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Dear Residency Program Candidate,

We are delighted that you are interviewing with the Wake Forest Internal Medicine Residency Program! In preparation for your interview day, we encourage you to review the following handouts in addition to our website to better understand the details of our program. You have been provided with pre-recorded talks from our Assistant Chiefs of Medicine that review various aspects of our program structure, curriculum, and benefits. We would advise referencing these handouts when you review those talks prior to your virtual interview day. I also recommend that you follow us on Instagram @wfimres to see the latest happenings within our program!

Overall, we are proud of the community that we have created here at Wake Forest and how our residents, faculty, and staff take care of our patients, our community, and each other. We look forward to hosting you virtually so that you can see firsthand the culture and content of our outstanding training program!

Sincerely,



Donna Williams, MD
Director, Wake Forest Internal Medicine Residency Program

Clinical Experiences for Medical Residents

Department of Internal Medicine 2024-2025

Guidelines for scheduling are listed below and are intended to provide a well-rounded internal medicine experience with flexibility to meet individual training goals.

Intern Year

The intern year is structured as an X+Y schedule with 13 three-week rotations and 13 one-week ambulatory medicine experiences. See the separate document on details of the X +Y system for the intern year in the Wake Forest program. Note that Gen Med wards are located at both Wake Forest Baptist Medical Center and High Point Regional Hospital; all other inpatient rotations are at Wake Forest Baptist.

The content of the three-week “X-rotations” will include the following dedicated experiences:

- 10 blocks of inpatient wards (including General Medicine wards, subspecialty wards, Night Medicine, CVICU, and MICU)
- 1 Emergency Medicine block (ED)
- 2 ambulatory blocks, including the VA (Categorical and Primary Care Interns) and Acute Care Clinic

The remaining ambulatory training will occur on the 13 “Y-weeks,” outlined in the separate document.

Upper-level Years

For upper-level residents, each academic year consists of 13 4-week blocks. The upper-level schedule is also an X+Y schedule (4+4). In general, a ward rotation is followed by a non-ward rotation, and continuity clinics take place during the non-ward rotations only. Coupling this schedule with the 3+1 structure in the intern year allows for improved overall team continuity and full dedication to inpatient training for both upper levels and interns on ward services.

The content of the upper-level years is as follows:

1) Total Upper-level Ward Experience: 10 blocks

- ✓ 2 blocks Intensive Care (1 CVICU, 1 MICU)
- ✓ 1 block ACE Unit (Acute Care of the Elderly)
- ✓ 2 blocks Gen Med Wards (Includes Gen Med and Hospitalist)
- ✓ 1 block Hem/Onc (Hem/Onc A (HOA) or Leukemia)
- ✓ 2-3 blocks Other Wards (Gen Med, Hospitalist, Hem/Onc A, Cardiology, Leukemia, Renal, CVICU, MICU)
- ✓ 0.5-1.5 blocks Resident On Call (one two-week block is paired with a two-week vacation)

2) Other Required Upper-level Rotations: 12 Blocks

- ✓ 1-2 blocks HO-3/Advanced Internal Medicine – Internal Medicine consultation to ED and non-IM services, procedures/ultrasound, admissions to teaching teams during rounding times, and quality improvement for care of complex patients.
- ✓ 1-2 blocks Acute Care Ambulatory Rotations: DHP or Winston East Clinics

- ✓ 1 block VA Outpatient Clinic (HO-3)
- ✓ 2 weeks Advanced Primary Care (including Addiction Medicine and Complex Care) which is paired with two weeks of jeopardy/elective
- ✓ 5 blocks Subspecialty Consult Months (GI, ID, Pulmonary, Renal, Rheumatology-*These rotations provide both outpatient and inpatient consultation experiences.*)
- ✓ 2 weeks of Endocrine consults paired with two weeks of procedure service
- ✓ 1 block Board Study (two weeks) which is paired with two weeks of vacation

3) Other Elective Experiences: 4 Blocks – Electives are self-styled but can include the following:

- ✓ Subspecialty Electives (e.g. Hem/Onc, Geriatrics, Palliative Care, Allergy)
- ✓ Non-Internal Medicine Specialties (e.g. Derm, Ophtho, ENT, Sports Medicine)
- ✓ Research Electives, including Tinsley Harrison Research Pathway (2-3 blocks)
- ✓ Community-based experiences & other self-styled electives (including international electives)
- ✓ Resident as Teacher
- ✓ Medical Systems and Quality Improvement
- ✓ See separate document for specific requirements of Primary Care Track

Vacation

Preliminary interns receive six days of vacation over Christmas or New Years and two other weeks of their choosing (during ambulatory rotations or the ED rotation). In addition, preliminary interns complete the year on June 23 to transition to their advanced training program.

Categorical interns receive six days of vacation over Christmas or New Years and two other weeks of their choosing (during ambulatory rotations or the ED rotation). Categorical residents complete the program on June 23 of their HO-3 year to allow time for career or fellowship transitions.

HO-2 and HO-3 residents receive six days of vacation over either Christmas or New Year's and three additional weeks each year (1 week during an Elective and two weeks paired with HO-3 Board Study or HO-2 Resident on Call).

WAKE FOREST INTERNAL MEDICINE RESIDENCY PROGRAM
3+1 EXAMPLE SCHEDULE FOR INTERNS

HOW IT WORKS

The intern class is divided into 4 firms (A, B, C, D).

