INTERNAL MEDICINE RESIDENCY PROGRAM
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INTRODUCTION TO OUR PROGRAM
Dear Senior Medical Student:

Thank you for your interest in the Internal Medicine Residency Program at Mount Sinai School of Medicine. Our training program produces the highest quality physicians and physician-scientists by constructing a residency program that emphasizes intellectual curiosity, compassion and camaraderie. Our goal is to create doctors capable of both clinical excellence and academic leadership.

Physicians trained at Mount Sinai will not only have a solid clinical foundation, but will have the tools to thrive within the constantly evolving landscape of medicine. The days of one-size-fits-all training have passed. Divergent and wide-ranging career paths including outpatient primary care or specialty practice, hospital medicine, clinical and translational research, and global health, all require focused attention during training.

We have created numerous programs within our residency program to allow physicians-in-training to shape a learning experience tailored to their own individual career plans. In addition to our various tracks detailed in the Education Tracks section of this brochure, there are many opportunities through research, elective selection and other activities for residents to pursue their 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 the 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 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, all residents develop and complete a project during their training. We have multiple opportunities for basic, clinical research, education and quality-related research, along with policy and global health research for our residents. In addition, 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 upon which lifelong learning may take place. We know that our trainees will become excellent general internists regardless of their subsequent career plans.

If your personal and career 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.

Barbara Murphy, MD
Chair,
Samuel F. Bronfman
Department of Medicine
Salvatore Cilmi, MD
Director,
Internal Medicine Residency Program
WHY CHOOSE MOUNT SINAI
Why Choose Mount Sinai

Let’s face it – trying to decide where to spend your residency can be complicated and numerous factors play a role in that decision. But here at Mount Sinai, we offer a potent combination of a top-notch medical education, the opportunity to work with some of the world’s best clinicians and researchers, robust career development and mentoring all while being based in the greatest, most intellectually and culturally vibrant city in the world.

We encourage you to read in-depth about each of the following areas: our reputation, our location, the diversity of experience, our faculty, career development, our unique curriculum and diversity.

Reputation
Mount Sinai School of Medicine ranks in the top 20 of all accredited US Medical Schools, according to the latest US News & World Report’s annual survey on “America’s Best Graduate Schools.” We are also in the top 20 in NIH funding nationwide, according to the Blue Ridge Institute for Medical Research. This year, the Mount Sinai Medical Center made US News & World Report’s Honor Role as the #14 hospital in the United States. Divisions in Medicine with top-ten rankings include: Geriatrics (#2), Gastroenterology (#7), Cardiology (#10). These rankings exemplify our commitment to training the next generation of physicians and physician scientists.

Location, Location, Location
Mount Sinai is unique in that it is located at the crossroads of one of the richest areas in the United States and one of the poorest. This nexus allows for an amazingly diverse patient population that is both highly demanding and highly in need of medical services. And this affords you a unique opportunity for your training.

And of course, as a resident at Mount Sinai you will live in New York City, one of the greatest, most diverse and exciting cities in the world. Physically, our main campus is right next to Central Park which provides a quick escape into natural beauty for runs, walks, bike rides or just relaxation. Students can participate in all the cultural and recreational activities that New York City can offer: theater, museums, music, restaurants, and sporting events.
Diversity of Experience
With three main training locations, you will be exposed to a wide array of patients that most trainees don't see until later in their careers.

Mount Sinai Hospital: 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 provides 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.

Elmhurst Hospital Center: Elmhurst Hospital is a 618-bed municipal hospital located in Queens. It maintains a tight affiliation with Mount Sinai School of Medicine and all 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.

James J. Peters Veterans Administration Medical Center: The VA Medical Center in the Bronx is the oldest VA facility in New York City, celebrating over 75 years of service to those who have served our country. Today the VAMC has 311 hospital beds and 120 nursing home beds and operates several regional referral points including a Spinal Cord Injury Unit. The rotation experience at the VMAC offers its unique patient population for teaching particularly in the fields of psychiatry, physical medicine and rehabilitation, neurology, oncology, geriatrics and palliative and extended care.

