

2024-2025

Internal Medicine Residency Program



Our mission:

To serve,
to heal,
to educate.

 **Cooper**
University Health Care

 **Cooper Medical School**
of Rowan University

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

Designated Institutional Official

Antoinette Spevetz, MD, FCCM, FACP

Chairman of Department of Medicine

Stephen W. Trzeciak, MD, MPH

Program Director

Rachel S. Nash, MD, FACP

Associate Program Directors

Jenny Melli, MD (Director, Primary Care)

Elizabeth Cerceo, MD, FACP

Kevin D'Mello, MD

Alexandra Lane, MD

Assistant Program Directors

Solomon Dawson, MD

Kathryn L. Haroldson, MD

Daniel Olea-Mendoza, MD

Ritesh Patel, MD

Hely Shah, MD

Nicholas Young, MD

Division Head of Medical Education

Brian Gable, MD

Director of Resident Research

Satyajeet Roy, MD

**Assistant Program Director of Primary Care
and Director of Resident Clinic**

Alexandra Lane, MD

CONTACT

**Internal Medicine Residency
Program Administrators**

Laura Chropka

Terry Morka

Brianna Burgess

Phone

856.342.2000

Ext. 1009646, 1009640 or 856.968.7024

Medical Student Education Coordinator

Betty Ann Girouard, 856.757.7842

Email

CooperIMProgram@cooperhealth.edu

Website

[www.cooperhealth.edu/residencies/
internalmedicine](http://www.cooperhealth.edu/residencies/internalmedicine)

Address

Cooper University Health Care
Internal Medicine Education Programs,
101 Haddon Avenue, 3rd floor, Suite 304
Camden NJ, 08103

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 their potential. Our Program supports the mission of Cooper University Health Care: To serve, to heal, and to educate.

TO HEAL: Our mission is to provide excellent, equitable care to all patients that seek care at our institution. In line with the Quadruple Aim, our ultimate goal is to improve outcomes for all patients, provide high value care, maximize patient satisfaction, and improve resident and health care worker well-being. Our goal is to train residents who are prepared for the future of team-based, patient-centered medicine.

TO SERVE: We recognize that our patients do not exist in a vacuum, and integral to our mission is serving our community of Camden, New Jersey. Thus, our mission is to improve the health of the Camden

community as a whole. We do this by training physicians-advocates who excel in providing culturally competent and trauma-informed care.

TO EDUCATE: Our mission is to train residents to become skilled in scholarly work, and to develop a growth mindset as they work to improve their individual performance. Our mission is to train educators of the next generation, so that our residents can excel at medical education. Ultimately, our goal is to support our residents in any career path of their choosing, which includes our primary care program, preparation for fellowship, or a career in general internal medicine.

We realize that residents are mature, self-directed learners and we actively engage them in the development and implementation of our unique curriculum. 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 critically 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. We develop within our residents the excellent communication skills needed to provide compassionate patient care, and to work successfully within an interdisciplinary team. Not only will you learn about the social determinates of health, but you will learn skills to promote the health and wellbeing of our patients.

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, cardiac center of excellence, and its Neurointerventional Suite 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+2 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.

Rachel S. Nash, MD, FACP

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

Message From the Chief Residents

Thank you for your interest in the Cooper University Hospital Internal Medicine Residency Program! This is an exciting time to be entering the field of medicine, and an exciting time to become a part of Cooper University Hospital.

We are located in Camden, New Jersey, minutes from downtown Philadelphia. This area provides a variety of patients, ranging from the underserved population of Camden to the more affluent suburbs. Because we are a major university hospital center for New Jersey, and the only Level 1 Trauma Center, patients are routinely flown to Cooper from other hospitals giving our residents experience with critically ill patients. In addition, Cooper has a large network of outpatient offices throughout Camden County, making our outpatient and consulting experiences as varied and educational as the inpatient.

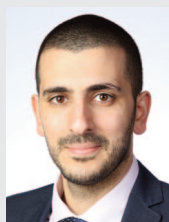
We pride ourselves on being a comprehensive academic program that places an emphasis first and foremost on training good internists. In addition, every subspecialty is represented at Cooper, which enhances our training. Education is a priority with a formalized curriculum facilitated by program leadership. Residents are encouraged to step into the educator role early by leading lectures and SIM sessions. Residents are given autonomy to make decisions while caring for patients but also have an appropriate level of supervision. One of the strengths we value most is the camaraderie between residents. We are truly a family here at Cooper IM, and residents thrive together both inside and outside the hospital. We value rigorous medical training as well as making wellness a priority. The culture is warm, friendly and collaborative and we look for candidates who would fit well into this environment. You will find that your colleagues are hardworking, intelligent, and collegial. Our program leadership is approachable and always looking to work with the residents to improve our program. We welcome you to be part of our Cooper IM family!



Brisha Bhikadiya
Best, DO
Fourth Year
Chief Resident



Tirth Talati, DO
Fourth Year
Chief Resident



Amine Al Soueidy, MD
Third Year
Chief Resident



Alexander Garcia, DO
Third Year
Chief Resident



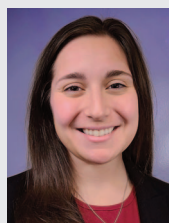
Jenna Guma, DO
Third Year
Chief Resident



Jachrise Sibblis, MD
Third Year
Chief Resident



Ian Dale, DO
Third Year
Chief Resident



Jennifer Varallo, DO
Third Year
Chief Resident



Rita Auro, MD
Third Year
Chief Resident

Educational Experience



The Internal Medicine Residency Program at Cooper offers a well-rounded educational experience characterized by diverse clinical exposure, structured didactic education, and strong faculty mentorship. In our categorical training program, residents are exposed to a variety of clinical experiences and are given increasing medical responsibilities over the course of their three years of training. Our program prepares residents for subspecialty training or primary care practice in the inpatient or ambulatory setting. Once a resident chooses a career path, they can tailor a curriculum centered around their future goals. Residents are offered their choice of electives every year to encourage exploration of different specialties or other experiences. Residents are encouraged to apply for an outside elective during their PGY 2 and 3 years to gain exposure to different health systems.

