Pulmonary Disease and Critical Care Medicine Fellowship Program

Educational Experience
An important part of the training program is the development of skills that will be important in the practice of medicine after fellowship. These include developing professional relations with colleagues and staff, refining teaching and presentation skills, fostering independent decision making, and understanding administrative aspects of pulmonary and critical care medicine. To develop those skills, graded levels of responsibility have been designed into the curriculum. In general, they encompass the following areas:

Patient Care

- **1st year:** Evaluate patients under close and direct supervision of attending; procedures done with help and close supervision of attending.

- **2nd year:** Present to the attending the assessment/plan (A/P) for a new consult; preround and present to the attending the plan for the day on all follow-ups; develop long-term plan for patients; closer supervision of rotating residents

- **3rd year:** Organize, direct, and manage the consult service with minimal input from the attending. This type of training provides ample opportunity for the trainees to become a team leader in the management of patient care

Leadership

- **1st year:** Organize consult list, act as a resource to the rotating residents and medical students

- **2nd year:** More active in direct consult rounds, more active participation in supervision of rotating resident and medical students.

- **3rd year:** Organize, direct and manage the consult service with minimal input from the attending; assume major role in supervision of rotating residents and medical students

Teaching

- **1st year:** Act as resource to the rotating residents and students, expected to read general pulmonary textbook regarding cases and bring knowledge to rounds; prepare a complete review of topic to present at the pulm/cc lecture series.

- **2nd year:** Serve as a resource for training 1st year fellows in procedures and function on consult service. Acts as a resource for residents and students on consult service. Expectation to review medical literature and bring appropriate references to rounds; prepare a complete review of topic to present at the pulm/cc lecture series.

- **3rd year:** Expectation to review medical literature and bring appropriate references to rounds; prepare a complete review of topic to present at the pulm/cc lecture series; assumes major role of teaching the rotating residents and medical students.
Pulmonary Disease and Critical Care Medicine Fellowship Program (continued)

Research

· **1st year:** Develop an idea, generate several hypothesis, choose a research mentor

· **2nd year:** Project with written hypothesis, methods, data collection in progress; preparation and presentation of project at research conference.

· **3rd year:** Publication of research project; abstract/poster presentation.

Organization and Administration

· **1st year:** Participate in divisional conferences and meetings

· **2nd year:** More active participation in divisional conferences and meetings, act as resource for 1st year fellow.

· **3rd year:** Act as resource for fellows, represents fellows at divisional meetings, makes conference and rotational schedule for fellows in conjunction with program director.

Interventional Pulmonary

Out fellows have the unique experience of exposure to procedures including, but not limited to, advanced bronchoscopic procedures such as endo bronchial ultra sound, navigational bronchoscopy, percutanious tracheostomy and pleuroscopy.

Resident Evaluations

Fellows are evaluated monthly by the faculty and are reviewed by them and the program director quarterly whereby fellows have the opportunity to discuss the evaluations with the program director in detail. Fellows also get verbal feedback from the attending at the end of each rotation. Faculty and the Program are evaluated by the fellows in writing anonymously every year.
Our trainees are exposed to a variety of pulmonary diseases and to a spectrum of critical illness and injury and are fortunate to train with some of the most talented pulmonologists and interventionalists including past presidents of the Society of Critical Care Medicine and leaders in the field of cough, dyspnea and sepsis.

**Division of Pulmonary and Critical Care**

**Melvin R. Pratter, MD**
Division Head, Pulmonary & Critical Care

**Stephen Akers, MD**
Associate Division Head, Division of Pulmonary & Critical Care

**Ziad Boujaoude, MD**
Director, Interventional Pulmonology Fellowship Program

**Jonathan Kass, MD**
Director, Sleep Disorders Center

**Ramya Lotano, MD**
Director, Pulmonary & Critical Care Fellowship Program

**Wissam Abouzgheib, MD**
Section Chief, Interventional Pulmonology

**Section of Critical Care in the Division of Cardiovascular and Critical Care Services**

**R. Phillip Dellinger, MD, MCCM**
Professor and Chair, Department of Medicine

**Antoinette Spevetz, MD**
Designated Institutional Official

**Stephen Trzeciak, MD,**
Head, Critical Care Medicine

**Nitin Puri, MD**
Director, Critical Care Medicine Fellowship

**Emily Damuth, MD**

**Raquel Nahra, MD**

**Dawn Kennedy Little, DO**

**Talia Ben Jacob, MD**

**Lars Peterson, MD**

**Haney Mallemat, MD**

**Robert Cole, MD**
The Pulmonary Critical Care Fellowship Program at Cooper University Health Care participates in the Electronic Residency Application Service (ERAS). Information regarding the ERAS application process and timeline is available on the websites listed below.

**Association of American Medical Colleges**
aamc.org/eras

**ERAS Fellowship Document Office**
aamc.org/students/medstudents/eras/fellowship_applicants

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

- Common application form
- Personal statement describing your training goals and future career plans
- Curriculum vitae
- Medical school transcript
- ECFMG certification (IMG Only)
- Three original letters of recommendation, one of which must be from your current or most recent training director
- USMLE reports (1,2 and 3)

The program director and two additional faculty members will review applicant files. Invitation for interview will be based upon their recommendations.

