

2019-2020

Internal Medicine Residency Program



Our mission:

To serve. To heal.
To educate.



Our mission:
*to serve, to heal,
to educate.*

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Welcome



The Internal Medicine Residency Program at Cooper Medical School of Rowan University and Cooper University Hospital is dedicated to facilitating the development of well-rounded physicians and ensuring that each individual realizes his or her potential. The journey from novice to expert begins with our commitment to achieving excellence in medical education. We realize that residents are mature, self-directed learners and we actively engage them in the development and implementation of our curriculum that focuses on the four pillars of medicine: the science of medicine, the art of medicine, the evidence of medicine, and the business of medicine. Our curriculum utilizes innovative pedagogical techniques that emphasize active learning during our many diverse conferences, clinical experiences, and simulation scenarios.

Although we make it a priority to provide an exceptional didactic experience, we realize that medicine must be learned at the bedside. The diversity of patients and the scope of pathophysiological disease processes that residents encounter on a daily basis are impressive. Our residency provides exceptional experiential learning in a wide variety of clinical environments where residents apply evidence-based medicine under the tutelage of world-renowned faculty. We pride ourselves on not only creating knowledgeable physicians, but also on instructing our residents on how to think and act as professionals. Here at Cooper we emphasize the importance of bedside diagnosis by facilitating the development of strong analytical clinical reasoning and physical examination skills.

What makes Cooper a great place to train?

Cooper University Health Care (CUHC) is the only academic tertiary care center located in southern New Jersey. As such, other hospitals in the region refer their most complex patients to our exceptional full-time faculty in all subspecialties of Internal Medicine. We have the privilege to treat diverse urban, suburban, and rural populations from different socioeconomic and cultural backgrounds.

Our clinical campus is renowned for its world class ICU, Level 1 Trauma Center, and cardiac center of excellence, in addition to its exceptional inpatient and ambulatory care. MD Anderson Cancer Center at Cooper has revolutionized how we care for patients afflicted with neoplastic disease. In August 2012, we welcomed the inaugural class to Cooper Medical School of Rowan University (CMSRU), a four year allopathic medical school that is committed to training the physicians of tomorrow in an innovative and supportive manner. Since then, the Internal Medicine Residency Program has worked closely with the students as teachers and colleagues, and celebrated the graduations of multiple classes.

Residents at Cooper benefit from a fully integrated, electronic medical records system, EPIC, that has led to safer and more efficient care in all clinical environments. In addition, all scheduling information and audio-video recordings of our conference series are available electronically to residents so that they may access the material remotely via smartphone or computer at their convenience.

The Internal Medicine Residency Program at Cooper is firmly committed to maximizing our residents' quality of life and the 4+1" structure allows for protection from fatigue and more time to enjoy the things that matter most to residents outside of medicine. Cooper's location offers something for everyone. We are minutes away from Philadelphia, and an easy commute using readily accessible public transportation. If you prefer a suburban environment, many are a short drive away.

If you are interested in a cutting edge program with a unique approach to providing exceptional clinical training and maintaining an excellent quality of life, Cooper is the place for you. I invite you to take the time to explore our program.

Brian P. Gable, MD, FACP

Program Director, Internal Medicine Residency Program
Cooper University Health Care
Assistant Professor of Medicine,
Cooper Medical School of Rowan University

Internal Medicine Residency Program Overview



The Internal Medicine Residency Program at Cooper currently consists of 56 residents. There are 19 PGY-1 positions:

- 16 Categorical positions
- 2 Primary Care track positions
- 1 Preliminary year positions

We have a rolling admissions system and adhere strictly to all ACGME rules and regulations. The NRMP match numbers for these programs are:

- Categorical: 138014OCO
- Primary Care: 138014OMO
- Preliminary: 138014OPO

Cooper University Health Care offers extensive subspecialty training with the following established fellowships:

- Cardiology
- Clinical Cardiac Electrophysiology
- Critical Care Medicine
- Endocrinology
- Gastroenterology
- Hematology and Medical-Oncology
- Infectious Diseases
- Interventional Cardiology
- Interventional Pulmonology
- Nephrology
- Hospice and Pallative Medicine
- Pulmonary Disease and Critical Care Medicine
- Interventional Pulmonology
- Rheumatology

serve

Educational Experience



Categorical Program

The Internal Medicine Residency Program offers a professionally tailored educational experience. In our Categorical Program, residents are exposed to a variety of clinical experiences to become well-rounded physicians and are given progressive and increasing medical responsibilities through the course of their three years of training. Our program prepares residents well for subspecialty training or primary care practice in the inpatient or ambulatory settings. Once a career path is established, residents have great flexibility in developing a curriculum centered around their career aspirations. Residents are offered their choice of electives every year to encourage them to explore different specialties in and outside of Internal Medicine. Cooper also encourages residents to apply for an outside elective during their PGY 2 and 3 years. In addition, our Global Health Elective allows two of our senior residents to travel to Ghana to serve patients in a rural setting.

Cooper also offers a Primary Care Track for two residents per year who are interested in a schedule that emphasizes outpatient, community-based, academic medicine.

Sample Schedule

PGY-1

2.5 months	Medical Teaching Service
2.5 months	Ambulatory Medicine
2.5 months	Electives, Subspecialties
1 month	Night Medicine
1 month	CCU
1 month	ICU
0.5 months	Cardiology Progressive Care Unit (PCU)
1 month	Vacation and Holiday Week

PGY-3

2 months	Electives, Subspecialties
2.5 months	Ambulatory Medicine
1.5 months	Medical Teaching Service
1 month	Back Up Resident
1 month	Emergency Medicine
1 month	ICU or CCU
0.5 months	Geriatric Medicine
0.5 months	Palliative Care
0.5 months	Oncology Teaching Service
0.5 months	Hospitalist Service Working one-on-one with Attending

PGY-2

2.5 months	Electives, Subspecialties
2.5 months	Ambulatory Medicine
2.5 months	Electives, Subspecialties
1.5 months	CCU or ICU
1 month	Night Medicine
0.5 months	Oncology Teaching Service
0.5 months	Hospitalist Service working one-on-one with Attending
1 month	Vacation and Holiday Week

Educational Experience *continued*



Primary Care Track

The Cooper University Internal Medicine Residency Program began through funding with a \$1.92 million grant from the Health Resources and Services Administration to conduct a Primary Care Track. Two positions are open for applications each year.

Like the standard Categorical Track, this is a three-year Internal Medicine Residency and graduates are ABIM board-eligible in Internal Medicine at the end of their training. Residents in the Primary Care Track are considered part of the Internal Medicine Residency Program but have a schedule that emphasizes outpatient, community-based academic medicine. In this track a resident will spend significantly more time on chronic care, palliative care, ambulatory Internal Medicine, and ambulatory subspecialty rotations.

For FAQ, please visit www.cooperhealth.edu/residencies/internal-medicine/primary-care-track.

Medicine Preliminary Year

One preliminary year position in medicine is offered this year. The block schedules are geared toward providing preliminary residents with an excellent global Internal Medicine experience while maintaining flexibility so that they are able to complete preferred rotations for their eventual career goals.

Preliminary Medicine-Sample Schedule

4.0 months	Electives/Subspecialties
2.5 months	Medical Teaching Service
1.5 months	Night Medicine
1.5 month	ICU
1 month	CCU
0.5 months	Cardiology Teaching Service
1 month	Vacation and Holiday Week

Anesthesia Transitional Year

We now have four positions dedicated to an Anesthesia Transitional Year. Transitional year residents rotate on our Medical Teaching Services, ICU and Night Medicine Services. Visit www.cooperhealth.edu/residencies/anesthesiology to apply.

Neurology Preliminary Year

We have three Neurology Preliminary Year positions available. Residents that match into Cooper's Neurology program will complete a preliminary year identical to the Medicine Preliminary Year, then complete their additional three years of Neurology training. Visit www.cooperhealth.edu/residencies/neurology to apply.



Educational Experience continued



“If you are interested in a cutting edge program with a unique approach to providing exceptional clinical training and maintaining an excellent quality of life, Cooper is the place for you.”