Our program also offers specialized courses of study for those interested in particular career paths. Our Hospitalist Track provides opportunities to pursue quality improvement projects as well as exposure to hospital administration and/or academic medicine career paths. We also offer a Primary Care Track which emphasizes outpatient, community-based, academic medicine.

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. You will have the opportunity to hone your teaching skills, as teams are paired with CMSRU 3rd and 4th year medical students.

The recent geographic localization of patients enables us to have closer communication with nursing, ancillary staff and consulting services ultimately leading to better patient care. Proximity to our patients allows us to better communicate treatment plans and any changes that occur throughout the day in an effective manner. Residents regularly participate in Multidisciplinary Rounds (MDR), connecting directly with the bedside nurse, Transitional Navigator, and physical therapist.

The call system is based on a Q4 model with a resident who stays late every 4th day to cover other teaching teams.

Educational Experience **continued**



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The 4+2 Schedule

Our residency program benefits from a 4+2 schedule. Residents are assigned to one of six cohorts, each led by a third-year chief resident. These cohorts consist of roughly 13 members, including residents from all three class years as well as those completing a preliminary year. The academic year is divided into six-week blocks, with four weeks of each block devoted to traditional clinical rotations such as inpatient floor medicine, critical care, cardiology, night medicine, or elective. During these four weeks, residents do not partake in any ambulatory clinic duties. This minimizes interruption during inpatient rotations and promotes true immersion within each clinical training environment.

Every cohort cycles through ambulatory week every sixth week. During this time, residents rotate through clinic sites in Camden as well as other suburban sites throughout Southern New Jersey. By design, residents are guaranteed a “golden weekend” at least two weeks out of every six. This highlights our focus on preserving resident wellness in creating our schedule. Residents remain in the same cohort throughout their three years of training, which fosters the formation of strong bonds among cohort members. The cohort system helps to bring a sense of community and family to our program and leads to the formation of lifelong friendships.

Intensive Care

Cooper University Hospital has a state-of-the-art 30-bed medical intensive care unit (ICU) staffed by nationally and internationally renowned academic intensivists. Our ICU is a tertiary referral center for the entire South Jersey region, which means that we take care of a complex and diverse population of critically ill patients. The unit is multidisciplinary—Internal Medicine residents work alongside residents from Emergency Medicine and Anesthesia—to provide the most advanced care to critically ill patients afflicted by septic shock, respiratory failure, and other medical emergencies.

Over the course of three years, Internal Medicine residents spend roughly 3-4 months rotating on critical care services. During this time our residents become proficient in basic procedures (central lines, arterial lines, paracentesis, and lumbar punctures) and ultrasound techniques. We also gain exposure in the management of invasive monitoring and advanced support devices including pulmonary artery catheters, intra-aortic balloon pumps, Impella devices, and VV-ECMO. All senior residents rotate through our “Crit Care Green” rotation, during which we evaluate critical care consults on the floor and respond to facilitate rapid responses and codes throughout the hospital. While our residents are never expected to intubate patients on the medical floor, we offer elective rotations in anesthesia for those senior residents who wish to hone their skills in this field.

All of these opportunities ensure that our residents are well equipped to care for critically ill patients; this makes Cooper a great place to train for those interested in critical care. For a list of former residents who went on to pursue careers in Critical Care Medicine, please refer to our website.



Educational Experience **continued**

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). We have recently revitalized our cardiology training experience with the creation of a combined CCU/PCU service. This service is staffed by one senior resident (PGY-2 or PGY-3) and two interns working under the supervision of a Cardiology fellow and attending. The team takes care of a total of 18 patients on the Cardiology service, including patients in the CCU and PCU. This enables residents to learn about “bread and butter” Cardiology topics such as risk stratification of chest pain, evidence-based management of congestive heart failure, arrhythmias, pericardial disease, and valvular disease, while also following their patients as they transition between the intensive care unit and the medical floor. In the CCU residents gain the additional experience of caring for patients with acute coronary syndrome, cardiogenic shock, and life-threatening arrhythmias. Throughout this rotation, Cardiology faculty and fellows instruct the residents on the nuances of cardiac auscultation as well as interpretation of electrocardiograms, echocardiograms, and coronary angiograms.

Night Medicine

Night Medicine rotations vary between coverage of the Medical Teaching Service, the ICU, and the Cardiology service. The ICU is covered by an intern, a senior resident, and an in-house Critical Care fellow. Critical care attendings also remain in-house overnight to provide an extra layer of support. The Cardiology service is covered by an intern, a senior resident, and an in-house Cardiology fellow. Although adequate supervision is always provided on both of these rotations, there is plenty of autonomy for interns and residents to learn how to manage patients in acute settings.

Night Medicine on the Medical Teaching Service is split between a rotating “Covering Night Team” and an “Admitting Night Team.”

The Covering Night Team consists of two interns and one resident. The intern covers five medicine floor teams, each consisting of a maximum of 13 patients. They are also responsible for any patients being transferred from the ICU to the teaching floor teams. The covering resident provides supervision in the care of these patients and covers two medical teams and a primary hematology oncology service. On covering nights, residents learn how to manage patient complications and identify acute situations that may require escalation of care.