Each firm is comprised of 11-12 interns: categorical, primary care, and preliminary interns.

Interns in each firm have a three-week rotation → these are the “X” weeks.

Following the “X” week is a structured outpatient/educational week → this is the “Y” week.

A sample schedule of the interns in the 4 firms during weeks 1-6 of the academic year is below.

Week:	1	2	3	4	5	6
FIRM A	Y	X	X	X	Y	X
FIRM B	X	Y	X	X	X	Y
FIRM C	X	X	Y	X	X	X
FIRM D	X	X	X	Y	X	X

SERVICES INCLUDED ON THE “X” WEEKS:

- Outpatient Clinics (Acute Care Clinics, VA Clinic)
- Inpatient General Medicine Wards
- ICU Services (Medical ICU, Cardiovascular ICU)
- Subspecialty Wards
- Emergency Department

THE “Y” WEEK

CATEGORICAL INTERN EXAMPLE “Y” WEEK					
	MON	TUES	WED	THURS	FRI
AM	CC	ELEC	SUB-S	LHS	PROD
PM	CC	AHD	CC	ELEC/SUB-S	GERI

PRELIMINARY INTERN EXAMPLE “Y” WEEK					
	MON	TUES	WED	THURS	FRI
AM	ACC	ELEC	ACC	LHS	PROD
PM	ACC	AHD	ACC	ELEC	ACC

HALF DAYS ON THE “Y”:

- Continuity Clinic (CC)
- Acute Care Clinic (ACC)
- Elective (ELEC)
- Geriatrics (GERI)
- Sub-specialty Clinics (SUB-S)
- Academic Half Day (AHD)
- Learning Health System (LHS)
- Productive Time (PROD)

BENEFITS:

- Sole focus on inpatient (X) or outpatient (Y) clinical duties and education
- Increased exposure to ambulatory medicine
- Golden Weekends guaranteed every 4th weekend
- Educational innovation with state of the art methods and facilities
- Promotes wellness

WAKE FOREST INTERNAL MEDICINE RESIDENCY PROGRAM
4+4 Model for Upper Level Residents

Highlights of the “4+4” Schedule

- 4 weeks of inpatient followed by 4 weeks of outpatient/consults
- Separation of inpatient and outpatient clinical duties

HO-2 and HO-3 Rotations

- *General Medicine and Subspecialty Wards (Wards)*
- *Hospitalist (Hosp)*
- *Medical ICU (MICU) and Cardiovascular ICU (CVICU)*
- *Acute Care Clinics (ACC)*
- *Subspecialty Consults (Consults)*
- *Elective (ELEC)*

HO-2 Specific Rotations

- *Acute Care of the Elderly (ACE) Unit*
- *Resident on Call (ROC) - i.e. Night Float*
- *Leukemia*

HO-3 Specific Rotations

- *H03 Advanced Internal Medicine (AIM)*
- *Advanced Primary Care*
- *VA Clinic (VA)*
- *Board Study (BS)*
- *Procedures*

Outpatient/Consult/Elective Schedule

- Continuity Clinic (CC) occurs only on outpatient, consults, and elective blocks.
- Total of 9 half days of CC per block.
- CC is on the same day throughout the year, with one additional Wednesday morning clinic per block.
- Academic Half Days will only be on outpatient/consult/elective time.

Sample Outpatient/Consult/Elective Rotation Schedule

WEEK		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	AM		CC			
	PM		CC	AHD		
2	AM		CC			
	PM		CC	AHD		
3	AM		CC	CC		
	PM		CC	AHD		
4	AM		CC			
	PM		CC	AHD		
Blanks would be filled with consults, ACC, or elective time.						

Example HO-2 Year

Wards	Consult	Wards	Consult	MICU	ELEC	ROC/ VAC	Consult	CVICU	Consult	ROC	ELEC	ACE
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Example HO-3 Year

VA	Hosp	ELEC	HO-3 AIM	Consult	BS/VAC	ELEC/ Advanced PC	MICU	Consult	HO-3 AIM	ELEC	Wards	ACC
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Department of Internal Medicine Conference Descriptions

1. **Noon Report** is held 4 days a week at noon. Once a week this conference is replaced by Core Content Review (CCR) on clinical and board-relevant topics. Directed by the Assistant Chiefs of Medicine (ACMs), the conference is attended by the Program Director, faculty, and all interns and residents. Noon Report is designed to cover high-yield board review topics as well as interesting patient cases. It provides an opportunity to discuss questions and problems regarding diagnosis and management of real patients in an open and supportive environment. Case discussions stem from a variety of inpatient and ambulatory settings with an emphasis on developing clinical reasoning skills. Board-style multiple choice questions are featured at most conferences to stimulate discussion and prepare residents for the ABIM exam.
2. **Departmental Grand Rounds** is an opportunity for the entire Department of Internal Medicine to convene each Thursday at noon. Diverse, engaging topics are delivered by Wake Forest faculty or visiting professors. Presentations are often case-based and emphasize current advances in Internal Medicine. Additionally, one Clinical-Pathological Conference (CPC) is presented each month, during which a faculty member from one of the sections of Internal Medicine discusses a challenging clinical case in an interactive venue. This is followed by a pathologist's interpretation of the pathologic findings that supported the patient's diagnostic work-up.
3. **Internal Medicine Resident Grand Rounds** are scholarly presentations delivered during noon report by our PGY-3 residents on a clinically relevant question that permits exploration and interpretation of the best available evidence. Presentations topics are self-selected by each senior resident. Residents are encouraged to partner with a faculty mentor to facilitate critical thinking and high-level literature appraisal.
4. **Academic Half Days** are an innovative approach to the central Internal Medicine residency curriculum. Interns and upper-level residents have sessions tailored to their level of training and educational need. Academic Half Day sessions are **completely protected from clinical responsibilities** for all residents and include high yield, interactive topics focused on board preparation. In addition, some Academic Half Day sessions are simulation based and held at the state-of-the art Bowman Gray Center for Medical Education (BGCME) in Downtown Winston-Salem.