Our Faculty
As a medicine resident at Mount Sinai, you will work with and be mentored by an amazing group of physicians. In the Department of Medicine, we have some of the leading clinicians, physician-scientists and researchers who will play an integral part in your development as a physician. The following is a sampling of the faculty you may work with and learn from in clinical and research settings:

Cardiology
Dr. Valentin Fuster is Professor and Chief of the Division of Cardiology, and Director of Mount Sinai Heart. He is an internationally renowned clinician and researcher. He is former president of the American Heart Association and the only cardiologist to receive all four major research awards from the four major cardiovascular organizations. He is the lead editor of two major cardiovascular text books, Hurst’s “The Heart” and “Atherothrombosis and Coronary Artery Disease”.

Dr. Jonathan Halperin is Professor of Medicine and Director of Clinical Cardiology Services. He was a principal researcher on the Stroke Prevention in Atrial Fibrillation (SPAF) clinical trials. He sits on national panels that issue clinical guidelines for management of patients with various cardiovascular diseases including atrial fibrillation and peripheral arterial disease.

Dr. Vivek Reddy is Professor of Medicine and Director of the Cardiac Arrhythmia Service. He is one of the nation’s leading cardioelectrophysiologists. He has performed cutting-edge research on treatment of arrhythmias including the seminal SMASH-VT trail and the first use of balloon cryoablation in atrial fibrillation.
Endocrinology, Diabetes and Bone Disease

Dr. Yaron Tomer is Professor and Chief of the Division of Endocrinology, Diabetes, and Bone Disease. He is an internationally known researcher who investigates the etiology of autoimmune thyroiditis and diabetes.

Dr. Ronald Tamler is Associate Professor of Medicine and Director of the Mount Sinai Diabetes Center. He is an expert in diabetes and develops case-based educational modules for residents on management of hyperglycemia.

Dr. Richard Haber is Professor of Medicine and is an expert in thyroid nodules and thyroid cancer. He conducts research investigating accuracy of fine needle aspiration and utility of neck ultrasound for pre-operative localization of parathyroid glands.

General Internal Medicine

Dr. Alex Federman is Associate Professor of Medicine and Chief of the Division of General Medicine. His research on financial and insurance-related barriers to healthcare for older adults has been published widely including journals such as JAMA, Health Affairs and Archives of Internal Medicine.

Dr. Deborah Korenstein is Associate Professor of Medicine. Her research focuses on evidence based medicine (EBM), overuse of health care and conflicts of interest. She serves on various national committees including the Society of General Internal Medicine EBM Task Force.

Geriatrics/Palliative Medicine

Dr. Albert Sui is Professor and Chair of the Department of Geriatrics and Palliative Medicine. Dr. Sui has conducts research on functional status and disability in aging. He also serves on the United States Preventive Services Task Force (USPSTF) and is a director of the Visiting Nurse Service of New York.

Dr. Rosanne Leipzig is Professor of Geriatrics and Palliative Medicine. She is a national leader in geriatric education and evidence-based medicine. She serves on the United States Preventive Services Task Force (USPSTF) and the National Board of Medical Examiners.

Dr. Diane Meier is Professor of Geriatrics and Palliative Medicine and one of the leaders in the field of Palliative Care. She is Director of the Center to Advance Palliative Care (CAPC), a national organization dedicated to increasing quality of palliative care services. She has received numerous awards including a MacArthur Fellowship and Alexander Richman Commemorative Award for Humanism in Medicine.

Gastroenterology

Dr. Bruce Sands is Professor and Chief of the Dr. Henry D. Janowitz Division of Gastroenterology. He is an expert in inflammatory bowel disease who was among the first to report the efficacy of infliximab in treating Crohn’s disease and ulcerative colitis.

