner
- Senior retreat
- Graduation
Regarding recruiting events and communication…

- Recruiting events are optional. We would love to see you, but attending will not affect either your chance of being ranked or your match position. Everyone is invited.

Questions?

We want you!