Academic Half Days and Core Content Review sessions during Noon Report include survival skills for interns early in the year, core Internal Medicine topics, board exam review, morbidity and mortality review for system improvement, evidence-based medicine seminars, research seminars, evidence-based physical examination skills and hands-on procedural skills (including bedside ultrasound training).
5. **Clinic Minute** is held at the beginning of Continuity Clinic. It is a quick, high-yield session which covers ambulatory acute care medicine, chronic disease management, clinical guidelines, and preventative medicine topics.
6. **Intern Ambulatory Case Conference:** This conference is held every Wednesday afternoon at 1:15 pm during the Y week at the Downtown Health Plaza and Outpatient Department Continuity clinic sites. It is a case-based interactive conference focused on common conditions seen in General Internal Medicine practice. It weaves evidence-based medicine and practical tips to help in the care of patients in the ambulatory setting.

7. **Resident Research Forums** offer residents engaged in research the opportunity to present their work, receive meaningful feedback, and participate in scholarly discussions with their peers and established investigators. Timing of these seminars varies.
8. **Intern Time-Out** is an informal session that occurs periodically. It is an opportunity for interns to meet in small groups with ACMs to discuss successes and challenges related to intern year.
9. **Housestaff Meeting** is a meeting of Program Directors, ACMs, and all housestaff once per month to discuss and address any housestaff concerns as well as discuss upcoming events.
10. **Learning Health System (LHS) Seminar:** On Thursday mornings from 8:00am - 12:00pm, interns participate in small-group sessions during the Y-weeks that focus on a number of important topics to prepare them for effective communication, understanding health systems, quality improvement and leadership, and lifelong learning in medicine. Core topics include:
 - **The Community Plunge** consists of a driving tour of Winston-Salem and discussion with community members to explore challenges in access to health care. Interns will participate in this activity once in the fall.
 - **Evidence Based Medicine Seminar** is a small-group tutorial that promotes experience locating, interpreting, and critically appraising medical literature pertaining to specific clinical questions. Mathematical concepts relating to diagnostic test performance and therapy or harmful effects are emphasized to maximize preparedness for the USMLE and ABIM examinations.
 - **Systems-based Practice Seminar** is a series that focuses on systems-based issues affecting patients and health care professionals as well as on quality improvement.
 - **Advanced Communication Skills and Professionalism Seminar** is a series where interns explore aspects of effective doctor-patient relationships, professionalism, and medical ethics. Specific topics of emphasis include motivational interviewing, agenda-setting in the patient interview, and empathic opportunities in medicine.
11. **Primary Care Specific Conferences-open to all Housestaff**
 - **Monthly Primary Care Track Conference Series** This conference occurs the first Friday of every month. The focus is on topics helpful to someone practicing ambulatory medicine. Therefore, many subspecialist speakers are asked to speak on topics that would be helpful to a primary care physician. In addition, a clinical pharmacist will speak to the group about medication management, while other conferences focus on the business of medicine or career planning.
 - **Joint General Internal Medicine/Primary Care Track Conferences** This conference typically occurs the third Wednesday of every month and is part of the General Internal Medicine Faculty Conference Series. In this conference, PC Track residents co-present with a general internal medicine faculty member on typical issues that are seen in the clinic. They pick a case and discuss three to four clinical questions, searching the literature for evidence-based practices. It is a rich discussion between physicians from different practice sites and a great learning opportunity for the residents.
 - **Quarterly Journal Club** This is an evening session that occurs once per quarter and brings together the residents and providers from the University Internal Medicine practice to discuss issues that are faced by primary care providers in the community. Topics such as communication skills, job search, agenda setting and personal finance are addressed at this unique conference.

WFUBMC Internal Medicine Residency Training Pathways

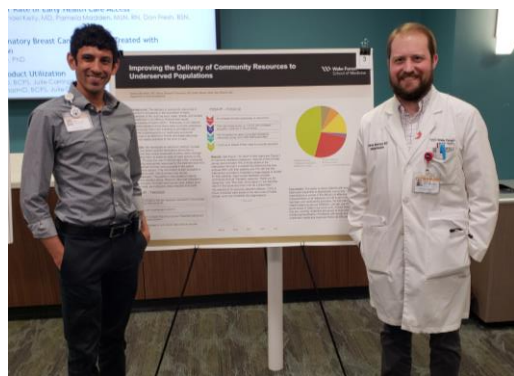
Beyond the diverse and comprehensive internal medicine training experience provided to all our graduates, our residency program offers a number of professional pathways designed to individualize career development during training. Each pathway has faculty support and a structured longitudinal curriculum designed to provide opportunities to explore a career interest, tailor scholarship or research efforts, and engage with faculty mentors and like-minded colleagues.