Dr. Sharmila Anandasabapathy is Associate Professor of Medicine and Medical Director of Endoscopy Services. She is a leading researcher in endoscopic imaging and treatments, such as mucosal resections. Her work investigates early diagnosis and treatment of esophageal and other gastrointestinal cancers.
Hematology/Oncology

**Dr. William Oh** is Professor and Chief of Division of Hematology and Medical Oncology. He is a leader in prostate cancer research, serving as principal investigator on multiple clinical trials and developing more accurate methods of screening for prostate cancer.

**Dr. Janice Gabrilove** is Professor of Medicine and has conducted pioneering research in hematopoietic growth factors that initially isolated and characterized granulocyte colony stimulating factor (G-CSF).

**Dr. Robert Maki** is Professor of Medicine and is a renowned sarcoma researcher who is developing novel targeted therapies for this diverse group of cancers.

Hepatology

**Dr. Scott Friedman** is Professor and Chief of the Division of Liver Diseases (the largest free-standing Hepatology division in the nation), as well as Dean for Therapeutic Discovery. Dr. Friedman performed pioneering research that first isolated hepatic stellate cells which are key for scar production in liver. He is former president of the American Association for the Study of Liver Diseases (AASLD).

**Dr. Douglas Dieterich** is Professor of Medicine and is a major investigator of new antiviral treatments for chronic hepatitis B & C.

Infectious Diseases

**Dr. Shirish Huprikar** is Associate Professor of Medicine and an expert in transplant infectious diseases, serving as Director of Mount Sinai’s Transplant Infectious Disease Program.

Nephrology

**Dr. Barbara Murphy** is Chair of the Department of Medicine, Professor of Medicine and Chief of the Division of Nephrology. She is internationally known for her work in transplant immunology. Her research has focused on the role of genomics in determining outcomes in transplantation. She is a former president of the American Society of Transplantation and was named Nephrologist of the Year by the American Kidney Fund in 2011.

**Dr. Michael Ross** is Associate Professor of Medicine who conducts research into the pathophysiology of HIV-associated nephropathy.

Pulmonology

**Dr. Charles A. Powell** is Professor and Chief of the Pulmonary, Critical Care, and Sleep Medicine Division. He is a leader in translational research in lung cancer, investigating the effect of molecular and genetic profiles on cancer development and prognosis.

**Dr. Maria Padilla** is Professor of Medicine. She is an expert in Interstitial Lung Disease (ILD) serving on multiple national committees including the ILD Network of the American College of Chest Physicians. Her research investigates fibrogenesis and new treatment strategies for ILD.

**Dr. Juan Wisnivesky** is a Professor of Medicine and a pulmonologist whose research in asthma, COPD and cancer outcomes has been featured in journals such as Archives of Internal Medicine, BMJ, and Lancet.
**Rheumatology**

Dr. Yousaf Ali is an Associate Professor and Acting Division Chief of Rheumatology. He has received numerous teaching awards including the prestigious Beckwith Family Award. He conducts clinical research in Rheumatoid Arthritis.

Dr. Leslie Kerr is Associate Professor of Medicine and an expert in geriatric rheumatology. She has conducted research of tumor necrosis factor inhibitors in the treatment of psoriatic arthritis.

**Career Development**

At Mount Sinai, we provide a well-rounded and comprehensive training program that encompasses all aspects of academic medicine. We consider it a point of pride that so many of our residents have not only published major papers by the time they leave us, but that so many end up in prestigious fellowship programs throughout the country and around the world.

**Research Opportunities:** Under the direction of clinical and basic science research directors, research opportunities abound at Mount Sinai. Residents are required to participate in scholarly activities with a faculty member during the course of their training. The Department of Medicine ranks in the top 20 of NIH-funded academic medicine departments. A 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 committee provides direct mentorship for each trainee to match research opportunities with their interests. Each mentor advises a small number of students which allows for highly individualized career planning and guidance. A directory of research opportunities is published annually by Mount Sinai School of Medicine with specific references to the research projects that welcome housestaff as participants. Research opportunities are also available in areas closely linked to primary care such as outcomes and quality of care research. Housestaff research efforts culmi-
nate in a Department of Medicine Research Day each spring at the nearby New York Academy of Medicine. The day allows for the presentation of residents’ research in poster and oral 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 of the resident’s training. Not only can they help enrich the general medical education, but they can help residents gain insight into possible future careers. The Department of Medicine offers electives in Cardiology, Hematology/Oncology, Gastroenterology, Hepatology, General Internal Medicine, Medical Informatics, Rheumatology, Geriatrics and Pulmonary Medicine/Critical Care. Residents can choose either inpatient consult electives or outpatient electives. Residents may also choose to do clinical rotations away from Mount Sinai Hospital, Elmhurst Hospital or the Bronx VA 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 and career development. 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. Seminars for residents regarding fellowships as well as making career decisions are held regularly.

