Mount Sinai School of Medicine Department of Medicine

INTERNAL MEDICINE RESIDENCY PROGRAM
The Mount Sinai Medical Center Ground Level

Admissions—Pre-testing; Surgical and Procedural Registration; Family Waiting Area
Take Guggenheim stairs or elevator to 2nd floor.

ATM
Gift Shop—located on the 7th floor of the Guggenheim Pavilion at the atrium
Goldwurm Auditorium
Take Guggenheim stairs to 2nd floor.

Hatch Interdenominational Chapel
For Peck Jewish Chapel, take stairs to 2nd floor
Martha Stewart Center for Living
Mount Sinai Heart
Patient Service Center
Rehabilitation Services and Clinics
Ruttenberg Treatment Center
Stern Auditorium
Take Annenberg stairs to 2nd floor.
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Dear Senior Medical Student:

Thank you for your inquiry into residency training in Internal Medicine at Mount Sinai School of Medicine. Mount Sinai’s Samuel L. Bronfman Department of Medicine has a rich history of academic leadership and major advances in the field of Medicine. Our goal is to create physicians and physician-scientists capable of clinical excellence and academic leadership. Ultimately we want all our trainees, regardless of their subsequent career plans, to be outstanding general internists strongly grounded in internal medicine.

For many years, the Internal Medicine program at Mount Sinai School of Medicine has produced the highest quality physician by constructing a residency program that emphasizes intellectual curiosity, compassion and camaraderie. Although rooted within a traditional framework, our program is continually evolved to fit the needs of the ever-changing medical landscape. Physicians trained at Mount Sinai will not only have a solid clinical foundation but will also be comfortable operating in an environment of increased regulation with its emphasis on the business side of medicine and the evolution of new models of care.

The days of one-size fits all training has passed. Wide-ranging career paths including primary care, sub-specialty practices, hospital medicine, clinical and translational research, medical education and global health, all require specialized training. We have created numerous programs within our residency program to allow physicians-in-training to shape their learning experience to their individual career plans. In addition to our various tracks, there are many opportunities through research, elective selection and other activities for residents to pursue their particular interests.

The Internal Medicine Training Program, with its strong emphasis on clinical experience in diverse settings, includes three different hospitals. Approximately two-thirds of our residents’ training is spent at The Mount Sinai Medical Center, a facility that provides tertiary care to patients referred for the diagnosis
and treatment of uniquely complex medical problems as well as primary and secondary care for people of the Upper East Side and East Harlem communities. One-third of the residency is spent off-campus at the James J. Peters Veterans’ Affairs Medical Center (VAMC) in the Bronx and the Elmhurst Hospital Center in Queens. By rotating through these three facilities, our residents are exposed to both unique patient populations and complex cases that many trainees don’t see until well into their post-graduate education.

We expect our graduates to finish with a well-balanced, solidly grounded education in evidence-based medicine. In order to accomplish this, we expect all residents to engage in scholarly activity during their training. We have multiple opportunities for basic, clinical research, educational and quality-related research for residents and we have an outstanding mentoring program that provides continuity from one generation of physicians to the next.

Ultimately this residency program is designed to create a foundation for excellence in patient-centered clinical care and to foster a lifelong love of learning and caring. Most of our graduates pursue prestigious academic fellowships upon completion of the residency with the purpose of establishing careers at academic medical centers.

If your personal and professional goals include a desire to make a difference in the lives of a diverse patient population, and if you possess the passion to help your patients and your community while contributing to the advancement of medicine, we hope you will consider joining us in our mission.

Mark Babyatsky, MD
Chairman,
Samuel F. Bronfman
Department of Medicine

Scott Lorin MD
Vice Chairman of Education and
Internal Medicine Residency
Program Director
The Department of Medicine is comprised of approximately 337 full-time and 293 active voluntary faculty. Many are internationally recognized investigators or outstanding clinical practitioners. They are an extraordinarily diverse group of mentors and role models for our trainees.

In 2011, New York magazine listed 28 Department of Medicine physicians in its “Best Doctors” issue. In U.S. News & World Report’s “Best Hospitals” issue, five medicine specialties were ranked including cancer, digestive disorders, heart and heart surgery, kidney disease, and for the first time, diabetes and endocrinology. Our peers have singled out Mount Sinai Department of Medicine faculty for many honors, including the election of 14 faculty to the Association of American Physicians and 22 to the American Society of Clinical Investigators.

The Department’s federal research budget is $71 million per year, which ranks in the top 20 of the Academic Departments of Medicine in NIH funding. Many Department of Medicine faculty members were instrumental in the success of Mount Sinai’s application to become a member of the federal Clinical and Translational Science Award Consortium, which resulted in a $34.6 million grant to the School of Medicine.
Department of Medicine faculty lead seven of the 14 interdisciplinary research institutes established by Mount Sinai’s dean, Dennis S. Charney, MD, to facilitate breakthrough science. As a result, our residents have access and exposure to a wide range of research - basic, translational and clinical.

The Division of Cardiology

The Division of Cardiology is embodied in two, world-class medical institutions: The Zena and Michael A. Wiener Cardiovascular Institute and the Marie-Josée and Henry R. Kravis Center for Cardiovascular Health. Both represent the sum total of more than a century of commitment to excellence in patient care, education and medical research.

Over the course of last century, great strides have been made in the struggle against coronary artery disease, the root cause of most cases of heart attack and sudden death. Yet, despite these gains, physicians are still unable to prevent fully three-fourths of these coronary events. A more effective system must be created to apply the prevention strategies we already have at hand.

Our goal is to fundamentally expand our knowledge of the origins of cardiovascular pathology at the molecular and genetic levels. The Division of Cardiology, in partnership with the Cardiovascular Institute, delivers both new scientific and clinical tools to advance these promises and provides residents with opportunities to learn and work with cardiologists from these institutions.