Medical Educator Pathway (Director: Dr. Donna Williams):

The Medical Educator Pathway is a one-year program designed to provide an opportunity for upper level residents to learn about medical education and practice their teaching skills. Activities occur in a longitudinal fashion under the mentorship of our Educator's Academy, which includes master teachers within the Department of Internal Medicine. Pathway activities include the Resident as Teacher Elective, seminars, dedicated mentorship, opportunities to receive feedback on teaching techniques, and participation in educational activities within the medical school and residency programs. Skills learned in this pathway provide opportunities for practice of traditional and novel educational techniques, preparation for careers in medical education, and research in medical education.



Clinical Scholars in Informatics Pathway (Director: Dr. Ajay Dharod):



The Clinical Scholars in Informatics Pathway is a two year program designed for residents to further develop clinical skills in informatics and health information technologies with the support and guidance of a mentorship team. Skills learned in this pathway can open up opportunities for research, improving healthcare quality and safety, and making Electronic Health Record (EHR) workflows more efficient. In their training, CSI scholars will obtain EPIC Physician Builder certification with privileges to modify the Wake Forest EHR in collaboration with Wake Forest Information Technology Services (ITS). CSI

residents selected in the PGY1 year will design and implement an informatics-related project in general medicine or a subspecialty area by the end of their PGY2 year.

Hospitalist Training Pathway (Director: Dr. Jacqueline Lippert):

The Hospitalist Training Pathway is designed to train outstanding clinicians as well as hospital system architects and leaders in quality improvement, patient safety, hospital efficiency, health care finances and the business of medicine. At the completion of the program, residents will be prepared to excel in hospital medicine roles both in academic and community settings. Residents participate in several core rotations, workshops and elective rotations, while maintaining the same number of subspecialty rotations and clinic months as categorical residents. At end of intern or PGY2 year, residents are eligible to join this pathway. These residents will have specialized and unique experiences in quality improvement, business of medicine and leadership training workshops, and will enjoy close mentorship within the section of hospital medicine.

Tinsley R. Harrison Translational Research Training Pathway (Director: Dr. Gretchen Brenes):

The Research Pathway provides residents with a unique opportunity for research training as a means of enhancing career development. Trainees receive instruction and practical experiences in basic or patient-centered investigation in a resource-rich and mentored environment away from the demands of patient care. Trainees interface with numerous clinical trials and clinical research endeavors here at Wake Forest. The goals of the pathway are to train the translational research faculty of the future, provide a formalized research experience, and rigorously train residents interested in research based careers. Research electives are also available to residents not formally enrolled in the Tinsley R. Harrison Translational Research Training Pathway.



Global Health Pathway (Director: Dr. Karl Richardson):

Designed for residents with a particular interest in global or public health, this pathway offers an opportunity for pathway specific education and participation in domestic and/or international away rotations. Interested residents apply during their first year, and the curriculum spans years 2-3. Residents gain exposure to refugee health, public health clinics, and have access to structured educational conferences. Our program has well-established relationships with clinical sites in Kenya, Peru, and Japan in addition to formal collaborations with medical universities in Norway, Korea, China, and Costa Rica. Residents have also rotated at sites in Nicaragua, Argentina, India, Ghana, and England.



Through the Office of Global Health, residents can explore clinical opportunities and pursue available funding for international experiences. Additionally, faculty mentorship and quarterly journal clubs provide a platform to bolster collaboration, scholarship, and career development. International rotations are also available to residents not formally enrolled in the Global Health Pathway.

POCUS Champion Pathway (Director: Dr. Christopher Kelly):

The POCUS Champion Pathway provides enhanced point-of-care ultrasound (POCUS) training for residents interested in further developing their bedside ultrasound skills beyond that of the average resident. Residents apply for this pathway at the end of their intern year. Selected residents complete POCUS Champion training through a multimodal approach including online learning activities, written assessments, supervised scanning of hospitalized patients, and small-group teaching sessions on our Vimedix simulated ultrasound. POCUS Champions learn to incorporate POCUS into their practice to enhance their clinical reasoning, diagnostic skills, medical management, and procedural capabilities. POCUS Champions become leaders within the residency program, contributing to the education of other residents and medical students in various settings. Residents also have opportunities to participate in POCUS-related research and scholarly activity.



PRIMARY CARE TRACK

The Primary Care Internal Medicine Residency Track (PC Track) at Wake Forest School of Medicine is committed to training experts in the practice of General Internal Medicine. It was established as a separate training program in 1986. A unique feature of our Primary Care Track is the Strickland Scholars Program, which pairs all of our PC track residents with a Strickland Scholar faculty mentor. Strickland Scholars receive funding and protected time to attend the National Society of General Internal Medicine meeting during intern year. All of our PC track residents also spend time at two continuity clinic sites to gain exposure to different primary care practice settings.

Individualized Learning:

The Primary Care Track combines the strengths of the categorical training program with increased training in ambulatory medicine. Residents in the program have a strong foundation in inpatient medicine, subspecialty medicine and general internal medicine. Throughout this track, residents gain exposure to the breadth of general internal medicine careers.

Intern Year (HO1):

The HO1 year follows the same X+Y scheduling as the Categorical Track. During the Y week, interns in the Primary Care track have two half-days of continuity clinic at the Downtown Health Plaza and one half-day of clinic at the University Internal Medicine practice. Our primary care track interns also have the option of spending an additional half-day (in lieu of a subspecialty clinic) in Downtown Health Plaza's urgent care practice during their Y week.