**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.
Unique Curriculum
As a member of Mount Sinai’s Internal Medicine Residency Program, you will have the chance to take part in unique medical curricula which will further enhance your education. We have three main programs that are woven into your day-to-day training – Advancing Idealism in Medicine, Quality Improvement and Evidence Based Medicine

Advancing Idealism in Medicine: The Advancing Idealism in Medicine (AIM) program was initiated several years ago by the internal medicine housestaff. 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 AIM Lecture Series incorporated into Medical Grand Rounds at 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 organizations.

**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:

- A monthly conference to highlight medical errors and discuss them openly and without blame while performing a root cause analysis;
- Quality improvement and patient safety projects that are actively encouraged and mentored in the housestaff quality committee. 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, length of stay or readmission rates.

**Evidence Based Medicine:** Our training program emphasizes evidence-based medicine (EBM). 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. It includes small group journal clubs for interns and residents during outpatient rotations, half-day EBM seminars for residents, small seminars in cost-effectiveness analysis and incorporation of EBM skills into inpatient morning report with daily presentation and critique of relevant articles.
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 to 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 housestaff 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 underrepresented minorities take the next steps in career development after their residencies are completed.

For more information, please email Dr. Kirk Campbell (kirk.campbell@mssm.edu), the Department of Medicine’s Residency Diversity Coordinator.

Women in Medicine: The Department of Medicine and Internal Medicine Residency Program supports and mentors the advancement of women physicians-in-training. The WIM group meets to discuss unique obstacles for women in medicine, focusing in particular on family planning, career choices and the ever-elusive work/home balance. Senior and junior faculty are invited to share their career experiences and provide mentorship for trainees. For more information, please email Dr. Maya Barghash (maya.barghash@mountsinai.org) or Dr. Uma Ayyala (uma.ayyala@mountsinai.org).

LGBT: At Mount Sinai we pride ourselves on having a diverse housestaff and faculty, including members of the LGBT community. We want to provide applicants the chance to ask questions about LGBT life at Mount Sinai that might not have been answered for you on your interview day. Below is a list of both housestaff and faculty who are available to answer any and all questions for you. All communications are kept confidential.

Residents:
(PGY1) Thomas.Marron@mountsinai.org
(PGY2) Benigno.Varela@mountsinai.org
(PGY3) Matthew.Whitson@mountsinai.org

Faculty:
David.Thomas@mountsinai.org
Eric.Barna@mountsinai.org
Brijen.Shah@mountsinai.org
Rosanne.Leipzig@mssm.edu
Reena.Karani@mssm.edu
EDUCATION TRACKS
The Samuel F. Bronfman Department of Medicine’s residency training program focuses on the clinical skills, knowledge, leadership and humanistic qualities of the Internist.

There is an abundant amount of formal instruction throughout our training program. This includes an emphasis on developing each resident’s teaching and leadership skills. All inpatient and outpatient rotations have daily educational activities in various formats. Noon Conference takes place three days a week and provides a didactic program that covers all of the major topics of Internal Medicine. Morning report takes place on a daily basis with the Internal Medicine Program Director which is a venue where residents are challenged on general case management and the evidence that supports clinical decision making. Medical Grand Rounds is a weekly conference that addresses major current issues in translational science, current medical practices, ethics, or education. Speakers are selected from the Mount Sinai faculty as well as external visiting professorships.