The 4+1 Schedule

Residents in our program are assigned to one of five resident cohorts (Cohorts 1-5) that consist of 10 to 12 residents who vary in their year of training. Each cohort is headed by a senior Co-Chief Resident. The academic year is divided into 10 five-week blocks. Four weeks of each block are devoted to traditional Internal Medicine clinical rotations such as the inpatient Medical Teaching Service, ICU, CCU, night medicine, elective, etc. During these experiences, residents do not partake in the continuity clinic, allowing for greater immersion and continuity on these services, which enhances education and patient care.

Ambulatory Experience

Within the 4+1 schedule, every fifth week is protected ambulatory training time where six to seven half-day sessions are dedicated outpatient continuity clinic experiences. The remaining sessions are dedicated to suburban clinic, didactic sessions, and completion of a cohort quality improvement project and simulation experiences. Having dedicated time devoted to the outpatient setting allows for improved continuity of care and the development of a group practice environment.

In addition, the 4+1 schedule allows for preservation of resident autonomy, providing minimal interruption during resident inpatient and outpatient rotations and promoting true immersion into each clinical training environment. To improve quality of care and patient satisfaction, we have created practice groups that include residents from each cohort. This ensures that patient issues may be addressed by a limited number of physicians who will promote teamwork and improve the continuity of care within the ambulatory practice.

Each resident spends the majority of their sessions in a designated primary site, the three primary sites are: The Resident Clinic at Three Cooper Plaza in Camden, Cooper Internal Medicine Office in Willingboro NJ, and The Camden VA Primary Care Clinic. In addition to their primary site, residents also have a 2-3 half sessions in a suburban clinic with attending supervision. There are also opportunities for residents to have a half session practicing in the HIV clinic or home nursing visits.

Finally, to enhance the educational experience of our residents, we have created a half-day didactic session that occurs every Tuesday afternoon each ambulatory week that is specifically devoted to pertinent topics in outpatient medicine. These sessions are run by our Resident Clinic Director, Dr. Alexandra Lane, to further augment our outpatient curriculum. During our Tuesday afternoon sessions, residents discuss updates to the group’s resident-run Quality Improvement (QI) project. The QI curriculum enables residents to collaborate with members of their cohort as well as other divisions to create and carry out their own projects. This year-long curriculum includes formulating a project as a cohort, assigning individual tasks, and collaborating

Educational Experience continued



**Experience teaching rounds,
learn online digital
imaging, work among
world-renowned faculty.**



with physicians from other specialties. It culminates with a poster presentation at the annual Camden Scholars' Forum Poster Contest. The Tuesday afternoon didactic session ends with use of the SIM center to simulate advanced diagnostic and emergent cases. Our Chief Residents and PGY-3 senior residents are directly responsible for creating the simulation cases, as well as running the cases and providing teaching and feedback afterwards.

Sample Ambulatory Week Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.	Primary Clinic Site	Suburban Clinic	Suburban Clinic	Telephone Medicine (Admin)	Primary Clinic Site
P.M.	Primary Clinic Site	Didactics/SIM/QI	Primary Clinic Site*	Suburban Clinic	Primary Clinic Site

* This session is used for an additional Primary Care Didactics specifically for Primary Care Residents conducted by the Primary Care PD, Dr. Jenny Melli.

Medical Teaching Service

The Medical Teaching Service is where residents learn the core of inpatient medicine and treatment. Each inpatient team consists of a teaching Hospitalist, a PGY-2 or PGY-3 senior resident, a PGY-1 resident, and a variable number of medical students. The resident and intern work as a team to care for hospitalized patients under the supervision of the Hospitalist. Bedside teaching rounds are conducted daily and focus on clinical reasoning, physical examination skills, advanced communication skills, and evidence-based diagnosis and management. Each medical team complies with the ACGME required cap of 14 patients.

Daytime admissions to the service are performed by the teams during early (11:30 a.m.-3:30 p.m.) and late (3:30-7:30 p.m.) shifts that rotate on a Q5 cycle. This process improves patient care, limits hand-offs and maximizes resident continuity. Nighttime admissions are performed by the Night Medicine Team and are distributed to the day teams the following morning.

Medical Teaching Service Daytime Schedule

6:30 a.m.	Sign in
9:00 a.m. – 11:00 a.m.	Teaching Rounds
12:00 p.m. – 1:00 p.m.	Conference (topics vary each day)
4:30 p.m.	Sign out 1
8:00 p.m.	Sign out 2

Educational Experience continued



Night Medicine

The Night Medicine System is established on our Medical Teaching Service, ICU and CCU rotations. To deliver optimal patient care, our residents have supervision from both attendings and fellows 24 hours a day, seven days per week.