Dr. Jill Kalman, Director of the Cardiomyopathy Program, leads morning rounds with the residents.
The Division of Liver Diseases

A long history of clinical experience and of outstanding scientific investigation that extends from bench to bedside has made Mount Sinai synonymous throughout the world with the study and treatment of liver diseases. In 1957, the recruitment of Hans Popper, MD to Mount Sinai greatly enhanced the study of liver diseases at Mount Sinai and helped propel the Medical Center to international prominence. Universally regarded as “The Father of Modern Hepatology” for his tireless research into liver function and pathology, Dr. Popper’s leadership transformed Mount Sinai into the place for the study and treatment of liver disease.

Mount Sinai’s reputation in modern hepatology was built in the 30 years between the creation of the Division of Liver Disease in the late 1950s and Professor Fenton Schaffner’s retirement as the first Chief of the Division, in 1988.

The division was the leading center in the United States for the first effective new oral therapy for liver cancer. Six members of the division’s faculty have served as President of the American Association for the Study of Liver Diseases.

Residents have the opportunity to work with these leaders in Hepatology on a regular basis and often conduct research with the faculty.
The Department of Geriatrics and Palliative Care

Mount Sinai’s Brookdale Department of Geriatrics and Palliative Medicine was established in 1982 as the first Department of Geriatrics at an American medical school. In U.S. News & World Report’s “Best Hospitals” issue, we are ranked the No. 1 geriatrics program in the nation and in their “Best Graduate Schools” issue, we are also ranked the No. 1 geriatrics program in the nation.

Nationally and internationally recognized as models for improving care, quality of life, and the training of the next generation of physicians and researchers, our programs include:

- Martha Stewart Center for Living
- Lillian and Benjamin Hertzberg Palliative Care Institute
- Center to Advance Palliative Care
- National Palliative Care Research Center
- Geriatric Research, Education, and Clinical Center, James J. Peters VA Medical Center

Mount Sinai’s Lillian and Benjamin Hertzberg Palliative Care Institute improves health care for people of any age facing serious illness and helps patients and their families navigate the complexities of illness. The Palliative Care Consult team, available to all patients admitted to The Mount Sinai Medical Center, is an interdisciplinary team of physicians, nurses, social workers, and massage therapists specializing in palliative care.

In June, the Institute opened the Wiener Family Palliative Care Unit, the first unit of its kind in Manhattan to provide compassionate, high-quality care to hospitalized patients facing serious illness.
The Educational Program
The Samuel Bronfman Department of Medicine’s residency training program focuses on the clinical skills, knowledge, leadership and humanistic qualities of the Internist.

Our clinical program, with its strong emphasis on patient diversity, includes experiences at three different hospitals. Approximately two-thirds of the residents’ training time is spent at The Mount Sinai Hospital, a facility that provides tertiary care to patients referred for the diagnosis and treatment of complex medical problems, as well as primary and secondary care to residents of the Upper East Side and East Harlem communities. One-third of the residency is spent at the James J. Peters Veterans Affairs Medical Center (VAMC) in the Bronx and the Elmhurst Hospital Center in Queens. Additionally, residents spend a great portion of their time in ambulatory care, developing their clinical skills in the outpatient setting and developing a practice in which they become the responsible personal physician to their patients.

There is an abundant amount of formal instruction throughout our training program. This includes an emphasis on the resident in the role of teacher as well as student. Much time and effort is spent in developing resident teaching skills, including specific workshops on education and leadership prior to the PGY 2 years. All inpatient and outpatient rotations have daily Attending Teaching Rounds. Noon Conference takes place three days a week and provides a didactic program that covers all of the major topics of Internal Medicine. Medical Grand Rounds is a patient-based weekly conference that addresses major current issues in translational science, current medical practices, ethics, or education. Speakers are selected from the Sinai faculty and a search committee for Visiting Professorships.

For interns, a weekly intern report allows them to hone their presentation skills and review the literature on selected topics. Weekly Intern Gallop rounds conducted by the Chief Residents focus on data gathering skills and physical examination. Residents participate in Morning Report on a daily basis where they interact with the Chairman of Medicine and Internal Medicine Program Director are challenged on general case management and the evidence that supports clinical decision making. Weekly Resident Report focuses on subspecialty case presentations to faculty whom are selected by the residents. Several additional conferences add to the educational environment. Peripheral blood smear rounds with Dr. Barry Coller and cardiac bedside rounds with Dr. Valentin Fuster are conducted every two weeks.
The team approach to patient care and learning is stressed at all levels. Above, residents round with nurses, social workers and attendings in the Intensive Care Unit.

Additionally, the Department of Medicine is dedicated to building a Residency Program that emphasizes friendship and camaraderie. We believe that people achieve the most and do their very best in a positive and supportive educational climate. Our social activities in and out of the hospital allow all of our Housestaff, as well as their spouses, family, and friends to be a part of this warm and welcoming community.
As a PGY1
Each PGY 1 spends several rotations on the inpatient wards at The Mount Sinai Hospital, learning both general medicine and some specialty disciplines. PGY 1’s also spend one block in the Coronary Care Unit at The Mount Sinai Hospital and one block in the Emergency Department where they generally work one-on-one with an attending physician in both the walk-in area and the main area of the Emergency Department. The attending physicians are themselves trained Emergency Medicine faculty. Many of the patients seen during this time are referred back to the intern’s own clinic for continuity of care. This allows the intern to rapidly build his or her own practice. Each intern rotates through the City Hospital at Elmhurst and the Bronx VA Medical Center. At Elmhurst, interns are assigned to one of the General Medicine floors or the step-down floor. At the Bronx VA, interns rotate in the General Medicine Service. Interns also rotate in four weeks of night medicine where they help cross cover teams and do admissions. All interns have two outpatient rotations. Each rotation is four weeks in duration and is based in their continuity practice. In addition, all interns have one block of elective time and four weeks of vacation.
As a PGY 2
The PGY 2 year is a major transition for the house officer. During this year, the PGY2 is given greater responsibility for patient care and team supervision. The residents rotate through the Medical Intensive Care Unit, Night Medicine for two weeks, and the inpatient firms of all three hospitals. They also can rotate in the CCU/Telemetry service at the VA Hospital. PGY 2’s spend two blocks in the outpatient rotation and two blocks in elective work. One of the outpatient blocks is spent in the Visiting Doctors Program where residents provide home-based care to patients in Manhattan. Residents will have two weeks of vacation during this year.