A weekly intern report allows interns to hone their presentation and differential diagnosis skills and review the literature on selected topics. Resident report focuses on subspecialty case presentations to faculty selected by the residents. Several additional conferences add to the educational environment. Peripheral blood smear rounds with Dr. Barry Coller, former Chairman of Medicine and Vice President of Medical Affairs at Rockefeller University and cardiac bedside rounds with Dr. Valentin Fuster, chairman of Mount Sinai Heart, are conducted every two weeks.

Mount Sinai housestaff spend a significant part of their training in the outpatient setting at Internal Medicine Associates (IMA), a diverse, high volume outpatient primary care clinic that draws its patients from both East Harlem and the Upper East Side. Each resident has a panel of patients that he or she follows throughout residency with an assigned faculty preceptor to allow for continuity of care. During outpatient rotations, residents are exposed to multiple facets of outpatient internal medicine care through participation in specialty clinics including gynecology, musculoskeletal, psychiatric evaluation, diabetes, and pre-operative assessment. Additionally, residents rotate through Mount Sinai’s Visiting Doctors Program, one of the largest in the country, conducting home visits throughout Manhattan. While on outpatient blocks, residents have an ambulatory noon conference that focuses on core outpatient topics.

**CATEGORICAL RESIDENCY**

The Categorical Residency is a three-year program leading ultimately to board certification in Internal Medicine. The practice of clinical excellence while utilizing the scientific thought process is the central theme of our categorical curriculum. An evidence-based approach is emphasized both in the inpatient and ambulatory care setting.

Through research projects, mentorship and extracurricular activities related to two elective tracks, global health and hospital leadership, participants in the Categorical Residency have many opportunities to pursue interests directly related to their specific career plans. The program challenges each resident with progressively increasing responsibility in a setting characterized by close faculty mentoring.

**As a PGY1**

Each PGY1 spends several rotations on the inpatient wards at The Mount Sinai Hospital. The inpatient services encompass patients with digestive, liver, cardiac and complex pulmonary diseases, HIV, and hematologic and oncologic conditions, as well as patients from general medicine and geriatrics. Thus, in addition to learning general medicine,
Each inpatient rotation has specialized themes that present more intensive learning opportunities.

PGY1s also spend one block in the CCU at The Mount Sinai Hospital and one block in the Emergency Department. 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 faculty members trained in emergency medicine. Many of the patients seen during this time are referred back to the PGY1s own clinic for continuity of care. This allows the PGY1 to build his or her own practice rapidly.

Each PGY1 also 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. At the Bronx VA, PGY1s rotate on the inpatient General Medicine Service.

All PGY1s complete two outpatient rotations. Each rotation is four weeks long and is based in the continuity of care practice in the Center for Advanced Medicine at The Mount Sinai Hospital. In addition, all PGY1s are assigned one block of elective time and four weeks of vacation.

<table>
<thead>
<tr>
<th>PGY1 BLOCKS</th>
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</thead>
<tbody>
<tr>
<td>Ward Blocks</td>
<td>6-7</td>
</tr>
<tr>
<td>ICU</td>
<td>1</td>
</tr>
<tr>
<td>Outpatient</td>
<td>2</td>
</tr>
<tr>
<td>Vacation</td>
<td>1</td>
</tr>
<tr>
<td>Elective</td>
<td>1</td>
</tr>
<tr>
<td>Night Med</td>
<td>1-1.5</td>
</tr>
<tr>
<td>ER</td>
<td>1</td>
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</tbody>
</table>

As a PGY2

The PGY2 represents a major transition for the house officer. During this year, the PGY2 takes greater responsibility for patient care and team supervision. The residents rotate through the Medical Intensive Care Unit; two blocks in the outpatient rotation; two blocks on the inpatient floors at The Mount Sinai Hospital and inpatient ward time at Elmhurst and the Bronx VA.