To optimize the transitions of care, we have instituted a resident driven, evidence-based sign-out system. This process has been shown to improve patient care and minimize medical errors. Night float rounds are conducted each morning by a member of the program leadership to discuss challenging cases encountered by both the admitting and cross-covering teams.

Intensive Care

Cooper University Hospital has a state-of-the-art 30 bed medical/surgical intensive care unit (ICU). The ICU is staffed by nationally and internationally renowned academic intensivists. The Cooper ICU is a tertiary referral center for the entire South Jersey region, leading to a very complex and diverse patient population in the ICU. Internal Medicine residents work together with Emergency Medicine and Anesthesia residents and Critical Care fellows to provide the most advanced care to critically ill patients afflicted by septic shock, respiratory failure, and other medical emergencies.

Cardiology Experience

Cooper University Hospital has a 12 bed coronary care unit (CCU) and a 36 bed cardiology step down unit with telemetry called the progressive care unit (PCU).

For residents on the CCU rotation, the service is composed of two PGY-2 or PGY-3 residents and one PGY-1 resident. Daily bedside rounds in the CCU focus on protocol-driven management of acute coronary syndrome, cardiogenic shock, and arrhythmias

Each PCU team is composed of one PGY-1 resident, a Cardiology fellow, and a Cardiology attending. Clinical instruction focuses on risk stratification of chest pain as well as evidence-based management of congestive heart failure, arrhythmias, pericardial disease, and valvular disease. The Cardiology faculty and fellows instruct the residents on the nuances of cardiac auscultation as well as interpretation of electrocardiograms, echocardiograms, and coronary angiograms.

The Cooper Heart Institute has undergone tremendous growth in the past decade. We have nationally recognized cardiologists on faculty, state-of-the-art technologies and the most advanced treatment options, providing an excellent cardiology experience to medicine house staff.

Fundamental Critical Care Support Course (FCCS)

Society of Critical Care Medicine, led by our Senior Critical Care Attending, Dr. R. Phillip Dellinger, created a Fundamental Critical Care Support (FCCS) Course

Specialized Courses



Residents are immersed in this rich environment, and have ample opportunity to interact with faculty and peers through formal and informal teaching sessions.



that is now taught worldwide. The course is provided to all Internal Medicine house officers during the first few months of internship. It prepares them for the intensive care unit, focusing on the first 24 hours of management and the recognition and management of sudden clinical deteriorations in the critically ill patient. Skills learned during morning didactic lectures are applied during afternoon interactive stations. This course has been given to thousands of trainees in dozens of countries and the text has been translated into seven languages.

Bedside Ultrasound Course

Through a partnership with the Division of Critical Care Medicine, our residency began a novel bedside ultrasound course in the fall of 2011. Believing that the ultrasound machine is an extension of the physical examination, house officers undergo a series of didactic hands-on sessions in order to perform diagnostic techniques used to direct bedside diagnosis and management. Residents are trained in central venous access, diagnosis of deep venous thrombosis, visual detection of thoracic and intra-abdominal pathology, and bedside echocardiography.

The Simulation Lab Experience

Cooper Internal Medicine Residents regularly use the Simulation Lab located in Cooper Medical School of Rowan University. This includes simulated medical emergencies, complex medical cases led by senior residents during didactic sessions of Ambulatory weeks, practice using ultrasound on standardized patients, and the use of Harvey, an advanced simulation mannequin to improve knowledge of cardiac murmurs. Repetition, when combined with formative teaching and feedback, leads to sustained improvements in the knowledge, skills and attitudes of our residents that further enhance patient care, communication skills, and systems-based practice throughout the hospital.