As a PGY3
The PGY 3 year is intended to develop leadership skills and extend the resident’s knowledge base, complete research projects, and focus on future career transitions. Residents spend two rotations on the inpatient firms at the Mount Sinai and one month in the CCU. In addition they serve as senior resident supervisors at the Bronx VA and Elmhurst Hospitals. Unique to the third year are three other roles where third years hone their leadership and clinical skills. The first is the Medical Admitting Resident which is where residents serve as a liaison to the Emergency Department and help triage and assign patients to medical teams. Third years also serve as a Medical Consult Resident, learning the skills of being a consultant for other clinical services with emphasis on perioperative medicine. Finally, as a Senior Medicine Resident, the third year resident has the opportunity to teach and support their colleagues with procedures and sick patients. PGY3’s have two outpatient care rotations, three elective rotations, and four weeks of vacation. During one of their electives, residents have the opportunity to participate in Global Health projects.
“I went into internal medicine because I was captivated by the way physicians were able to merge patient care and diagnostic skills with research... a marriage of hard facts with patient interactions.”

— Ariel Bensen, PGY1

Ari graduated from Albert Einstein Medical College in New York. While at Einstein he participated and lead the student-run free clinic. Prior to medical school, Ari worked as an investment banker.

“Internal medicine is a field that nurtures meaningful patient-physician connections while regularly providing intellectual challenges.”

— Chris Lau, PGY2

Chris earned her degree from Albany Medical College where she volunteered in Apple Wars, a program designed to promote healthy eating. Chris is also a talented ballroom dancer and avid snowboarder.

“Medicine is a perfect fit for me. It entails compassion, clinical investigations and debates, satiating my intellectual appetite.”

— Rebecca Atschul, PGY3

Becca also went to Albert Einstein for medical school during which she worked at the Karolinska Institute in Sweden. Becca has done research in coronary imaging and is a talented piano player.
INTERNAL MEDICINE RESIDENCY PROGRAM TRACKS

Preliminary Program

As a Preliminary Intern
Our extremely well-regarded preliminary program has a wide variety of experiences including General Medicine and Specialty wards at all three hospitals as well as Outpatient Clinic. Depending on the availability of positions, our training program makes every effort to offer qualified Preliminary PGY-1 House officers positions in the Categorical Program if they change career plans and meet the requirements of the Categorical Internal Medicine Training Program. The preliminary year includes elective and outpatient rotations.

“I wanted to join a prelim program where I can develop confidence in managing sick and complicated patients as well as a program that values and supports the diverse professional goals of its residents.”
— Adewole Adamson, PGY1

Ade graduated from Harvard Medical School where he authored a research paper in lymphocytic signaling for dermatology. Additionally, he plays ice hockey and knows how to dance the salsa.
INTERNAL MEDICINE RESIDENCY PROGRAM TRACKS-Primary Care Residency Program

Overview
Primary care physicians are on the front line of health care and must provide compassionate, patient-centered, high-quality, cost-effective care. With complex treatments delivered more frequently in outpatient settings, increased specialization within medical fields, and the changing landscape of health care systems as a result of health care reform, the fulfilment of this mission requires a new generation of primary care physicians. As such, Mount Sinai’s Internal Medicine Primary Care Program’s goal is to create physicians who are:

- Well-rounded and effective clinicians, capable of providing high quality patient-centered, evidence-based clinical care in both inpatient and outpatient settings;
- Educators of both patients and fellow professionals;
- Advocates for patients and populations for improved health care;
- Leaders in all areas of primary care from the community to national level;
- Researchers, examining primary care clinical research, medical education and health systems/policy;

Details
The Mount Sinai Department of Medicine Primary Care Residency Program (PCRP) is a three-year program designed to train outstanding internists for careers in primary care and general internal medicine. As participants in the curriculum of the categorical residency, trainees in the PCRP receive outstanding training in inpatient medicine. Our program can accommodate up to six residents per year.

Goals of the Program
The PCRP trains residents to be exceptional clinicians in both inpatient and outpatient settings. In particular, we provide enhanced training in primary care, developing ambulatory clinical expertise as well as skills in teaching, advocacy, leadership, and research. We also aim to provide training that prepares each resident for their particular area of interest first by choosing clinical experiences that fit the trainee’s career goals and second by guiding the trainee through a project in line with their interests.
Clinical Sites

**Primary Continuity Practice:** Similar to the categorical residents, the PCRP residents maintain a weekly outpatient continuity clinic throughout their three years of training. PCPR residents currently have their patient panels in Mount Sinai’s Internal Medicine Associates (IMA) practice.

**Secondary Continuity Practice:** All PCRP residents will also develop a continuity practice with a panel of homebound patients one of our two visiting physician programs: The Mount Sinai Visiting Doctors Program or the Chelsea Village House Call Program.

**Other Primary Care Practice Sites:** All PCRP residents will also rotate through the following primary care practice sites during their primary care rotations:

- Coffey Geriatric Associates, in the new Martha Stewart Center for Living
- New York City Community Medicine SRO (single room occupancy) Program & Health Care for the Homeless (HCH).
- The Adolescent Health Center
- Jack Martin Fund Clinic, New York State Department of Health Designated AIDS Center.

Ambulatory Specialty Rotations: During the primary care blocks, PCRP residents rotate through a variety of ambulatory specialty and subspecialty practices.
Curriculum
Intern Basic Skills occurs in the first primary care block during intern year. Topics include introductory sessions in Health Literacy, Health Policy, Access to Care, Chronic Care Model and the Medical Home, Evidence-Based Medicine, Complementary and Alternative Medicine, and physical exam skill refreshers in the musculoskeletal, eye and neurologic exams. PGY2/3 curriculum consists of topics in advocacy and policy, research, epidemiology, and medical education. Residents will also have sessions on quality improvement and leadership/career planning.