"Knowing that the people with whom I work every day are just as invested and hard-working as me make me want to be a better person and physician." — John Savino, MD, PGY3
During ward blocks, the PGY2 serves as team leader in a supportive setting. They have two elective blocks and four weeks of vacation. One of the outpatient blocks is spent going on home visits as part of the popular and rewarding Mount Sinai Visiting Doctors Program, the nation’s largest academic home visit program.

A typical PGY2 schedule is as follows:

<table>
<thead>
<tr>
<th>PGY2</th>
<th>BLOCKS</th>
</tr>
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<tbody>
<tr>
<td>Ward Blocks</td>
<td>4-5</td>
</tr>
<tr>
<td>ICU</td>
<td>2-3</td>
</tr>
<tr>
<td>Outpatient</td>
<td>2</td>
</tr>
<tr>
<td>Vacation</td>
<td>1</td>
</tr>
<tr>
<td>Elective</td>
<td>2</td>
</tr>
<tr>
<td>Night Medicine</td>
<td>1</td>
</tr>
</tbody>
</table>

As a PGY3

The PGY3 year is intended to further develop leadership skills and extend the resident’s knowledge base, complete research projects, and focus on future career plans. Residents spend one or two rotations on the inpatient wards at The Mount Sinai Hospital. In addition, they have a block each in the CCU, and as the Medical Consultant and as the Medical Admitting Resident. They spend time at the Elmhurst Hospital Center and the Bronx VA as senior resident supervisors. They have two outpatient care rotations, three elective rotations and four weeks of vacation.

A typical PGY3 schedule is as follows:

<table>
<thead>
<tr>
<th>PGY3</th>
<th>BLOCKS</th>
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<tbody>
<tr>
<td>Ward Blocks</td>
<td>3</td>
</tr>
<tr>
<td>ICU</td>
<td>1</td>
</tr>
<tr>
<td>Outpatient</td>
<td>2</td>
</tr>
<tr>
<td>Vacation</td>
<td>1</td>
</tr>
<tr>
<td>Elective</td>
<td>3</td>
</tr>
<tr>
<td>Medical Consult</td>
<td>1</td>
</tr>
<tr>
<td>Medical Attending</td>
<td>1</td>
</tr>
</tbody>
</table>

CATEGORICAL RESIDENCY – HEALTHCARE LEADERSHIP TRACK

The Healthcare Leadership Track is designed for residents interested in becoming leaders in inpatient medicine as critical care attendings, hospitalists, cardiologists, ID/HIV attendings, geriatricians, or other subspecialists.

Due to increasing clinical distinctions and financial pressures, hospitals require physician leaders who have both clinical expertise and skills in improving hospital systems and processes. In response to these demands, many internists are now focusing their careers on inpatient activities.

This is one of the few programs in the country that offers internal medicine residents the opportunity to gain the skills and experience in:

- quality improvement and patient safety
- hospital leadership
- the business of medicine
- hospital efficiency and utilization management.

The curriculum is integrated into the elective blocks of the 2nd and 3rd year of the Internal Medicine Residency and will consist of a mix of didactics, clinical experiences, and direct involvement in hospital processes.

All residents will develop and complete a longitudinal, mentored hospital leadership research project.

Applicants interested in the Healthcare Leadership Track should apply to the Categorical Residency. Once enrolled at Mount Sinai, residents are encouraged to speak with Brian Markoff, MD or Andrew Dunn, MD, about entering this program. Interested applicants should make note of their interest on the application, so appropriate interviews can be arranged.

Brian Markoff, MD
Director, Healthcare Leadership Residency Track
As part of our commitment to expanding access to health care, investing in medical training and partnering in research worldwide, Mount Sinai offers a Global Health Track. Our three most popular sites that we are sending trainees to are Cameroon, Bangladesh, and Kenya although other training areas are available. The program allows for Mount Sinai Medicine and Med-Peds residents with resources to pursue global health work during their PGY2 and PGY3 years. The curriculum focuses on the delivery of medical services, participation in medical education and research in resource-limited settings.