The Admitting Night Team consists of two interns, one resident, and a dedicated teaching night admitting hospitalist. Both interns and resident work together to complete a maximum of 10 admissions from the Emergency Department to the medicine floors. Each admission is presented to and supervised by the night admitting hospitalist. This team also completes any direct admissions from outside hospitals to the teaching floor teams. This rotation gives residents the opportunity to work up undifferentiated patients and guide the course of their hospital stay. It also strengthens our ability to triage patients between observation units, medical floors, or critical care units.

Hematology/Oncology Experience

Through our partnership with MD Anderson, Cooper University Hospital has become a leader in cancer treatment in the South Jersey region. During our time as senior residents, we rotate through the hematology/oncology floor and are able to care for patients with a variety of disease processes including those with acute leukemia requiring induction chemotherapy, small cell lung cancer, different lymphomas, and febrile neutropenia, amongst others. We work closely with a dedicated hematology/oncology fellow and attending while on this rotation. We also understand the importance of a multidisciplinary approach to the treatment of these patients by working closely with pharmacists, social workers and nurses.

Educational Experience **continued**



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



Ambulatory Experience

Within the 4+2 schedule, every sixth week is reserved for protected ambulatory training time. Residents spend six to seven half-day sessions in outpatient continuity clinic, while the remaining sessions are dedicated to suburban clinic, didactic sessions, 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.

Each resident spends the majority of their sessions in a designated primary site: the Resident Clinic at 3 Cooper Plaza in Camden, Cooper Internal Medicine at Pennsville or the Camden VA Primary Care Clinic. In addition to their primary sites, residents also have two to three half sessions in suburban clinics with attending supervision. There are additional opportunities for residents to spend a half session practicing in the HIV clinic or conducting home nursing visits. Ambulatory week also includes a half day off so that residents can have space for themselves to invest in self-care and reflection during the busy time of residency. And a new experience for the residents is spending time in the community with Camden residents to learn about community engagement.

To enhance the educational experience of our residents, we have created a half-day didactic session that occurs on Tuesday afternoons during ambulatory week. These sessions are run by our Resident Clinic Director, Dr. Alexandra Lane, and are specifically devoted to pertinent topics in outpatient medicine. The Tuesday afternoon didactic session ends with use of our 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. The afternoon also consists of a new Point-of-Care Ultrasound course led by ultrasound-trained Critical Care and Internal Medicine faculty.

Sample Ambulatory Week Schedule

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
AM	Primary Clinic Site	Suburban Clinic	Suburban Clinic	Telephone Medicine (Admin)
PM	Primary Clinic Site	Didactics/SIM/QI	Primary Clinic Site*	Community Engagement

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

Hospitalist Track

The hospitalist track provides a unique opportunity for residents to gain a deeper insight into what hospitalist medicine at an academic center entails. It is a longitudinal elective with central requirements focused on subjects not specifically taught during residency such as: billing, utilization review and contract negotiation. This track also provides elective options that are catered to a resident's specific interests including developing research projects, consult medicine and bedside teaching. While focusing primarily on academic hospital medicine, there are also opportunities to rotate at one of Cooper's sister sites for exposure to community-based practice or to rotate with a nocturnist. Each resident is paired with a hospitalist mentor based on mutual interests.

Primary Care Track



Welcome to the Primary Care Track at Cooper!

Our Primary Care track was created in 2011 and has grown to five residents per class.* We are a tight-knit community focusing on providing culturally competent, cost-conscious, evidence based primary care to diverse populations. While we are lucky to have a “program within a program,” the PC track is also fully integrated within the larger Internal Medicine program. This provides support and mentorship from all of Program Leadership and co-residents.

The structure of our program is a 4+2 model that tracks with the categorical track so residents travel with their peers throughout residency. The primary care residents are grouped in two cohorts to share in clinical experiences together and have many unique experiences throughout their three years. PGY-2s and PGY-3s have a dedicated four-week outpatient clinic block in addition to their +2 ambulatory weeks to increase exposure to the outpatient experience and provide a true window into the daily practice of primary care medicine. For the PGY2s, they precept in the CMSRU student clinic, work in an interdisciplinary team with a clinical pharmacist, and have clinical hours in their primary clinic site. The PGY3s work with a primary care doctor in a more suburban practice during their month to understand better the business side of medicine and how to manage career challenges such as volume, billing, and office management.

Our PGY2s and PGY3s also participate in at-home after-hours call with back up from attendings to learn this important skill while they are residents. The track also includes a home visit experience with a geriatrician to see patients in a different clinical environment and help establish goals of care. Each ambulatory block, the primary care residents have an additional primary care didactics session for more dedicated education in primary care topics. Finally, all primary care residents receive a half day during their clinical week to participate in community engagement in Camden to better learn the lived experience of their patients.

Through our didactic series, clinical experiences, and the population we serve in Camden, NJ our residents learn to treat patients in the dynamic, complex healthcare system with special attention to vulnerable populations including medically underserved patients, patients with mental health issues including substance abuse, and trauma informed care. Our program is also dedicated to fostering diversity, equity, inclusion, and belonging through mentoring efforts, curricular changes, and recruitment strategies as well as a focus on clinical practices and teaching for anti-racist healthcare.

I invite you to explore our program and to reach out with any questions.

Jenny Melli, MD, FACP

Program Director, Primary Care Track
Deputy Clerkship Director, Internal Medicine
Assistant Professor of Medicine
Cooper Medical School of Rowan University

**Two of our five incoming residents may be matched through an accelerated 3-year primary care training program offered at our affiliated medical school, CMSRU.*

Primary Care Track **continued**

Primary Care Track FAQs

How is the Primary Care Track unique?