Mentored Projects
All program participants are expected to complete several small group projects and one major individual, mentored research project combining their clinical and academic areas of interest. Clinical areas of interest may be homeless health, geriatrics, chronic disease, young adult health, etc. and academic areas include advocacy/policy, leadership/QI, clinical research or medical education.

Schedules by Year
PGY 1
The PGY1 year in the PCRP includes an additional six weeks of ambulatory primary care (in addition to the standard eight weeks of ambulatory care all residents have to complete). During this time residents participate in a primary care basic skills curriculum and have exposure to outpatient primary care in a variety of settings including geriatrics, adolescent health, homeless health care and their own continuity clinic. The major research project is initiated in the PGY1 year through meetings with the Director and Associate Director of Primary Care to determine area of focus, identify a mentor and begin planning stages.
PGY2
In the PGY2 year, residents have 10 additional weeks of ambulatory primary care (in addition to the standard eight weeks of ambulatory care all residents have to complete). During these blocks, residents rotate through specialty clinics, including the diabetes and endocrine, pulmonary, rheumatology, dermatology, rehabilitation medicine, and neurology. Additionally, residents begin to develop a patient continuity panel through the Mount Sinai Visiting Doctors Program or the Chelsea Village House Call Program. Early in the year, residents meet with the directors of the PCRP to select their research mentor and begin work on their major research project. Epidemiology, biostatics, advocacy, teaching, communication and leadership skills are emphasized in the PGY2 curriculum.

PGY3
PGY3 residents have 12 additional weeks of ambulatory primary care (in addition to the standard eight weeks of ambulatory care all residents have to complete). During their extra outpatient blocks, Primary Care residents have the opportunity to repeat any of our specialty clinics and have protected time to complete their major research projects. Residents also have expanded teaching responsibilities at this time. In addition, they focus their training on health policy and public health, palliative care, and billing and practice management. The PGY3 year’s main emphasis is on completion of the longitudinal project and presentation at general internal medicine grand rounds, as well as at regional and national meetings of the Society of General Internal Medicine.

Program Leadership
Linda DeCherrie, MD  Lauren Peccoralo MD, MPH
PCRP Program Director  PCRP Associate Program Director

“My goal is to develop skills that will not only help me to diagnose and manage illness but also become comfortable with the difficult conversations regarding their disease.”

— Katie Wang, PGY1

Katie earned her medical degree from Case Western. She has participated as a Fellow in the AMSA-VITAS End of Life Education Program. She is also a talented baker and chef.
INTERNAL MEDICINE RESIDENCY PROGRAM TRACKS - Research Track

The Department of Medicine recognizes that the internist of the 21st century will need to translate rapid advances in basic sciences into compassionate patient care. To this end, academic physician-scientists will be required to lead this ongoing integration by providing clinical insight into basic science research, and by teaching the internists of the future. To complement their formal education, developing academic physician-scientists need post-graduate training both in the clinic and the laboratory. To meet the special needs of these physician-scientists, the Mount Sinai Medical Center has established the Research Residency Program.

This comprehensive, flexible and integrated program is designed for physicians who are committed to basic or translational research academic careers. The six or seven year program merges the traditional clinical training of the internist with the research training of the basic scientist. Internship, residency and fellowship training in Internal Medicine and its subspecialties are combined and integrated with post-doctoral fellowship laboratory training. Faculty guidance is provided immediately upon entry into the program. Stipends for research training are provided. The result is a personally tailored, integrated training program that takes advantage of the strong clinical tradition in the Department of Medicine and the strength of the basic science programs in the Department and other established research programs at Mount Sinai.
All Residents accepted into the Research Residency Program become life-long Fellows of the Solomon Berson Society, a specifically developed forum for physician-scientists in the Department of Medicine. The clinical training will satisfy the eligibility requirements for the American Board of Internal Medicine (ABIM) and for the subspecialty boards. These requirements are in the Research Residency of the American Board of Internal Medicine. The research training can be completed in any appropriate basic research laboratory in Mount Sinai.

Candidates with exceptionally strong basic science research credentials or graduates of MD-PhD and MD- MPH programs are encouraged to apply.

Program Leadership
Alice Levine MD

INTERNAL MEDICINE RESIDENCY PROGRAM TRACKS - Medical Genetics Track

The completion of sequencing of the human genome has led to rapid advances in Internal Medicine in both research and patient care. However, a genuine shortage of Internists trained in genetics threatens to slow the pace of translation of scientific progress to the bedside. In an attempt to overcome this barrier to progress, the Departments of Medicine and Medical Genetics offer an innovative American Board of Internal Medicine-approved five-year residency program that integrates the needs of traditional Internal Medicine training with comprehensive training in Medical Genetics.
A comprehensive clinical, educational, and research program in human and medical genetics has been in existence at Mount Sinai School of Medicine for more than 40 years. Our extraordinary growth over this time has allowed us to offer:

- General genetic services as well as specialty programs in metabolic disease, congenital anomalies, cardiovascular genetics, and cancer genetics;

- Comprehensive genetic testing services available through biochemical, cytogenetic, and molecular laboratories;

- Basic and clinical research supported by more than $15 million in research grants and involving the efforts of more than 100 faculty and staff members.

We have designed these innovative programs to prepare the next generation of geneticists to meet the challenges resulting from the delineation of the molecular basis of inherited and common disorders. Our residents will be uniquely qualified to apply the diagnostic and therapeutic advances developed in laboratories across the nation, including molecular diagnosis, gene therapy, and gene product replacement therapy.