Prime Curriculum

Recognizing the importance of senior residents in the education of interns, medical students, and patients, the program has developed a formal teaching curriculum to prepare residents to be instructors in medical education (PRIME). PRIME reflects the development of medical knowledge: professionalism, recorder, interpreter, manager, and educator. This curriculum is incorporated into real-time clinical care on the wards and is supplemented by formal didactic sessions. It covers a range of topics including team leadership, bedside teaching, leading effective rounds, and giving and receiving feedback. Resident-led work rounds are frequently observed by senior medical educators, after which residents are provided with brief and focused feedback designed to foster leadership and management skills that would otherwise not be addressed in any formal curriculum.

Specialized Courses



Residents are immersed in this rich environment, and have ample opportunity to interact with faculty and peers through formal and informal teaching sessions.

Quality Improvement Project

Each cohort has an annual resident-run Quality Improvement (QI) project led by PGY-2 residents. Based on their clinical experiences, residents work together to create and carry-out a quality improvement project that takes place over the course of the academic year. These projects address potential areas for improvement across the hospital and outpatient settings. Examples of prior projects include Epic-based pop-ups regarding daily warfarin ordering, to eliminating ordering folate levels for hospitalized patients, to Hepatitis C screening reminders for clinic visits. The project culminates in a poster presented at the annual Camden Scholars' Forum Poster Contest.

Global Health Elective

The Global Health Initiative allows residents to experience the healthcare system in Ghana. International Healthcare Volunteers Inc. (IHCV), a nonprofit organization that provides free healthcare to women and their families in underserved areas, funds this program. Two senior internal medicine residents work alongside other Cooper residents and attending physicians from obstetrics and gynecology, general surgery, emergency medicine and pediatrics to care for patients in inpatient and ambulatory settings during a two-week visit to Ghana.

Medical Humanities Courses

Cooper University Hospital has been a leader in exploring the use of literature and music as a tool to help instruct residents in the medical humanities. We have a very successful Literature and Medicine course, funded by a grant from the Arnold P. Gold Foundation and the New Jersey Council for the Humanities.

Research Curriculum

The Research Curriculum enables residents to work with a research mentor in their field of interest. The curriculum occurs throughout the PGY-2 year and involves regular meetings with mentors, assistance from librarians and program leadership, and presentation updates during noon conferences. The curriculum culminates with a poster presentation or publication.

Coriell Institute of Medical Research

The Coriell Institute for Medical Research, an independent nonprofit dedicated to the study of the human genome, is recognized as one of the world's leading biobanks, distributing biological samples and offering research and biobanking services to scientists around the globe. A pioneer in genomics, Coriell is examining the utility of genetic information in clinical care through the Coriell Personalized Medicine Collaborative (CPMC) research study. The Institute is also unlocking the promise of induced pluripotent stem cells and their role in disease research and drug discovery.



In the age of medical technology, it is as important as ever to master the art of bedside diagnosis.

Cardiology Conferences

The lecture series is run by the cardiology faculty every 3rd Thursday of the month. A list of top of topics, high yield on the boards is generated and a new topic is discussed every month.

Rotating Conferences

- Journal Club
- Art of Medicine
- Evidence-Based Physical Diagnosis
- Business of Medicine
- History of Medicine
- Resident Wellness
- Interdisciplinary Conference
- Primary Care Lecture Series
- Cardiology Lecture Series

Journal Club

In order to develop life-long learners, our program has instituted a revolutionary journal club series. This conference is facilitated by members of the program leadership. Residents learn how to read and evaluate the literature in a systematic format. In addition, relevant aspects of study design and statistical principles are reviewed.

The Business of Medicine

Led by members of our Division of Hospital Medicine, this series was developed to address the practical components of medicine as an industry. Examples of devoted topics include: coding and billing, health care reform, hospital systems, and negotiating a contract.

Evidence-Based Physical Diagnosis

In an age of medical technology, it is as important as ever to master the art of bedside diagnosis. Drs. Ritesh Patel and Brian Gable have created a series of practical and educational activities to bring our residents back to the bedside. These sessions include didactic sessions about the evidence behind physical examination. The residents are formally trained in the performance of maneuvers and their positive predictive values and likelihood ratios. This knowledge is then applied on weekly bedside evidence-based physical diagnosis rounds. During these rounds, members from our medical teaching service perform key physical diagnosis maneuvers under the tutelage of our faculty.