1. Continuity clinic for PC residents in suite 502, Camden, our most medically and socially complex clinic, where residents develop their own patient panel over the course of 3 years and truly become the primary doctor for a panel of patients.
2. One additional 4 week clinic block assigned in both the PGY2 and PGY3 years designed to be an immersive experience for PC residents to hone their outpatient skills. These weeks include one-on-one shadowing and feedback sessions with program leadership for coaching and development.
3. Primary care home call during the PGY2 and PGY3 years overseen by core faculty.
4. Home visits with a Geriatrician from the VA during the PGY2 year.
5. Half day during clinic week participating in Community Engagement in Camden City.
6. Access to outpatient subspecialty electives created specifically for future Primary Care providers such as Women's Health, Outpatient Dermatology, Outpatient Cardiology, Sports medicine and more.
7. Dedicated primary care lecture series every sixth week of the year - all PC residents are relieved of clinical duties to attend. Cooper's newly formed Family Medicine residency shares didactic time intermittently to create a larger community of primary care providers.

How is the Primary Care Track the same as the Categorical Track?

Like the 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 full and equal members of the Internal Medicine residency program, with all of the same benefits and support.

When you are on the inpatient rotations, there is absolutely no distinction made between residents who are on either track. You may be more likely to work with other primary care residents while on inpatient due to the cohort schedule.

Can I still go into a subspecialty or be a hospitalist if I do the Primary Care Track?

Yes. The goal of this track is to graduate physicians who are exceedingly well prepared for careers in primary care as clinicians, researchers, community activists, public health administrators and other positions at the forefront of primary medical care. That said, graduates of primary care tracks across the country do change their minds and enter a subspecialty. Recent graduates have gone into Rheumatology, Palliative Care, and Geriatrics. The training you receive will certainly prepare you for any path.

Can I apply to and rank both Categorical and Primary Care Tracks?

Yes! The number for the Primary Care Track in the NRMP is 1380140M0.



Primary Care Track **continued**

Alumni Feedback



"I knew from day one that I wanted to do primary care and I am so glad I made a wise decision to matriculate into Cooper's Primary Care Track. Not only did I gain confidence and knowledge to handle a diverse and complex patient population, but I built valuable and long-lasting relationships that have helped me provide better care to my patients. If I had to do it all over again, I would choose Cooper each time!"

— Dr. Jessica Richmond, class of 2021



"The PC track really helped solidify my love for primary care. Coming into residency, I really thought I was going to specialize but through the experience of the 4+2 model and a full week of clinic, I was able to establish relationships/rapport with patients and get a sense of what practicing primary care is all about. I also think the diversity of suburban clinics vs 502 helped show that primary care can be practiced in a variety of ways and its not a one size fits all model. Also, rotating with alumni helped demonstrate how well prepared our residents are once they leave the program and are great mentors for us."

— Dr. Angelica Italiano, class of 2023



"The primary care track at Cooper provided me with excellent clinical training and the unique opportunity to improve the health of vulnerable populations in the Camden community. As a primary care resident, I was given additional time in my continuity clinic and was able to develop my own patient panel. I was also exposed to several ambulatory electives that allowed me to work closely with specialists and further refine my clinical skill set. The primary care track provided me with time dedicated to ambulatory learning that truly prepared me for a successful career in primary care."

— Dr. Navi Jain, class of 2016



"The Primary Care track within Cooper's Internal Medicine residency groomed me for my career in outpatient medicine, while giving me additional support throughout residency. While I had all of my internal medicine colleagues to learn with, I felt my primary care colleagues were a tight knit family within the program. I was able to lean on my primary care peers for support and my primary care mentors for guidance. While many internal medicine programs put outpatient medicine on the 'backburner', I felt Cooper's Internal Medicine program, through the primary care track especially, exposed me to patient care in the office setting. The primary care focused didactics, the extra elective times in the office-setting, and the camaraderie within the primary care track set me up for success as a primary care provider."

— Dr. Marlena Klein, class of 2018

Academic Conferences



In-depth descriptions
for these conferences,
courses, and more can
be found online at
[www.cooperhealth.edu/
internal-medicine](http://www.cooperhealth.edu/internal-medicine).

Daily Board Review

Over the last five years we have enjoyed a 92 percent board pass rate. Our daily board review is taught by Dr. Brian Gable. Each month, a separate subspecialty is selected for discussion and study. During these interactive sessions, ABIM style questions are used to stimulate discussion of all pertinent aspects of a particular topic. This includes pathophysiology, epidemiology, clinical manifestations, diagnostic approach, prognosis and evidence-based management of relevant disease processes. Advanced organizers, photographs, diagrams and other multimedia (videos, audio of heart sounds/breath sounds) are utilized to enhance the learning process. In addition, each session is recorded and immediately made available to the residents through an electronic medium that can be accessed remotely via smart phone or webcast to be viewed at the residents' convenience.

Resident Report

These sessions occur two to three times per week. During these active discussions, case presentations are conducted by residents currently rotating on the medical teaching service and the discussion is facilitated by program leadership. Objectives of these sessions include data gathering, creation of an accurate problem representation, hypothesis generation, and the activation and comparison of illness scripts to develop a working diagnosis. In addition, relevant aspects of the evidence-based physical examination and pathophysiology are reviewed, as are a proficient diagnostic strategy and evidence-based management plan.

Subspecialty Rounds

All third year residents are required to partake in subspecialty rounds which provides an opportunity to present a topic at noon conference in a subspecialty area such as cardiology, pulmonology, nephrology, addiction medicine, palliative care, etc. What makes this noon conference unique, is having the presence of a faculty member within that subspecialty to help enrich the discussion of the topic at hand. Preparation for the conference involves collaborating with the subspecialty attending to guide the content of the lecture, including relevant journal articles and following a set of general guidelines for a content-rich presentation.

Medicine Grand Rounds

Given bimonthly by regional and national experts, these sessions focus on the latest advances in all disciplines of medicine. Topics range from general medicine and its subspecialties to humanities and cultural competencies.