Residents have multiple opportunities to teach medical students during their rotations. Above, Dr. Kim Fischer is hearing from her medical students about a patient’s family history.
The combined track is designed for two distinct categories of candidates. First, the clinical exposure to both disciplines are designed for the career development of leaders in clinical genetics and genomics who can translate rapid scientific developments in both the increasing numbers of patients with monogenic disorders who now survive to adulthood due to improved treatment options and consultation for other internists or primary care for patients with complex genetic disorders as we begin to decipher specific genetic contributions for many chronic diseases in the genomic area.

Second, for MD-PhD students who wish to develop careers in translational or clinical research programs in any area impacted by the rapid pace of genetic discovery, this residency program may obviate the need for further subspecialty training. Many unique opportunities exist for research experiences in areas of genomic medicine including oncology, diabetes, heart disease, and many others. All Residents accepted into the Internal Medicine/Medical Genetics Combined Residency Program become life-long Fellows of the Solomon Berson Society, a specifically developed forum for physician-scientists in the Department of Medicine.

Following completion of this program, candidates will be board eligible for both Internal Medicine and Medical Genetics.

**Program Leadership**

George Diaz MD  
*Pediatrics and Genetics*

Goutham Narla MD, PhD  
*Medicine and Genetics*
INTERNAL MEDICINE RESIDENCY PROGRAM TRACKS – Healthcare Leadership Track

Modern Internists have a plethora of practice options, many of which focus on the inpatient setting. To help our residents gain the knowledge essential for success in a changing healthcare environment we have developed the Healthcare Leadership Track. This track builds on the notion that the Mount Sinai Internal Medicine residency is training the leaders of tomorrow by focusing on those skills that are essential in leading change in the hospital itself.

The track is comprised of three interrelated elective blocks during the 2nd and 3rd years of residency combined with longitudinal quality improvement research projects. Block One focuses on quality improvement and patient safety. Block Two emphasizes teaching and leadership skills. The final block spotlights the business of medicine. Each block combines didactics and clinical exercises to teach the principles of each highlighted topic. The faculty includes leaders from across the institution.

The ideal resident for the Healthcare Leadership Track is someone who will go on to a career primarily within the hospital, whether as a hospitalist or other subspecialist, and who desires to lead change in the hospital of tomorrow.

Program Leadership
Brian Markoff, MD and Andrew Dunn, MD
Division of Hospital Medicine
INTERNAL MEDICINE RESIDENCY
PROGRAM TRACKS—Global Health Track

Mission and philosophy: In our commitment to expanding access to health care, investing in medical training, and partnering in research worldwide, the Mt. Sinai Global Health Residency Track (GHRT) provides Mt. Sinai Medicine and Medicine-Pediatrics residents with resources to pursue global health work during their PGY2 and PGY3 years which encompasses the delivery of medical services, participation in medical education, and research in resource-limited settings.

Program requirements:
- Must be a PGY1 at the time of application
- Must spend a minimum of six weeks at the resource-limited site.
- Prior global health experience is not required though preference is given to those who have demonstrated

Program Leadership
Jennifer Jao, MD

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“I see the role of physician as being a public servant to serve and advocate for people’s health both locally and on an international scale.”

—Sumeet Mitter, PGY2 Global Health Track

Sumeet earned his MD from the David Geffen School of Medicine at UCLA. He completed a Fogarty International Clinical Research Fellowship in Fortaleza, Brazil. His hobbies include mathematical modeling and foreign cinema.

“I see a clear picture for me as an academic physician: a life where I can conduct research on the disease I treat and educate future generations of doctors.”

—Chris Hogan, PGY2 Healthcare Leadership Track

Chris graduated from the University of Rochester Medical School where he coached in a soccer league for urban, underprivileged children. Chris enjoys surfing, music and photography.

“My ultimate goals as a physician scientist are to translate fundamental scientific questions from DNA and cells to clinical and therapeutic approaches.”

—Noura Abul-Husn, PGY3 Medical Genetics Track

Noura graduated from Mount Sinai School of Medicine as an MD, PhD. She conducted research in opiates and their effects on the nervous system. Of note, Noura is fluent in French, Arabic, and Italian.
Clinical Rotations

Mount Sinai Hospital
The Mount Sinai Hospital and the Mount Sinai School of Medicine (MSSM) together comprise the Mount Sinai Medical Center, one of the most renowned institutions of its kind in the world.

Founded in 1852, the Mount Sinai Hospital is a 1,171-bed urban hospital known internationally for delivering the most sophisticated and advanced medical care available. The Mount Sinai Hospital delivers primary and secondary care to local residents as well as tertiary care to patients referred from around the world. Located on the borders of East Harlem, one of the poorest communities in the nation, and the Upper East Side, one of the wealthiest, Mount Sinai attracts a highly diverse patient population.

The medical inpatient services at The Mount Sinai Hospital are divided into two geographically organized General Medicine Services and three Subspecialty Services (Cardiology, Hematology/Oncology, and Hepatology). The General Medicine Services comprise three geographic floors and encompass a wide variety of patients including a mixture of general medicine, geriatricians and HIV patients. While on the General Medicine Service, interns and residents will participate in resident led rounds, hospitalist teaching rounds as well as interdisciplinary rounds with the social worker, case manager and nurse manager on the floor to assist in providing exceptional care to each and every patient. In addition, interns and residents participate in afternoon rounds with a guest teaching attending three days per week.
The Subspecialty Services are divided into Cardiology, Hematology/Oncology and Hepatology. Interns and residents on these services will have the opportunity to truly immerse themselves within one of these subspecialties. Interns and residents will participate in each of these subspecialty services throughout their training to provide them with a more broadened knowledge base and well rounded exposure. The subspecialty services function as primary services rather than consultant services and afford the interns and residents the chance to work closely with an expert attending within the subspecialty and the ability to work closely with fellows. In addition, interns and residents will engage in attending led teaching rounds, dedicated subspecialty conferences, and didactics.