Curriculum & Didactic Conferences continued



Conference Schedule at a Glance

Monday	Tuesday	Wednesday	Thursday	Friday
7-8:00 a.m. Board Review with Program Director <i>(webcast available)</i>	7-8:00 a.m. Board Review with Program Director <i>(webcast available)</i>	7-8:00 a.m. Board Review with Program Director <i>(webcast available)</i>	7-8:00 a.m. Board Review with Program Director <i>(webcast available)</i>	7-8:00 a.m. Board Review with Program Director <i>(webcast available)</i>
12-1:00 p.m. Rotating Conference House-staff Journal Club Business of Medicine	12-1:00 p.m. Intern/ Resident Report	12-1:00 p.m. Sub-Specialty Rounds	12-1:00 p.m. Grand Rounds	12-1:00 p.m. Resident Report with Program Director

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Life After Graduation



Our program is very proud of its success in developing well rounded, strongly educated, inquisitive, and excellent clinicians who are prepared to enter the field of their choosing. Our graduates are practicing or training throughout the United States.

2018 Graduates

Fellowships

Lawrence Matthews III (4th year chief)	Critical care medicine	Cooper University Hospital
Carine Basmadjian (3rd year chief)	Cardiology	Cooper University Hospital
Ethan Goldstein (3rd year chief)	Hospice & palliative medicine	Medstar Washington Hospital Center
Manisha Jakkidi (3rd year chief)	Gastroenterology	Cooper University Hospital
Vida Chen	Gastroenterology	Lankenau Medical Center
Kunal Dalal	Gastroenterology	Cooper University Hospital
Ravi Gupta	Hematology/oncology	Cooper University Hospital
Paul Kannarkatt	Pulmonary/critical care	Cooper University Hospital
Rishi Patel	Rheumatology	North Shore LIJ Hospital
Pratik Shah	Endocrinology	University of California, Irvine
Matthew Varner	Pulmonary/critical care	University of South Carolina

General Internal Medicine

Priya Kamath (4th year chief)	Hospitalist	Bayhealth Medical Center
Aditya Bakhshi (3rd year chief)	4th year chief resident	Cooper University Hospital
Nikhita Dharbhamulla (3rd year chief)	4th year chief resident	Cooper University Hospital
James Liu (3rd year chief)	Hospitalist	Cooper University Hospital
Nicholas Calder	Hospitalist	Cooper University Hospital
Ola Ibekwe	Hospitalist	Cooper University Hospital
Anita Mehta	Primary care	Sanford Health
Emily Sussman	Primary care	Cooper University Hospital
Dawnette Urcuyo	Primary care	Geisinger Specialty Clinics

educate

How to Apply



Contact Information

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Cooper University Health Care
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Education and Research Building
401 Haddon Avenue, 3rd Floor
Camden, NJ 08103

The Internal Medicine Residency at Cooper Medical School of Rowan University/Cooper University Hospital Program participates in the Electronic Residency Application Service (ERAS), and all information is processed through this system without exception. Information regarding the ERAS application process and timeline is available on the website below. All positions will be offered through NRMP; participation with National Residency Matching Program required.

Interviews are by invitation only and are scheduled from October through January.

Association of American Medical Colleges

www.aamc.org/eras

ERAS applications must contain the following information in order for your application to be considered:

- Common application form
- Three original letters of recommendation
- Dean's letter (MSPE)
- Medical school transcript
- USMLE/COMLEX Scores (Parts 1 and 2, Passing CS when available)
- Personal statement describing your training goals and future career plans

Program Eligibility

Applicants must be U.S. citizens, be classified as resident aliens, or hold a J-1 Visa.

Deadline for submission of complete application in ERAS is November 15.

All applications are screened by the Selection Committee.

Interviews are by invitation only.

Our minimum USMLE score requirement is 220 or higher on both Steps I and II on the first attempt, and a passing CSA on first attempt. NO paper applications accepted.

Six months of U.S. clinical experience is desired. Recent medical school graduates (within the past five years) are preferred as well.

The Cooper Campus and Surrounding Area



The expansion project at Cooper is a direct reflection of the growth in services that Cooper has experienced over the past several years.



It is extraordinary to have such a high concentration of leadership at one institution, but then, Cooper is an extraordinary health care system.