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 • Nephrology Cases



Academic Conferences **continued**

Journal Club

Our internal medicine residency program holds journal club at least once monthly which takes place during noon conference. The presenting resident selects a recently published journal article from a top tier journal to present. What sets our journal club apart is that the presenting resident is able to meet with Cooper's Chief of Medicine Dr. Stephen Trzeciak, author of over 100 peer review journal articles including three in the New England Journal of Medicine, to discuss the merits and drawbacks of the article. Both the resident and Dr. Trzeciak present the article together in a collaborative effort at noon conference.

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.

Specialized Courses and Electives

Ultrasound Course

Through a partnership with the Division of Critical Care Medicine, our residency has implemented a point-of-care ultrasound course to educate residents in this important and growing field. Led by ultrasound-trained Critical Care and Internal Medicine faculty, residents learn image acquisition, diagnostic techniques, and ultrasound-guided procedures in a longitudinal course. The course spans several organ systems and is designed to aid residents' diagnostic and management decisions at the bedside.

The Simulation Lab Experience

The Simulation Lab Experience Cooper Internal Medicine Residents regularly use the Simulation Lab located in the Joint Health Sciences Building. 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.

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.

ABC News Medical Media

The ABC News Medical Media resident elective is a program designed to develop communication skills during a 4-week medical journalism rotation at ABC News headquarters in New York City. During this elective, residents participate in journal study reviews, writing articles, and pitch stories. Residents will also gain competency for writing medical journalism, learn elements of a successful "pitch", develop skills for interfacing with media, and improve the ability to critically analyze and summarize medical journal articles, among many others.



Specialized Courses and Electives continued

Addiction Medicine

Our Addiction medicine elective adds a unique experience to training at Cooper University Hospital. Unlike other electives, this elective is an integral part of our curriculum that is built into all resident schedules. Working in Camden, NJ exposes us to an underserved population, where substance use disorders are prevalent. The Addiction Medicine elective at Cooper allows us to delve further into the pathophysiology behind these addictions, the various options for treatment, and—equally important—the social barriers that can alter what treatment options are appropriate for each patient. We work alongside expert faculty trained in addiction medicine, Fellows, pharmacists, APPs and Social Workers. As medical students and residents, our addiction medicine training allows us to become more knowledgeable and empathetic physicians towards these types of patients. This acts as an early exposure for residents interested in a professional career in Addiction Medicine.

Resident as Teacher Elective

Teaching is an integral part of the life of a physician, and this begins as early as intern year with having medical students on service. To this end we have developed the Medical Education elective. This is led by one of our Assistant Program Directors, Dr. Solomon Dawson, and is offered to the second- and third-year residents. The core of this elective dedicates time to prepare and deliver educational lectures to a variety of learners such as our co-residents and medical students of all levels. There are also opportunities to work more closely with medical students in simulation lab sessions and act as a preceptor in the Camden medical student clinic. Residents on this elective will receive real time feedback from faculty to get those who are new to teaching comfortable with their new roles as educators in an academic institution, and help seasoned teachers push themselves to refine their skills. This is combined with didactic lectures covering the theory behind education from our faculty, many of whom are involved in Medical Education at the undergraduate and graduate levels. This elective will help train the next generation of medical educators.

Interventional Pulmonology

This elective is offered to second and third year residents and is offered in one- or two-week blocks. It allows residents to work closely with the Faculty and Fellows in Interventional Pulmonology. Our residents are able to watch and participate in endobronchial ultrasounds & biopsies of pulmonary nodules, percutaneous tracheostomies, bronchoscopies and thoracenteses. This is an early experience for residents interested in pursuing a career in Pulmonary and critical care medicine to provide a well-rounded Internal medicine training by the end of residency.

Palliative Care Medicine

Our palliative medicine elective is also an integral part of our curriculum. We work with palliative Medicine faculty and social workers and split the time in the outpatient and inpatient setting. Residents learn the principles of pain and symptom management, how to conduct family meetings and what the various entities of hospice include. Our palliative medicine department collaborates closely with our providers affiliated with MD Anderson Cancer Center.

Medical Spanish

This elective is offered to residents of all years and is a popular and exciting addition to our curriculum. This is an online course offered in connection with Canopy. Working in Camden, we have patients of various backgrounds who speak various languages. However, one of the most spoken languages is Spanish, and our goal with this elective is to work on closing the language barrier between our residents and our patients. In this elective, residents complete the online course focusing on common Spanish words and phrases heard and spoken in the health care setting.

ID Stewardship

This elective is offered to all residents and is run by our two Infectious Disease Pharmacists and Infectious disease Attendings. In this elective, we learn about the different antimicrobials and how to optimally use them to prevent antimicrobial misuse in the hospital.

Global Health



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.

"Traveling with International Healthcare Volunteers (IHV) was a once-in-a-lifetime opportunity to practice medicine in an under-served part of the world. I met many amazing volunteers, medical staff, and patients along the way. Not only was IHV a great learning experience from a medical perspective, it was also a great learning experience from a cultural perspective. I came back from Ghana with expertise in malaria management, new international friends, and an appreciation for jollof rice." — **Savi Racha Class of 2021**

"This experience allowed me to reinforce my physical exam skills and practice medicine with limited access to resources (like the internet) that we depend on every day. I learned about how medicine is viewed by people from other countries from my patients and other members of the health care field. We had a lot of fun getting to know others on the trip during our off time and exploring some of the markets and tourists sites." — **Vaishali Patel Class of 2020**



Diversity, Equity, Inclusion and Belonging

Diversity, Equity, Inclusion and Belonging (DEI-B) Committee

The members of the Internal Medicine residency program leadership are committed to fostering a culture of belonging and promoting diversity, equity, and inclusion in all areas of the internal medicine program. We fully endorse the diversity statement put forth by Cooper's Graduate Medical Education program.