Residency (HO2 and HO3):

After getting a strong foundation in the intern year, residents in the PC Track gain additional exposure to ambulatory medicine, with 4 ambulatory PC Track block months to complete. This is designated as PC* on the example below. Residents choose from a selection of ambulatory subspecialty experiences, including obesity medicine, community medicine, dermatology, sports medicine, wound care, etc. These can be customized into 2- or 4-week rotations to individualize the resident experience. Primary care upper level residents also have 4 inpatient consult months and 2 urgent care months. During their non-ward blocks, residents have a half-day of continuity practice at Downtown Health Plaza and a half-day at the University Internal Medicine practice. They will have the same faculty mentor at University Internal Medicine for all three years to strengthen and build the one-to-one mentoring relationship.

Sample PC Track HO2 Schedule:

Nephro wards	Acute Care Clinic	MICU	GI Consult	Geriatrics wards	PC*	Nights	Endo/ Proc	Heme Onc Wards	PC*	LEUK	Jeo/ Elec	Gen Med Wards
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Sample PC Track HO3 Schedule:

Acute Care Clinic	Gen Med Wards	Rheum Consult	Gen Med Ward	PC*	Board Study	PC*	HO3 block	VA	CV-ICU	Jeo/ Advanced Primary Care	HP3 / UIMA	ID Consults
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HO3-Block: Advanced Internal Medicine (Internal Medicine Consults to Inpatient & ED); Jeo: Jeopardy

Continuity Clinic Model:

PC Track residents have a slightly different continuity clinic model than the categorical residents. PC track residents rotate through two different clinic sites during their training to get a broad exposure to the practice of outpatient general internal medicine. The two clinic sites are the Downtown Health Plaza Clinic (underserved patients) and the University Internal Medicine Clinic (community practice). By caring for patients at both sites, residents experience the breadth of primary care with exposure to a variety of patient populations. Upon completion of training, our residents are prepared to care for patients in any clinical setting.

Primary Care Specific Conferences:

- **Monthly Primary Care Track Conference Series** This conference traditionally occurs one Friday per month. The focus is on behavioral health and core ambulatory topics helpful to someone practicing ambulatory medicine. Many subspecialists and ancillary staff experts (pharmacy, nutrition, diabetes educator, and behavioral health clinicians) are invited to teach case-based sessions on updates in their fields from the lens of a practicing primary care physician.
- **Joint General Internal Medicine/Primary Care Track Conferences** This conference typically occurs one Wednesday each month within the General Internal Medicine Faculty Conference Series. In this conference, PC Track residents co-present with a general internal medicine faculty member on the evolving evidence-base for core primary care topics that are seen in the clinic.
- **Quarterly Journal Club** This is an evening dinner session hosted at a local restaurant that occurs once per quarter. This journal club brings together the residents and providers from the University Internal Medicine practice in a relaxed, informal setting to discuss issues that are faced by primary care providers in the community.

What do residents say about the program?



Even before starting medical school, when I pictured what my future practice looked like, there was always at least a component in the outpatient setting. The thought of longitudinal, relationship-building care in primary care is exciting, especially with the opportunities to prevent or minimize the impact of disease on a person's life. I was strongly encouraged during my interview day by faculty who saw how this interest fit directly with the goals of the primary care track to ensure that I also applied for it. I am so glad that they did, because the opportunity to see varying levels of disease severity from the outpatient setting all the way to the ICU has been extremely useful. The primary care track provides additional outpatient rotations which can be strongly personalized. This has given me the opportunity to tailor my training to the likely needs of my future community. I have also appreciated the support and camaraderie of this smaller track within a larger program with increased mentorship and networking opportunities. It has been so enriching and I am very excited for continued chances for learning and growth.
~Calleigh Hitt (HO3)



The word that immediately comes to mind when describing the Primary Care Track here at Wake Forest is SPECIAL! While all of us craft this track to our own interests and goals, the PC Track has allowed me to explore Internal Medicine from the inside (critical care, specialty floor services, general medicine floor services) to the outside (continuity clinic, specialty clinics, our beloved UIMA). As a rural PCP, this track has offered experience and perspective in the inpatient setting that has been so valuable to take to the outpatient setting. From genuine mentorship and specialized didactics to palpable group camaraderie around caring for our patients and so much more, the value of the PC Track cannot be overstated and is a great pathway for anyone interested in outpatient medicine. ~Alexa Pope (recent graduate, now primary care physician in King, NC)

How to Apply

Up to 4 medical students are competitively accepted into the three-year program through the National Residency Matching Program (#M01537140). If you are enthusiastic about the Primary Care Track, we recommend listing that first and then the Categorical Program as your second choice in our program.

There is close interaction between Primary Care and Categorical residents in our residency program, and we encourage most applicants to apply to both tracks.

If you have additional questions about the Primary Care Track, please feel free to contact Dr. Jessica Valente.