Elmhurst Hospital Center, Queens

Elmhurst Hospital Center is a 618 bed municipal hospital located in Queens. It maintains a tight affiliation with the Mount Sinai School of Medicine and many residents spend time at this facility. Elmhurst Hospital Center is located in the most ethnically diverse square mile in the world! There are over 100 translators on staff at Elmhurst for nearly 85 different languages. Because of this unique patient population, Elmhurst offers a very special opportunity to care for patients with diseases rarely seen in other hospitals in the United States. The hospital provides all levels of care to over one million residents of Western Queens. The emergency room and outpatient clinics are among the busiest in New York City.

Site Director
Joseph Lieber, MD
Division of Nephrology
The VA Medical Center in the Bronx is the oldest VA facility in New York City, celebrating over 75 years service to veterans. Today the James J. Peters VAMC has 311 hospital beds and 120 nursing home beds and operates several regional referral points including a Spinal Cord Injury Unit. This rotation experience offers its unique patient population for teaching particularly in the fields of psychiatry, physical medicine and rehabilitation, neurology, oncology, geriatrics, palliative and extended care.

Site Director
Steve Liao, MD
Division of Cardiology

Ambulatory Medicine

Quality ambulatory care training is a critical part of our program. Our ambulatory training program is housed in the Center for Advanced Medicine, a new, state-of-the-art facility located between Madison and Fifth Avenue that offers our residents an excellent setting to conduct their continuity of care practices. Faculty practices are completely integrated with the resident practices, and the housestaff work side by side with their preceptors. We now have 64 general internists who serve as role models and mentors for our residents.
Each resident spends one half day per week in their continuity practice and two months in an ambulatory block rotation each year. This experience allows for an intensification of their continuity of care practice as well as focused learning of the special skills needed for competency in outpatient medicine including Orthopaedics, Rheumatology, Psychology, Women’s Health, Cultural Competency, Nutrition and Evidence-Based Medicine. A structured curriculum of outpatient noon conferences is delivered during the ambulatory blocks as half day teaching sessions on fundamental aspects of ambulatory care. Each resident also spends a full month during the PGY2 year working with the Visiting Doctors Program making house calls in New York City.

The resident continuity practices are organized in a “firm based system.” The firms offer 24-hour telephone coverage as well as emergency coverage by residents for their firm’s patients. The electronic medical record used in the clinic is the same system used during inpatient care, making it easy to track a patient’s course throughout their hospitalization. Our outpatient experience allows each resident to manage their own patients throughout their three years of training with a consistent preceptor providing tailored feedback and monitoring their development through their residency.

**Site Director**  
Sonia Dayal, MD  
*Division of General Internal Medicine*
Unique Curriculum

Advancing Idealism in Medicine (AIM)

The Advancing Idealism in Medicine (AIM) program was initiated several years ago by the internal medicine house staff. The program seeks to support and advance idealism in medicine during the demanding years of residency training. AIM enables residents to reframe how they perceive their patients, their profession, and themselves. The goals of the program are accomplished through the following activities:

- An outstanding AIM Lecture Series incorporated into Medical Grand Rounds, in which invited leaders in health care inspire and educate residents on issues such as health policy, advocacy, human rights and global health care;
- A monthly AIM Luncheon Discussion, which exposes resident physicians to issues directly related to the humanistic aspects of the care they provide. Issues covered include death and dying, religion and medicine, global health, job burnout, work-life balance, environmental health and the physician’s role as advocate for health as a human right;
- Advocacy Opportunities, in which residents are encouraged to use their voice to promote humanism in medicine both within the hospital and outside for other communities in need;
- Local Community Projects in which residents have the opportunity to provide health education to underserved communities in New York City, in close collaboration with community organization.
Quality Improvement

The ever changing landscape in American health care requires that we train future leaders who have a firm foundation in the concepts of quality improvement and patient safety. Housestaff officers are exposed to the following throughout their training:

- Monthly conferences highlighting medical errors where errors are discussed openly and without blame while performing a root cause analysis.
- Quality improvement and patient safety projects are actively encouraged and mentored in weekly house staff quality committees. Grant funding is available for quality related research projects.
- Housestaff officers are provided with the same objective outcome and operational metrics as our attending staff each month, such as mortality and readmission rates, or length of stay.

Evidence Based Medicine

Our training program recognizes that a solid understanding of the medical evidence is crucial to the practice of medicine, and we emphasize evidence-based medicine (EBM) throughout the training program. The multiple components of our EBM curriculum are woven into the overall residency to optimize learning and retention. The EBM curriculum emphasizes skills in critical appraisal, filtered resource utilization, and evidence summary and includes small-group journal clubs for interns and residents during outpatient rotations, half-day EBM seminars for residents, special seminars in cost-effectiveness and cost-effectiveness analysis, and incorporation of EBM skills into inpatient morning report with daily presentation and critique of relevant articles.
Career Development
RESEARCH OPPORTUNITIES

Under the direction of clinical and basic science directors of research, research opportunities abound at the Medical Center. Residents are required to participate in scholarly activity with a faculty member during the course of their residency. The Department of Medicine ranks in the top 20 of NIH-funded academic medicine departments. A new state-of-the-art core facility in genomic and proteomic medicine has facilitated the development of a broad Personalized Medicine program that crosses all subspecialties and is centered in the Department of Medicine. Starting in internship, a mentorship committee, distinct from a housestaff advisory committee that gives feedback to each resident, provides direct mentorship for each trainee to match research opportunities with career goals. Each mentor advises a maximum of three residents, affording the development of closely individualized projects and career development. A directory of research opportunities is published annually by the Mount Sinai School of Medicine with specific references to the research projects that welcome house staff as participants. Research opportunities are also available in areas closely linked to primary care such as outcomes and quality of care research. The Departments of Community and Preventive Medicine and Health Policy encourage resident participation. Housestaff research efforts culminate in a Department of Medicine Research Day each spring at the nearby New York Academy of Medicine. This day allows for presentation of residents research in poster and oral presentation in clinical medicine formats. A guest speaker is chosen each year to demonstrate the evolving role of translational science.