Although our residency program has been working towards these goals in previous years, we are actively working towards recruiting and educating residents that share our goal of providing equitable care for all patients and promoting the growth of a diverse physician workforce. Our program leadership is engaged in monthly DEI-B topics to further analyze our own efforts.

In the Fall of 2022, we decided to formalize this by creating the DEI-B Committee which currently has three core subcommittees run by program leadership, faculty, and residents.

Curriculum

The DEI-B Curriculum Subcommittee aims to build an evolving curriculum that ultimately:

1. Provides skills that promote self-reflection about knowledge gaps which will serve for lifelong, self-directed learning in DEIB.
2. Encourages internalization of equitable and inclusive principles so that future internists can provide more equitable care within an inequitable healthcare system.
3. DEI-B Lecture Series integrated in noon conference: Trans Health 101, Intro to DEI-B and Structural Racism in Healthcare, Allyship Workshop, Racism in Addiction Medicine, Disparities in HIV Care Patient Panel and Upstander training.



Mentorship

The DEI-B Mentorship Subcommittee aims to enhance our current mentorship program:

1. By supporting diverse trainees in their career goals, personal growth, wellness and establishing relationships to pursue research opportunities.
2. By assigning trainees and mentors based on self-reported characteristics and preferences, our aim is establishing a guide, role model and advocate for trainees throughout their time in the residency program and beyond. They will help counsel them for issues that arise from both in and outside the hospital setting.
3. DEI-B Mentor/Mentee Social held early in residency to help with networking and providing a supportive environment.

Recruitment

The DEI-B Recruitment Subcommittee aims:

1. To identify connections with medical schools and other educational organizations to generate further interest in our program.
2. To foster early relationships during recruitment through a partnership with the mentorship subcommittee
3. For holistic review by creating data benchmarks for applications, interviews offered, and matched candidates to use data to guide our rank list.

Research at Cooper



Satyajeet Roy, MD, FACP



Elizabeth Cerceo, MD, FACP

Residents Presenting at National Conferences:



Research Curriculum

Residents are provided mentoring and guidance through didactic series focused on principles of research and opportunities for mentored research projects. This curriculum allows residents to develop the requisite knowledge, skills, and attitudes necessary to develop a research project from hypothesis generation to publication. Residents at Cooper University benefit from the guidance of Dr. Elizabeth Cerceo, Associate Program Director, and Dr. Satyajeet Roy, Director of the Internal Medicine Residency Research Program. Their leadership allows residents to develop unique research projects and see them through.

Research Speed Dating

The goal of these 1-hour long events is to have attendings and fellows active in research in the Department of Medicine meet with residents who are interested in embarking on new projects. These events are held biannually.

Quality Improvement and Patient Safety Program

The Cooper IM Residency program has a robust program to educate house staff in quality improvement and patient safety methodologies through numerous activities. A curriculum delivered through noon conference sessions educates residents on improvement science and change management. Residents have opportunities to participate in hospital committees focused on health care improvement as well as to volunteer to present and lead discussions at a Department of Medicine Systems Morbidity & Mortality Conferences that analyzes patient safety events and seeks to prevent them from reoccurring. Each resident will be involved in at least one QI project during their three years. Our QI/PS program seeks to provide our trainees with the knowledge, skills, and attitudes to be able to evaluate opportunities for improvement in patient care and implement change for the better at a large tertiary care medical institution. We also have many residents that are heavily involved in the GME Patient Safety & QI Committee. Additionally, residents have the opportunity to learn more about patient safety and QI through electives such as the pharmacy safety elective and by receiving funding to attend national conferences.