Jessica Valente, MD, MPH

Assistant Professor of General Internal Medicine

Director of Primary Care Track

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The Primary Care Residents 2024-2025

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Wake Forest University School of Medicine

Department of Internal Medicine

2024 – 2025

Please feel free to contact the 2024-2025 ACMs and Internal Medicine Housestaff via e-mail

ACMs

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Medical School

Campbell University School of Osteopathic Medicine
University of Arkansas College of Medicine
Brody School of Medicine at East Carolina University
University of Toledo College of Medicine
JC Edwards School of Medicine, Marshall University

HO1 – Categorical

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Talia Aslani
Philip Ball
Chloe Caudell
Durham Colohan
Callen Conroy
Stephen Dvorak
Andrew Fong
Joshua France
Tyler George
Bradley Joseph
Sapna Kedia
Nathaniel Kitchens
Solomon Klombers
Ellie Lieb
Hannah Lu
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elieb
hanlu
vmargoli
smatott
lmclain
pnash
kpaik
joparker
jankipat
drambuss
caramey
jrankin
trappai
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jslovens
mewillou
zwright
laryang

Louisiana State University School of Medicine
Florida International University Herbert Wertheim College of Medicine
Eastern Virginia Medical School
University of South Carolina School of Medicine
University of Kentucky College of Medicine
University of Kentucky College of Medicine
Virginia Tech Carilion School of Medicine
Wake Forest University School of Medicine
Oakland University William Beaumont School of Medicine
Wake Forest University School of Medicine
University Of Virginia Medical School
University of Miami Leonard M. Miller School of Medicine
Mercer University School of Medicine
Penn State College of Medicine
University of Illinois College of Medicine
The University of Texas Medical Branch
The University of Texas Medical Branch
Florida Atlantic University Schmidt College of Medicine
Texas A&M College of Medicine
University of North Carolina School of Medicine
University of Alabama Medical School
University of Mississippi School of Medicine
East Carolina University Brody School of Medicine
University of Buffalo Jacobs School of Medicine and Biomedical Sciences
Edward Via College of Osteopathic Medicine
Virginia Commonwealth University School of Medicine
University of Mississippi School of Medicine
Louisiana State University School of Medicine
Medical University of South Carolina
Indiana University School of Medicine
Marshall University Joan C. Edwards School of Medicine
Saint Louis University School of Medicine

Primary Care

Nikita Revankar
Madeline Seagle-Clary

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East Carolina University Brody School of Medicine
Wake Forest University School of Medicine

Preliminary

Matthew Melton
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Gabrielle Walsh

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University of Kentucky College of Medicine
Marshall University Joan C. Edwards School of Medicine
Wake Forest University School of Medicine

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Megan Hinshaw
Morgan McCoy
Jaren Pruett

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University of Alabama Medical School
Wake Forest University School of Medicine
Oakland University William Beaumont School of Medicine
Vanderbilt University School of Medicine

Neurology

Caleb Lewis	callewis	Temple University Lewis Katz School of Medicine
Zachary Lynch	zmlynch	Wake Forest University School of Medicine
Chylee Martin	chymarti	University of South Carolina School of Medicine
Madison Romano	maromano	USF Health Morsani College of Medicine
Marinder Sohi	msohi	West Virginia University School of Medicine
Sahaana Sundar	ssundar	Medical College of Georgia

H02 - Categorical

Wakeem Abraham	wabraham	Tulane University School of Medicine
Sarah Babb	Sbabb	Medical University of South Carolina
Andrew Biscardi	Abiscard	Virginia Commonwealth University School of Medicine
Stephanie Brinton	Sbrinton	University of Central Florida College of Medicine
Leslie Carter	Lgcarter	Morehouse School of Medicine
Sean Doherty	Spdohert	Rutgers R.W. Johnson Medical School
Devin Dupree	Dadupree	University of Arkansas College of Medicine
Abigail Ellington	Aellingt	Texas Tech University School of Medicine
Alyssa Guo	aaguo	University of South Carolina School of Medicine Greenville
Luke Hallgarth	Lhallgar	University of Vermont College of Medicine
Anna Hudson	aciarroc	Eastern Carolina School of Medicine Brody School of Medicine
Abdur Jabir	Ajabir	Northeastern Ohio University College of Medicine
Daniel Johnston	Drjohnst	University of Alabama School of Medicine
Chandler Kern	Ckern	University of Arkansas College of Medicine
Allison Kleinsmith	Akleinsm	Florida International University College of Medicine
Veena Krishnan	Vbkrishn	University of South Alabama College of Medicine
Michael Kshatri	Mkshatri	Mercer University School of Medicine
Madison Lane	Melane	University of Kentucky College of Medicine
Alexandra Laurenzo	allellio	University of Mississippi School of Medicine
Morgan Lehman	Melehman	Pennsylvania State University College of Medicine
Jared Melnychuk	Jmelnuch	Ohio State University College of Medicine
James Miller	Jamesmil	Wake Forest University School of Medicine
Zachary Mitchell	Zlmitche	University of Mississippi School of Medicine
Chuka Ononye	cononye	St. George's University School of Medicine
Sean Ormond	sormond	New York Medical College
Vraj Patel	vrapatel	Mercer School of Medicine
Felicia Peoples	fpeoples	University of South Alabama College of Medicine
Tejit Pothuraju	tpothura	University of South Florida College of Medicine
Katherine Sommers	ksommers	Indiana University School of Medicine
Daniel Stamos	dstamos	Virginia Commonwealth University School of Medicine
Corey Williams	cojwilli	Virginia Commonwealth University School of Medicine