**Program requirements are as follows:**
- Must be a PGY1 at the time of application
- Must spend a minimum of six weeks at a resource-limited site
- Prior global health experience is not required although preference is given to those who have demonstrated a commitment to this area of medicine.

Applicants interested in the Global Health Track should apply to the Categorical Residency. Once enrolled at Mount Sinai, residents are encouraged to speak with Jennifer Jao, MD about entering this program. Interested applicants should make note of their interest on the application, so appropriate interviews can be arranged.

**Jennifer Jao, MD**
Director, Global Health Residency Track

**PRELIMINARY RESIDENCY**
Our extremely well-regarded preliminary residency program offers a variety of inpatient and outpatient experiences in general medicine and specialty services at The Mount Sinai Hospital, Elmhurst Hospital Center, and The Bronx Veterans Affairs Medical Center.

The preliminary residency provides a strong foundation in internal medicine which graduates can draw upon in their subsequent specialty training. Most of our preliminary residents complete their post-graduate training in the following areas: Anesthesiology, Neurology, Dermatology, Radiation Oncology, Radiology and Ophthalmology.

<table>
<thead>
<tr>
<th>A typical Prelim schedule is as follows:</th>
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<tbody>
<tr>
<td>PRELIM BLOCKS</td>
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<tr>
<td>Ward Blocks</td>
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<td>ICU</td>
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<tr>
<td>Outpatient</td>
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<td>Vacation</td>
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<tr>
<td>Elective</td>
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<tr>
<td>Night Med</td>
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<td>ER</td>
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Those applicants interested in the preliminary year should so indicate on their application, and use the appropriate NRMP number.
PRIMARY CARE RESIDENCY

Primary care physicians are on the front line of health care and must provide compassionate, patient-centered, high-quality, cost-effective care. With complex treatment 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 fulfillment 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.

The Mount Sinai Department of Medicine previously had two tracks for those who wished to pursue a career in primary care — the Academic Primary Care (APC) Residency Program and the Community Primary Care (CPCR) Residency. These are now combined into one primary care residency program (PCRP) that is fully integrated within the Internal Medicine Residency Program at The Mount Sinai Hospital. The new single program reflects both the academic and community emphasis of the former two programs. We have combined them so all of our Primary Care residents have the opportunity to learn about both important missions and pursue one or both as their training progresses.

Primary Care Ambulatory Practice 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. IMA is hospital based and is the largest provider of primary care in the East Harlem community. The practice is improving the access to primary care with a new team structure and is a level II NCQA Patient Centered Medical Home. In the coming years, we plan for residents to have the choice of maintaining their continuity practice in IMA or transitioning to continuity practices in a number of East Harlem community health centers.

Secondary Continuity Practice: All PCRP residents will also develop a continuity practice with a panel of homebound patients via one of our two visiting physicians practices: 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: the Coffey Geriatric Associates, in the new Martha Stewart Center for Living, the New York City Community Medicine SRO (single room occupancy) Program and Health Care for the Homeless (HCH) sites, The Adolescent Health Center at MSSM and the Jack Martin Fund Clinic serving HIV positive patients.

Ambulatory Specialty Rotations: During the Primary Care blocks, PCRP residents rotate through a vast variety of ambulatory specialty and subspecialty practices. These rotations include but are not limited to Rheumatology, Endocrinology, Diabetes, Dermatology, Ophthalmology, Neurology, Rehabilitation Medicine, Pulmonology, and HIV Medicine.

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. These projects are developed throughout and incorporated into the curriculum during all three years.

Schedules by Year
PGY1
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, identifying 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.

“Being part of the Primary Care Track... we have been exposed to multiple venues of primary care - including HIV clinics, home visits, Geriatrics and health care for the homeless.”
— Katie Wang, MD, PGY2
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, residents have the opportunity to repeat any of our specialty clinics and have protected time to complete their major research project. 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.