CLINICAL ELECTIVES

The elective months are an important part to the resident’s training. Not only can they help enrich the general medical training but they can help residents gain insight on possible future careers. The Department of Medicine offers electives in Cardiology, Hematology/Oncology, Gastroenterology, Hepatology, General Internal Medicine, Medical Informatics, Endocrinology/Metabolism, Clinical Immunology, Geriatrics, Infectious Disease, Nephrology, Rheumatology, Rheumatology/Geriatrics, and Pulmonary Medicine/Critical Care. Residents can choose either inpatient consult electives or outpatient electives. Residents may also elect to do clinical rotations away from Mount Sinai Hospital, Elmhurst Hospital, or the Bronx Veterans Administration to gain experience outside of the known medical centers.
CAREER MENTORING

Upon arrival, each intern is assigned an advisor within the program to provide biannual feedback including review of evaluations, career development, and mentoring. This person serves as a mentor for your professional development throughout your three years at Mount Sinai. Preliminary interns are also assigned to one of the four chief medical residents to serve the same purpose. Regular seminars for residents regarding fellowships as well as making career decisions are also held.

FELLOWSHIP AND BEYOND

A large majority of our residents successfully compete for the most prestigious fellowship positions. For the residents choosing to remain in primary care, we make special efforts to find general medicine fellowships for those wishing to gain further expertise or pursue careers in academic medicine.

Additionally, the Department of Medicine continues to work with its residents beyond their period of training, assisting them with career decisions after residency.
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<td>Naymagon, Steven</td>
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Our Residents
The residents at the Mount Sinai Internal Medicine Program are truly what makes the program shine. Our residents come from all over, representing many of the best medical schools throughout the United States. Prior to residency, many have already become leaders in biotechnology, translational research, genomics, primary care and public and global health.

Our most recent match included students that distinguished themselves in many impressive ways such as:

- **An MD/PhD from Cornell and Rockefeller University who has developed and now leads the training and management systems for a new generation of community health workers in rural Africa as part of the Earth Institute Millennium Villages project.**
- **An MD/MBA from Cornell who created a small pharmaceutical start up to organize a clinical trial on a drug to prevent diabetic retinopathy.**
- **An MD from Columbia who served as Assistant producer and researcher for Dr. Mehmet Oz's radio.**
- **An MD from UNC Chapel Hill with the exceptional interest in serving underserved communities and a commitment to volunteerism including America Reads Counts Tutor and Nigerian Organization NUSA.**
- **An MD/PhD from NYU who wrote a doctoral thesis focused on V(D)J recombination, a process important in T and B cell antigen diversity which has implications for the study of molecular immunology in the GI tract.**

The Internal Medicine Residency Program at Mount Sinai is designed to foster a team approach to patient care and learning. An essential component of that is creating an environment of friendship, camaraderie and well-being among residents and between residents and faculty.

While the demands of residency can be intense at times, residents are always pleasantly surprised to discover that life does not need to stop during their training. There is ample opportunity to balance work and play. Throughout the year there are numerous social activities for house staff, as well as their spouses, family and friends. These include attending New York Yankees games, Knicks games, karaoke and bowling nights and the Annual House Staff Follies. In addition, there is an annual mixed tape competition for music lovers and “Switch” Parties almost every block.
CHIEF RESIDENTS

Four residents are chosen annually to stay an additional year as Chief Residents. On a rotational basis, two of the Chiefs are always present at Mount Sinai Hospital, one at the Bronx VA Medical Center, and one at Elmhurst Hospital. These Chief Residents work closely with the Chairman and the Vice Chairs of the Department of Medicine and provide leadership throughout the Residency Training Program. They are the liaison between the day-to-day workings of the house officers, the administration of the Department, and the various hospitals. They have significant teaching responsibilities and are expected to be future leaders in Medicine.

HOUSESTAFF COUNCIL

The Department of Medicine Housestaff Council is a peer-elected body composed of house officers that serve as advocates for the residents. The council meets on a monthly basis to discuss resident-related issues regarding work environment, education and morale. The Housestaff Council collaborates with the Program Directors, the Administration and Chief Residents on numerous projects throughout the year. In addition, the Housestaff Council assists and organizes social events including happy hours, the intern party bus and orientation events for incoming residents.

The Department of Medicine Housestaff Council sends representatives to the inter-departmental housestaff council to discuss hospital-wide concerns.
RESIDENCY DIVERSITY

The Mount Sinai Medical Center is located on the border of East Harlem, a community that has historically drawn new immigrants to New York City, thereby creating a highly diverse population. The majority of East Harlem residents today belong to ethnic or racial groups that have traditionally been underrepresented in medicine. We want our physicians who provide exceptional care to that community also reflect its diversity.

Training future leaders to address racial and ethnic disparities within medicine expands Mount Sinai’s and the department’s talent pool and helps improve healthcare access, quality of care, and health policy for underserved communities. To accomplish our goals, and acknowledging the fundamental right to equal opportunity, we need to attract those who historically have had difficulty entering the medical professions.

The Department of Medicine’s aggressive agenda for diversity goes beyond recruitment. Programmatic innovations focus on enhancing professional experiences and growth for our faculty and house staff members from underrepresented minorities. Research opportunities are available to address health care disparities, public policy, and issues in cultural competencies. Mount Sinai’s Center for Multicultural and Community Affairs provides extensive resources to help take the next steps in career development after residencies are completed. For more information, please feel free to email Dr. Cardinale Smith (Cardinale.Smith@mountsinai.org) or Dr. Ramiro Jervis (Ramiro.Jervis@mountsinai.org).