Primary Care

John Franco	jfranco	Mercer University School of Medicine
Shannon O'Connor	saoconnor	East Tennessee State University Quillen College of Medicine
Marc Perlman	mperlman	Albany Medical College of Union University

H03 - Categorical

Vivian Anderson	Vcanders	Mercer University School of Medicine
Santul Bapat	Sbapat	Medical College of Georgia School of Medicine
Blake Bentley	Bbentley	Wake Forest University School of Medicine
Alexa Cecil	Acecil	Virginia Commonwealth University, School of Medicine
Mark Chang	Mjchang	Wake Forest University School of Medicine
Sneha Chebrolu	Schebrol	Texas A.M. University System HSC, College of Medicine
Jamie Creed	Jocreed	Brody School of Medicine at East Carolina University
Keirsyn Criss	Kcriss	Texas A.M. University System HSC, College of Medicine
Swetha Davuluri	Sdavulur	University of Miami LM Miller School of Medicine
Nicholas Deal	Nideal	University of Virginia School of Medicine
Erin Deery	Edeery	University of Central Florida, College of Medicine
Logan Deyo	Ldeyo	E Tennessee St. University Quillen College of Medicine
Kevin Diehl	kdiehl	Pennsylvania State University College of Medicine
Catherine Elko	celko	University of Florida College of Medicine
Taylor Ferris	tferris	University of Mississippi School of Medicine
Kaylie Goldner	kgoldner	Indiana University School of Medicine
Kevin Goslen	kgoslen	Wake Forest University School of Medicine
Lacey Greve	Igreve	University of Kansas School of Medicine
John Hunting	jhunting	Georgetown University School of Medicine
Mary-Peyton Knapp	mknapp	University of South Carolina School of Medicine

Jacob Lambertsen
Lillian Matthews
Pranjal Mishra
Martin Porebski
Nicholas Rebholtz
Courtney Rowland
Drake Scott
Joshua Strauss
Abigail Thomas
Blake Van Court
Frank Ventura

jalamber
lcmatthe
pmishra
mporebski
nrebholt
clrowlan
drascott
jstrauss
abmthoma
bvancour
fventura

Wright State University Boonshoft School of Medicine
Sidney Kimmel Medical College at Thomas Jefferson University
Medical College of Georgia School of Medicine
Temple University School of Medicine
University of Nevada School of Medicine
University of Kentucky College of Medicine
University of South Florida College of Medicine
Creighton University School of Medicine
Florida State University College of Medicine
Louisiana State University School of Medicine in New Orleans
University of Texas Medical Branch at Galveston

Primary Care

Calleigh Hitt
Sett Naing
Jennifer Shupak

chitt
shnaing
jshupak

Mercer University School of Medicine
Virginia Commonwealth University School of Medicine
Virginia Commonwealth University School of Medicine