Cooper University Hospital is the center of a growing Camden health sciences campus that includes the hospital, Cooper Medical School of Rowan University (CMSRU), MD Anderson Cancer Center at Cooper, Sheridan Pavilion at Three Cooper Plaza medical offices, the internationally acclaimed Coriell Institute for Medical Research, and the Ronald McDonald House. Adjacent to the Cooper Plaza/Lanning Square neighborhood, Cooper has a long history of outreach and service efforts to its local community. Some of these initiatives include health and wellness programs for the neighborhood, development of neighborhood parks and playgrounds, and outreach to programs into local schools.

The hospital's 312,000-square-foot, 10-story Roberts Pavilion features an expansive lobby and concourse, a restaurant and coffee shop, business center, gift shop, and chapel. State-of-the-art patient care facilities include private patient rooms, technologically advanced operating room suites with hybrid imaging capabilities, and an advanced laboratory automation facility. The Emergency Department features 25 beds, dedicated isolation suites, and autonomous CT scanning technology. Designated floors serve specific patient populations, including those needing advanced surgical and heart care, along with South Jersey's only dedicated 30-bed inpatient cancer unit.

Also in the Roberts Pavilion is the 25,000-square-foot Dr. Edward D. Viner Intensive Care Unit—featuring 30 private patient rooms equipped with the latest in advanced technology, and allowing 360-degree patient access. Five patient rooms are capable of negative pressure isolation, and five rooms have chambered isolation alcoves. In addition, an enlarged room with operating room caliber lighting is outfitted to perform bedside exploratory laparotomy in patients considered too medically unstable for transport to the operating room.

Cooper University Health Care and MD Anderson Cancer Center in Houston, Texas, partnered in 2013 to create MD Anderson Cancer Center at Cooper. Our partnership is a full clinical integration between the two programs. MD Anderson at Cooper physicians adhere to the same philosophy, processes, and guidelines set by MD Anderson in Houston, and patients receive the same proven practice standards and treatment plans provided at MD Anderson. Today at MD Anderson at Cooper, patients have access to more clinical trials for more types of cancer than ever before, as well as a full range of supportive care services.

Advanced, comprehensive cancer services are provided at our Camden, Voorhees, and Willingboro campuses. Cooper Digestive Health Institute locations are fully accredited MD Anderson at Cooper locations providing

The Cooper Campus and Surrounding Area *continued*



innovative gastrointestinal cancer prevention, detection, and treatment services. Additional cancer clinical services are provided at multiple locations throughout the Philadelphia-South Jersey areas.

CMSRU's Medical Education Building is located on the Cooper Health Sciences Campus on South Broadway, between Benson and Washington Streets in Camden. The medical school, which opened in July 2012, was designed to support an innovative curriculum that integrates knowledge of basic science concepts, early clinical experience and patient care, self-directed learning, teamwork, and medical and non-medical activities for the greater community's benefit.

The Cooper Health Sciences Campus is located in the heart of Camden's business district. The academic medical center campus is easily accessible by car or public transportation via the PATCO and bus terminal adjacent to the hospital.

Cooper is a short walk or drive from the exciting Camden waterfront, which includes a magnificent waterfront park and marina; the Adventure Aquarium; and the BB&T Pavilion, which hosts nationally renowned entertainment throughout the year. Nearby are the Sixers Training Complex, L3 Communications complex, Lockheed Martin, Rutgers University Camden Campus, and Camden County College. There are expected to be \$350M in transportation and infrastructure improvements within the next four to five years to handle the influx of thousands of new employees to the area and students at nearby growing academic campuses.

Cooper is conveniently close to Philadelphia. Just a mile-long drive over the Benjamin Franklin Bridge will put you at the doorstep of Philadelphia's cultural, culinary, and historic venues. South Jersey also offers a range of living and entertainment options. Quaint towns such as Haddonfield and Collingswood are just 10 minutes away. The lights and action of Atlantic City and popular beach towns such as Cape May and Ocean City are a one-hour drive from Cooper.

Cooper Camden Campus Map



The most up-to-date directions to Cooper University Hospital are available at:
CooperHealth.org/Locations

campus



One Cooper Plaza · Camden, NJ 08103-1489 · CooperHealth.edu

Hospital Main Number: **856.342.2000**

Graduate Medical Education: **856.342.2922**