Research at Cooper **continued**

Resident Publications/Independent Research Projects

- Alabd, A., Alabd, A., Bolaji, O., Sugumar, K., Ammori, J., Hardacre, J., & Winter, J. M. (2021). Elucidating the Causes of Improved Survival in Clinical Trials of Randomized Adjuvant Pancreatic Ductal Adenocarcinoma (PDAC). *Annals of surgical oncology*, 28(2), 1060–1068. <https://doi.org/10.1245/s10434-020-08859-y>
- Foster M., Murphy M, Wald J, Acker M, Bermudez C, Rame ER. (2020). Partial Recovery of Ejection Fraction with Neurohumoral Blockade Improves Long-Term Event Free Survival for Patients with Continuous Flow LVAD. *The Journal of Heart and Lung Transplantation*, 39(4), S132-S133. <https://doi.org/10.1016/j.healun.2020.01.1036>
- Clemons, D., Lee, A., Ajmeri, S., Terrigno, V., Zaid, J., Hunter, K., & Roy, S. (2021). High-Sensitivity Troponin for Suspected Acute Coronary Syndrome in Patients With Chronic Kidney Disease Versus Patients Without Chronic Kidney Disease. *Journal of clinical medicine research*, 13(6), 326–333. <https://doi.org/10.14740/jocmr4515>
- Roy S., Hyman D., Ayyala S., Bakhshi A., Kim S., Anoruo N., Weinstock J., Balogun, A., D'Souza, M., Filatova, N., Penabad, J., Shah, P., Perez, C., Mehta, A., Hunter, K. (2020). Cognitive Function Assessment in Patients on Moderate- or High-Intensity Statin Therapy. *J Clin Med Res*;12(4):255-265. <https://doi.org/10.14740/jocmr4144>
- Moshman, R., Ricketti, D., et al. (2023) Unruptured Sinus of Valsalva Aneurysm Leading to Decompensated Heart Failure. *J Am Coll Cardiol*. 81 (8_Supplement) 3731. [https://doi.org/10.1016/S0735-1097\(23\)04175-X](https://doi.org/10.1016/S0735-1097(23)04175-X)
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- Guma, J. The other end of the line. *Postgraduate Medical Journal*, Volume 99, Issue 1169, March 2023, Pages 232–233, <https://doi.org/10.1093/postmj/qgad017>
- Badr, S., Nyce, A., Al Soueidy, A., Freeze, B., Bosire, J. Jovin, F., Kupersmith, E., Mazzarelli, A. Rachoin, JS. (2022) ED Patient Experience: Does Day of the Week or Time of the Day Matter? *J Patient Exp*; 9: 23743735221143734. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9749045/>
- Al Soueidy, A., & Norcross, G., & Tzeng, M., & Sangiovanni, C., & Waldman, B.A. Clot Behind the Wall: A complicated Case of an Atrial Septal Pouch. (2023). *Journal of the American College of Cardiology*, 81(No 8) 3667 <https://www.jacc.org/doi/10.1016/S0735-1097%2823%2904111-6>
- M Qureshi, A Alabd, E Behling, R Schwarting. (2022) Acute liver failure in hemophagocytic lymphohistiocytosis secondary to metastatic renal cell carcinoma: a diagnostic dilemma. *Cureus*. DOI [10.7759/cureus.23455](https://doi.org/10.7759/cureus.23455)
- Qureshi, M., Frank, R., Dalal, K. (2022). A Rare Cause of Obstructive Jaundice: Afferent Limb Syndrome. *American Journal of Gastroenterology*. DOI: [10.14309/01.ajg.0000870764.85051.67](https://doi.org/10.14309/01.ajg.0000870764.85051.67)
- Chouthai, A., Garcia, A., Dhawan, I., Capanescu, C. (2022). A Case of Syphilitic Hepatitis (SH): An Elusive Diagnosis. *The American Journal of Gastroenterology* 117(10S):p e2075-e2076. DOI: [10.14309/01.ajg.0000869672.47415.bd](https://doi.org/10.14309/01.ajg.0000869672.47415.bd)
- Jain, A., Shah, A., Kazmi, K., Kaufman, S., & Bhat, G. (2023) A Radiographic Diagnosis: IgG4-Related Hypophysitis Presenting with Hypopituitarism and Central Diabetes *Insiptidus*. Vol 25 Issue 5. S82-S83. DOI: <https://doi.org/10.1016/j.eprac.2023.03.185>

How to Apply



Additional Contact Information

Program Director
Rachel Nash, MD

Associate Program Directors
Jenny Melli, MD (Director, Primary Care)
Elizabeth Cerceo, MD, FACP
Alexandra Lane, MD
Kevin D'Mello, MD

Assistant Program Directors
Solomon Dawson, MD
Kyle Gleaves, MD
Kathryn L. Haroldson, MD
Daniel Olea-Mendoza
Ritesh Patel, MD
Hely Shah, MD

Additional Faculty
Satyaajeet Roy, MD
Director of Resident Research

Assistant Program Director of Primary Care
Director of Resident Clinic
Alexandra Lane, MD

Designated Institution Official
Antoinette Spevetz, MD, FCCM, FACP

Chairman of Department of Medicine
Stephen W. Trzeciak, MD, MPH

Residency Program Administrators
Laura Chropka, Terry Mortka,
and Brianna Burgess
856.342.2000 extension 1009640,
1009646, or 1007024

Student Education Coordinator
Betty Ann Girouard
856.757.7842

For the 2024 ERAS® cycle, applicants are required to complete the MyERAS application.

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)
- Personal statement describing your training goals and future career plans

Program Eligibility

Applicants must be U.S. citizens, classified as resident aliens; or, sponsorship of J-1 Visa ONLY.

Deadline for submission of complete application via ERAS is October 6th.

All applications are screened by our Selection Committee. Interviews are granted by invitation only via ERAS and Thalamus. NO paper applications accepted.

USMLE/COMLEX passing scores are required on both Steps I and II on first attempt.

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

Distribution of the first wave of interview invitations will be emailed via the Thalamus platform on or soon after October 13th.

GME Open Houses

GME will be having in-person open houses for applicants applying to all residencies and fellowships. Stay tuned for more details, dates are as follows:

- Tues., October 10, 2023
- Tues., October 17, 2023
- Tues., December 19, 2023
- Tues., January 16, 2024
- Tues., February 20, 2024

Intern Transition



**Learn more about training
at Cooper and hear from
current residents at
CooperHealth.edu/GME
and
CooperHealth.edu/Diversity**



Intern Survival Series

Intern Survival Series is an intern-only, noon conference lecture series held at the beginning of the academic year. Lectures are focused on frequently encountered chief complaints, and largely given by core hospitalist faculty and internal medicine residents. Topics include initial evaluation and workup of chest pain, dyspnea, syncope, as well as many other “bread and butter” topics in internal medicine. The sessions are made to be interactive in an effort to make interns feel more comfortable and confident approaching these medical scenarios.

Intern Boot Camp

Intern Boot Camp is a week-long foundational lecture, case simulation, and procedure series for incoming internal medicine interns. Lecture topics include workflow on medical floors, resources for internal medicine residents, and commonly encountered medical problems and emergencies. Interns work through simulated patient cases during daily case sessions in the Cooper Medical School Simulation Center. Procedural training for the insertion of peripheral intravenous lines, radial arterial lines, paracentesis, lumbar puncture, and central venous catheter placement is additionally provided in the Simulation Center. Interns do not have clinical responsibilities during Intern Boot Camp.

Intern Buddy System

Interns are paired with a “buddy” intern on medical floors during the first few weeks of the academic year to aid in the transition to residency. The two interns learn the workflow of the medical floors with the support of a senior resident and academic hospitalist. The interns divide tasks and responsibilities to allow for learning, efficiency, and preparation for their experience as a “solo” intern later in the academic year. All interns are paired with a senior resident throughout the year while on medical floors.