WOMEN IN MEDICINE

The Samuel Bronfman Department of Medicine and the Internal Medicine Residency Program supports and mentors the advancement of women physicians-in-training with a goal to create future leaders in medicine. The WIM group meets on a monthly basis to discuss unique obstacles for woman in medicine particularly discussing family planning, career choices and balancing the two. Senior and Junior faculty are invited to come and share their career experiences. For more information, please feel free to email Dr. Deirdre Cocks-Eschler (Deirdre.Cocks-Eschler@mssm.edu) or Dr. Jennifer Rockfeld (Jennifer.Rockfeld@mssm.edu).
LGBT COMMUNITY
At Mount Sinai, we pride ourselves on having a diverse housestaff and faculty, including many members of the LGBT community. We wanted to offer you the chance to ask us any questions regarding LGBT life at Sinai that weren’t answered for you on your interview day. Below is a collection of housestaff and faculty who have volunteered to answer any and all questions for you. All communication will be kept confidential.

Residents:
(PGY1) Christopher.Woodrell@mountsinai.org
(PGY1) Benigno.Varela@mountsinai.org
(PGY2) Matthew.Whitson@mountsinai.org
(PGY3) Christopher.Huffman@mountsinai.org
(PGY3) Vinh-tung.Nguyen@mountsinai.org

Faculty:
David.Thomas@mountsinai.org
Eric.Barna@mountsinai.org
Brijen.Shah@mountsinai.org
Rosanne.Leipzig@mssm.edu
Reena.Karani@mssm.edu

NEW YORK CITY
As one of the most influential and iconic cities in the world, New York offers nearly anything that you can possibly imagine. Whether you are interested in the post-modern collections at the Museum of Modern Art, the newest Broadway hit, the latest fashion trend or the independent film industry, NYC boasts an array of culture every night. And for the inner foodie or indie rocker, the city bursts with a new crop of restaurants and musical acts on nearly a weekly basis. Each neighborhood offers a different flavor and feel and if you grow tired of Manhattan, the outer boroughs can provide a year’s worth of activities.

Mount Sinai’s location provides easy access to the theater, museums, music, restaurants, sporting events and other recreational activities for which New York is famous. Mount Sinai’s Recreation Office provides discounts and special offers for residents. The Medical Center is on the border of Central Park, which provides a quick escape into natural beauty for runs, walks, bike riding or just relaxing.
RESIDENT HOUSING

Mount Sinai owns several apartment buildings in the vicinity of the Medical Center, which are used for professional housing. Household size is a factor in determining housing assignments. Accommodations include furnished bedrooms in shared suites in the Residence Hall, as well as studios and on-and two-bedroom apartments. All are located in proximity to the Medical Center.

Incoming residents are eligible to apply for Mount Sinai housing. Housing offers are based on a Lottery System in which applications are divided into three (3) categories: Incoming Families, Incoming Couples and Incoming Singles. Each application will receive a randomly assigned number. Housing offers will begin with application #1 and will proceed down the list. In an effort to accommodate housing preferences, each applicant must indicate their Top Ten (10) housing choices.

Each applicant will receive a housing offer based on their randomly assigned lottery number and top ten choices.

Mount Sinai housing is in walking distance to the main medical center campus as well as amazing shopping on Madison Avenue, excellent restaurants and Central Park.
RESIDENT BENEFITS

Mount Sinai provides health coverage for house officers through Mount Sinai - United Healthcare Plus, and we make available choices of alternative health coverage through several other HMOs. Cost sharing is available if you desire family coverage.

**Additional benefits offered at Mount Sinai include:**

- Basic dental coverage, a prescription drug plan, and a vision plan at no cost to the house officer. Enhanced dental plans and family coverage available with a cost-sharing deductible
- Short- and long-term disability, workers’ compensation, life insurance, and accidental death and dismemberment insurance for our house officers
- Dependent care and tax sheltered annuity plans
- Residents are covered by Mount Sinai for malpractice at no cost to them.

In recognition of the heavy clinical demands on residents, vacations are considered an essential component of the schedule. Residents receive four weeks of vacation. While every effort is made to provide vacations that accommodate individual needs and preferences, time for vacation is scheduled based on the clinical needs of the department.

The department also supports resident travel to clinical and research meetings for the presentation of papers and research results carried out in conjunction with faculty. In addition, the department pays for each chief resident to attend either the Annual or Midwinter AAOMS Meeting. Stipend includes domestic coach air travel, meeting registration and per diem for expenses.

**Annual Salary**

PGY-1 – $51,604  PGY-3 – $57,325  
PGY-2 – $54,402  PGY-4 – $62,112 – Chief resident stipend included
How to Apply
All applications are accepted only through ERAS and the Department of Medicine offers all of its internal medicine residency positions through the NRMP.

Mount Sinai School of Medicine sponsors other internal medicine programs that are primarily based at hospitals other than The Mount Sinai Hospital. These programs should be applied to directly. You may apply to more than one program sponsored by Mount Sinai School of Medicine and this will not prejudice consideration of your application. The review of your application and the scheduling of interviews requires, at the minimum, your ERAS application, transcript, and Dean's letter. Additionally, we require a letter of recommendation from the Department of Medicine and letters from two faculty members. Please include a personal statement and curriculum vitae, in addition to the above, all through ERAS.
Mandatory Drug Testing
Consistent with Mount Sinai’s commitment to a safe and drug free environment for our patients and staff, all new employees, including house staff, are required to pass a drug-screening test prior to beginning employment. Accommodations will be made for those taking prescription drugs.

CONTACT INFORMATION:
If you have any questions regarding the application or interview process, please do not hesitate to contact us.

Email: residency@mssm.edu
Tel: 212-241-6609
One Gustave L. Levy Place
Box 1118
New York, NY 10029

You may also send written inquiries regarding the structure or contact our program director and chief residents for more details regarding the program.

Program Director:
Scott Lorin, MD
Vice Chair of Education
for the Samuel Bronfman Department of Medicine
scott.lorin@mssm.edu

Chief Residents:
Steve Berns MD
stephen.berns@mssm.edu
Deirdre Eschler MD
Deirdre.Cocks-Eschler@mssm.edu
Jen Rockfeld MD
Jennifer.Rockfeld@mssm.edu
Danny Zancheti MD
Daniel.Zanchetti@mssm.edu