**Program Eligibility**

Eligibility for the pulmonary critical care fellowship requires a minimum of three years of ACGME-accredited residency training in internal medicine. Individuals accepted for a position in the fellowship program must be U.S. citizen, classified as a resident alien or hold a J-1 visa.

We recruit individuals who have a strong interest in clinical pulmonary and critical care medicine. Our program is focused primarily on clinical medicine and clinical research. At present we do not offer a basic science research track. Over the past decade, we have placed our graduates in a variety of clinical settings, including interventional pulmonary fellowship, academic positions and as practicing pulmonologists and intensivists in the community at large.

Applications are accepted via ERAS starting July 15, 2016 and the application deadline for the 2017-18 academic year is August 31, 2016.

All appointments are made through the Medical Specialties Matching Program sponsored by the National Resident Matching Program (NRMP) Specialties Matching Service. All candidates must register through the Specialties Matching Service.

Applicants considered for a fellowship position will be invited to visit Cooper University Hospital for a personal interview with the program director, selected faculty and current fellows. Interviews will be conducted on selected dates during October 2016. All interviews candidates are reviewed by a selection committee.
The Cooper Campus and Surrounding Area

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

Cooper University Hospital is the center of a growing health science campus that includes the main hospital, Cooper Medical School of Rowan University, MD Anderson Cancer Center at Cooper, the internationally acclaimed Coriell Institute for Research, Three Cooper Plaza medical offices and the Ronald McDonald House.

Adjacent to the Cooper Plaza/Lanning Square neighborhood, Cooper has a long history of outreach and service efforts to its local community. Some of these initiatives include health and wellness programs for the neighborhood, development of three neighborhood parks and playground, and outreach to programs into local schools.

The Hospital’s 312,000-square-foot, 10-story Roberts Pavilion houses state-of-the-art patient care facilities, including 120 private patient rooms, a 30-bed medical/surgical intensive care unit, 12 technologically advanced operating room suites with hybrid imaging capabilities, an advanced laboratory automation facility and a 14,000-square-foot Emergency Department. The Emergency Department features 25 beds, dedicated isolation suites and autonomous CT scanning technology. Two new floors in the Roberts Pavilion, each with 30 private patient rooms, opened in August 2014. The two floors are designed to serve specific patient populations with Pavilion 8 serving a growing advanced-care surgery patient population and Pavilion 9 serving the Cooper Heart Institute for hospitalized heart patients. The Pavilion features an expansive lobby and concourse, a restaurant and coffee shop, health resource center, business center, gift shop and chapel.

The Pavilion also houses the 25,000-square-foot Dr. Edward D. Viner Intensive Care Unit. A design showcase for patient and family-centered care, the unit features 30 private patient rooms equipped with the latest in advanced technology, and allowing 360-degree patient access. Five patient rooms are capable of negative pressure isolation, and five rooms have chambered isolation alcoves. In addition, an enlarged room with operating room caliber lighting is outfitted to perform bedside exploratory laparotomy in patients too unstable for transport to the operating room.

In 2013 Cooper celebrated the opening of MD Anderson Cancer Center at Cooper, the $100 million, four-story, 103,050-square-foot center located on the Cooper Health Sciences Campus in Camden, dedicated to cancer prevention, detection, treatment and research. MD Anderson Cancer Center at Cooper offers South Jersey’s only dedicated inpatient, 30-bed cancer unit adjacent to the new cancer center at Cooper University Hospital. The center includes bright, spacious chemotherapy treatment areas, patient exam rooms, conference centers and advanced diagnostic and treatment technologies. The designers incorporated an aesthetic approach to healing with abundant natural light, a rooftop Tranquility Garden, an illuminated floor-to-ceiling “Tree of Life” centerpiece and more than 100 pieces of original art created by 71 New Jersey artists.
Cooper Medical School of Rowan University Medical Education Building is located on the Cooper Health Sciences Campus on South Broadway, between Benson and Washington Streets in Camden. The new $139 million building, which opened in July 2012, was designed for CMSRU’s curriculum with spaces and technologies to support faculty and students in their educational process. In 2012, CMSRU welcomed the class of 2016 with 50 students.

The Cooper campus is located in the heart of the Camden’s business district. The academic medical center campus is easily accessible by car or public transportation—the commuter high-speed line and bus terminal are located a half-block from the campus. Cooper is a short walk or drive from the exciting Camden waterfront where the New Jersey State Aquarium, the River Sharks stadium, the USS New Jersey and Susquehanna Bank Center are located.

Cooper is conveniently close to Philadelphia. Just a mile-long drive over the Benjamin Franklin Bridge or a ferry boat ride will put you at the doorstep of Philadelphia’s cultural, culinary and historic venues.

South Jersey also offers a range of living and entertainment options. Quaint towns such as Haddonfield and Collingswood are just 10 minutes away. The lights and action of Atlantic City and those other popular beach towns such as Cape May and Ocean City are a one-hour drive from Cooper.
Cooper Campus Map

The most up-to-date directions to Cooper University Hospital are available at:

CooperHealth.org/Directions