Fundamental Critical Care Support Course (FCCS)

The Society of Critical Care Medicine, led by our Critical Care attendings, Dr. Noel and Dr. Bartock, created a Fundamental Critical Care Support (FCCS) Course that is now taught worldwide. The course is provided to all Internal Medicine, Family Medicine and Anesthesia residents during the first few months of internship. The course provides an overview of mechanical ventilation, vasopressor support, and other foundational topics of critical care medicine. Procedures including central line placement and intubation are also reviewed. Interns complete an exam after the course and receive a certificate upon completion. This course has been given to thousands of trainees in dozens of countries and the text has been translated into seven languages.

Wellness

At Cooper IM, we make wellness for residents a priority. This is evident not only in the variety of events we have for our residents both at work and outside of work, but more importantly ingrained in our schedule and in our culture. Our residency training is challenging and our residents take pride in hard work, but we also love to have fun! We have a robust wellness committee of creative and compassionate residents that plan events for our Cooper IM family. See below for some of the many ways our program prioritizes wellness and check out our resident run Instagram account, [@CooperIM](#), for photos.

- **Scheduling:** One of the most important pillars of wellness is having adequate time off! Our schedule design (4+2) guarantees residents have at least two full weekends off every four weeks, often more. This schedule is arranged in the traditional x+y residency format whereby “x” weeks represent inpatient time and “y” weeks represent dedicated ambulatory or elective. On the “x” weeks that involve essential service, residents almost always have either Saturday or Sunday off. On the “y” weeks, residents have the whole weekend off. When making the year’s schedule, residents have an opportunity to request certain weeks off for vacation that we try our best to accommodate.
- **Wellness Committee & Budget:** Our wellness committee started after the especially high demands of training during the COVID pandemic. Our wellness committee is now robust, very active and has an annual budget. Residents plan creative and diverse events that encourage quality time with each other and that explore the many avenues of wellness. These events include group workout class, trips to local events in Philadelphia or South Jersey, themed holiday meals, holiday party, cohort outings and noon conferences.
- **Wellness Noon Conferences:** We have a robust curriculum for our noon lectures and sometimes those lectures involve wellness. This includes lectures on finance and managing money, sessions with counselors through Cooper’s Employee Assistance Program (EAP), pet therapy, locally catered lunches, baking competitions, cookie decorating, etc.
- **Free Food!** “Free food” are some of the residents’ favorite words! At our program, we try to have free lunch for residents twice per week. We also get a box of salads/ snacks each day for the long-call and night shift residents. GME also provides all residents with breakfast/snacks every other Wednesday in the resident lounge. Coffee is always available in the GME resident lounge for free.
- **GME Sponsored Events:** GME sponsors events inside and outside the hospital. This includes local events in our community, Thank-A-Resident breakfast, snacks in the resident lounge, etc.
- **Wellness Half Days:** In addition to the four weeks of vacation residents get per year, our residents also get Wellness Days. There are four half days (or two full days) residents can use when they are on elective, no questions asked! In addition, we have a wellness half day on every ambulatory week automatically built into our schedules. This allows time to attend doctor’s appointments, run errands, rest, etc.
- **Cohort Outings:** Cohort outings are some of our residents’ best events outside of work. Since we have an x+y schedule, our ambulatory weeks are always with the same group of people, which are labeled as cohorts. Our program has six cohorts and residents become very close within their cohort. There are always fun events planned during each Cohort’s clinic week (often the Tuesday afternoon after didactic lectures) and these events have ranged from: restaurant week dinners, pumpkin picking, axe-throwing, escape-the-room, game nights, breweries, etc.
- **Call Room + Resident Lounge:** Wellness is having a safe space to chart, rest, and spend time with each other. Our newly renovated call room is one of our favorite places in the hospital and where we spend a lot of quality time together. We have ample windows to allow for natural lighting, a large refrigerator, microwave, ample computer space for residents to chart and a water cooler. We even decorate it seasonally, and it is currently full of photos from our recent social outings. In addition to having a bed to allow for some resting on night shifts in our call room, we also have access to private call rooms with a bed and computer space. Additionally, we also have access to the larger GME resident lounge where we have coffee, bimonthly snacks, massage chair, etc.
- **Mental health resources:** We have access to Carebridge through our EAP program at Cooper which gives us access to free therapy. See Carebridge page for more information.
- **PGY1 & PGY2 retreats:** We offer professional development retreats at the end of PGY1 and PGY2 year. These retreats are a full day dedicated to transitioning to new roles, leadership, fun games and spending time with each other and faculty.
- **Program Leadership + Program Evaluation and Improvement Committee:** Making wellness a priority is well supported by our program leadership. Our chief residents and faculty are always receptive to feedback on how to make our program better as it helps foster a supportive and collaborative environment for residents to train. We also have monthly Program Evaluation & Improvement Committee meetings which are open to all residents to make suggestions and design QI projects to improve our program. Through this committee, we also now have a quarterly newsletter written by residents and for residents.

Off Campus Highlights



Just across the bridge from bustling Philadelphia, and less than an hour from the tranquility of the Pine Barrens and activity of the Jersey shore, Cooper University Hospital is easy to access. The academic campus is located across the street from two commuter rail lines (PATCO and NJ Transit's River Line) and within walking distance of Rutgers University and Rowan University Camden campuses.

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 commuter high-speed line 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 amphitheater, 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



One Cooper Plaza • Camden, NJ 08103-1489 • CooperHealth.edu
Hospital Main Number: **856.342.2000** • Graduate Medical Education: **856.342.2922**