**Linda DeCherrie, MD & Lauren Pecoralo, MD**  
Director, Primary Care Residency Program  
Associate Director, Primary Care Residency Program

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**RESEARCH RESIDENCY**

To meet the special needs of 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 career and allows the resident to complete a two-year, fast-track clinical training. Faculty guidance is provided immediately upon entry into the program and continued throughout the two-year program. We are committed to training and nurturing physician-scientists by providing them with all the necessary tools for launching successful careers in academic medicine. Academic physician-scientists are needed to lead the integration of advances in research into compassionate patient care. To complement their formal education, developing academic physician-scientists need postgraduate training, both in the clinic and the laboratory. 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 this department and throughout Mount Sinai School of Medicine. Residents are encouraged to continue their training at one of Mount Sinai’s premier fellowship programs, but are given flexibility to apply to programs fellowships outside of Mount Sinai if desired.

The clinical training in the Research Residency Program will satisfy the eligibility requirements for the American Board of Internal Medicine (ABIM) and for the subspecialty boards. Candidates with exceptionally strong basic science research credentials, or graduates of MD/PhD and MD/MPH programs, are encouraged to apply. Applications are accepted through ERAS.

Note that the Research Residency has a separate NRMP number from the Categorical Residency Program in Internal Medicine.

**Alice Levine, MD**  
Director, Research Residency Program

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“For me, the important characteristics for a research track program are: high-caliber, well-rounded clinical training,... a rigorous scientific community, and perhaps most importantly, a faculty that understands and supports its mentee’s academic pursuits. Mount Sinai offers all these things.”  
— Serre-Ye Wong, MD, PGY?
MEDICAL-GENETICS RESIDENCY

The completion of sequencing of the human genome has led to rapid advances in Internal Medicine in both research and patient care. However, a 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 Genetics and Genomic Science offer an innovative five-year residency program approved by the American Board of Internal Medicine and the American Board of Medical Genetics that integrates traditional Internal Medicine training with comprehensive training in Medical Genetics and Genomics.

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 and commitment to this field over this length of 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.

The combined track is designed for two distinct categories of candidates:

For those interested in becoming clinical leaders in medical genetics and genomics able to translate rapid scientific developments into the standard of care for the increasing numbers of patients with monogenic disorders who now survive to adulthood, into consultations for other internists, or into primary care for patients with complex genetic disorders as we begin to decipher specific genetic contributions for many common diseases in the genomic area.

For MD/PhD students who wish to develop translational or clinical research programs in specific aspects affected 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 Medicine-Medical Genetics Combine 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. Note that the Internal Medicine/Medical Genetics Combined Residency has a separate NRMP number from regular residency program in Internal Medicine.

Salvatore Cilmi, MD
Director, Medical-Genetics Program Director

“...I believe that this program provides the unique training opportunity to become one of the next generation of physician-scientists who will harness medical genetics in every day clinical practice.”

— Noura Abul-husn, MD, PGY4
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OUR RESIDENTS
Our Residents

The residents of the Mount Sinai Internal Medicine Program are truly what make our program shine. Our trainees come from all over representing many of the best medical schools throughout the United States and the world. Prior to residency, many have already become leaders in biotechnology, translational research, genomics, primary care and public health.

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.

Recent classes included students that distinguished themselves in many impressive ways:

- 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.

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.
RESIDENT LIFE

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.

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 Directions, 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.

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 one 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 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.

**Living in 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 lastest 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 Recreation Office provides discounts and other special offers to residents.

**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.

**Salary:**

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<td>PGY1</td>
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<tr>
<td>PGY2</td>
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<tr>
<td>PGY3</td>
<td>$60,226</td>
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<tr>
<td>PGY4</td>
<td>$65,128</td>
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includes Chief Residents stipend
Vacations: 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.

Travel Stipends: 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.

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.

Position NRMP #
Categorical Three-Year Program 1490140CO
Preliminary One-Year Program 1490140PO
Primary Care Program 1490140C2
Research Residency Program 1490140C1
Med/Genetics Program 1490766C0

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.

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Ryan Ungaro, MD
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MAYA BARGHASH, MD
JEFF BAUMGARDNER, MD
VINH-TUNG NGUYEN, MD
RYAN UNGARO, MD