Department of Internal Medicine 2024 – 2025 HO-I's

Categorical



Elizabeth
Armstrong
LSU



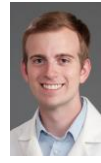
Talia Aslani
FIU



Phillip Ball
EVMS



Chloe Caudell
USC



Durham Colohan
UKY



Callen Conroy
UKY



Stephen Dvorak
VA Tech



Andrew Fong
WFU



Joshua France
Oakland



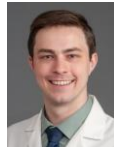
Tyler George
WFU



Bradley Joseph
UVA



Sapna Kedia
U Miami



Nathaniel Kitchens
Mercer



Solomon Klombers
Penn State



Ellie Lieb
U IL



Hannah Lu
UTMB



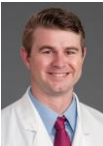
Victoria Margolis
UTMB



Samantha Matott
FAU



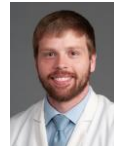
Lynnsey McLain
TX A&M



Pembroke Nash III
UNC



Kenneth Paik
UAB



Joshua Parker
U MS



Janki Patel
ECU



Danielle
Rambuss
U Buffalo



Caleb Ramey
Ed Via



Jackson Rankin
VCU



Tracy Rappai
U MS



Stewart Scoggin
LSU



John Slovensky
MUSC



Meghan Willoughby
Indiana U



Zachary Wright
Marshall



Larry Yang
SLU

Primary Care



Nikita Revankar
ECU



Madeline Seagle-
Clary
WFU

Ophthalmology



Tanya Correya
UAB



Megan Hinshaw
Oakland



Morgan McCoy
LSU



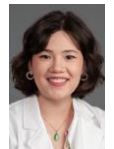
Jaron Pruett
Vanderbilt



Matthew Melton
UKY



Justin Merritt
Marshall



Gabrielle Walsh
WFU

Preliminary

Neurology



Caleb Lewis
Temple



Zachary Lynch
WFU



Chylee Martin
USC



Madison
Romano
USF Morsani



Maninder Sohi
WVU



Sahaana Sundar
MCG

Department of Internal Medicine
2024 – 2025 HO-II's

Categorical



Wakeem Abraham
Tulane



Luke Hallgarth
U of VT



Madison Lane
U of KY



Sarah Babb
MUSC



Anna Hudson
ECU



Alexandra Laurenzo
U of MS



Vraj Patel
Mercer



Andrew Biscardi
VCU



Abdur Jabir
NE OH



Morgan Lehman
Penn State



Felicia Peoples
U of S AL



Stephanie Brinton
UCFL



Daniel Johnston
UAB



Jared Melnychuk
Ohio State



Tejitt Pothuraju
USF



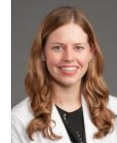
Sean Doherty
Rutgers



Chandler Kern
U of AR



James Miller
WFU



Katherine Sommers
Indiana U



Devin Dupree
U Arkansas



Allison Kleinsmith
FIU



Zachary Mitchell
U of MS



Daniel Stamos
VCU



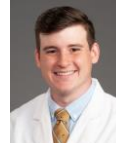
Abigail Ellington
Texas Tech



Veena Krishnan
U of S AL



Chuka Ononye
St. George



Corey Williams
VCU



Alyssa Guo
USC - Greenville



Michael Kshatri
Mercer



Sean Ormond
NYMC

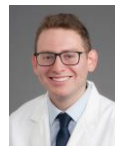
Primary Care



John Franco
Mercer



Shannon O'Connor
ETSU



Marc Perlman
Albany



Leslie Carter
Morehouse

Department of Internal Medicine
2024 – 2025 HO-III's

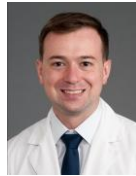
Categorical



Vivian Anderson
Mercer



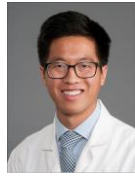
Santul Bapat
MCG



Blake Bentley
WFU



Alexa Cecil
VCU



Mark Chang
WFU



Sneha Chebrolu
TX A&M



Jamie Creed
ECU



Keirsyn Criss
TX A&M



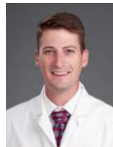
Swetha Davuluri
U of Miami



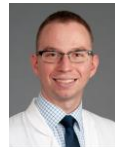
Nicholas Deal
UVA



Erin Deery
UCF



Logan Deyo
ETSU



Kevin Diehl
Penn State



Catherine Elko
U of FL



Taylor Ferris
U of MS



Kaylie Goldner
Indiana U



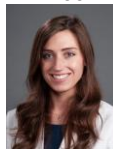
Kevin Goslen
WFU



Lacey Greve
U of KS



John Hunting
Georgetown



Mary-Peyton Knapp
USC Greenville



Jacob Lambertsen
Wright State



Lillian Matthews
Thomas Jefferson



Pranjal Mishra
MCG



Nicholas Rebholtz
U of NV



Courtney Rowland
U of KY



Drake Scott
USF



Joshua Strauss
Creighton



Abigail Thomas
FSU - Pensacola



Blake Van Court
LSU New Orleans



Frank Ventura
UTMB

Primary Care



Calleigh Hitt
Mercer



Sett Naing
VCU



Martin Porebski
Temple



Jennifer Shupak
VCU



Department of Internal Medicine
Section of Endocrinology and Metabolism

September 2024

Dear Prospective Resident,

I am thrilled to welcome you to Wake Forest School of Medicine/Atrium Health Wake Forest Baptist and to share our inclusion and diversity vision. We are very proud of our work in this area and excited that you are considering joining us. I am confident that as you consider Wake, you will see our energy and dedication to creating a learning and working space where everyone feels included, valued, and respected.

Julie Freischlag, MD, our CEO and Ebony Boulware, MD, our dean, are profound champions for this work. Much of our work is built upon a Maya Angelou quote: “Do the best that you can until you know better, then when you know better, do better.” As such, we recognize that we are all doing our best, but that we all have room to grow and develop. We have sought to transform the health system through our work, which can be categorized through our goals: Educate, Elevate, and Energize.

In pursuit of these goals, we have dedicated resources and empowered leadership to ensure educational opportunities exist across the medical center. As part of educational strategy, we have developed an active bystander strategy (called WAKE Active Bystander) that we are teaching across the enterprise. This training gives everyone in our health system the tools to interrupt instances of incivility wherever they occur. Importantly, we recognize that medical centers are hierarchical, so these tools allow you to interrupt incivility while preserving the relationship.

We also recognize that members of our health system also need the opportunity to connect with people with similar identities/experiences. This type of opportunity fosters intrinsic motivation to take action to ensure an equitable experience for everyone. As an example of our strategy to foster this intrinsic motivation, we have developed affinity groups that allow people to come together and receive mentorship, kinship, and help educate the rest of our health system about the issues important to this group. To date, we have groups that have come together around the following identities/experiences: Black/African American; Hispanic/Latinx; Indigenous people; LGBTQ+; Muslim; Jewish; and a Veteran’s Society. At our core, we recognize that inclusion and belonging are connected to high quality patient care. By making a commitment to ensure that everyone feels

included, valued, and respected, we are committing to a culture of care. That care translates to our interactions with patients, staff, providers, and learners across our system.

Finally, I would like to point out that Wake Forest School of Medicine/ Atrium Health Wake Forest Baptist is a great place to learn, work, and discover, as well as a place that is committed to you and your success. We have various opportunities for you to engage around your identity or your passion. From our commitment to mentorship to being part of an affirming and supportive community, we have a lot to offer and are growing every day. We would love you to join us and be a contributing partner in this important work.

Sincerely,

A handwritten signature in dark ink, appearing to read 'K. Gill', followed by a long, horizontal, slightly wavy line that extends to the right.

Kristen Gill Hairston, MD MPH FAHA
Vice Chair, Diversity and Inclusion
Professor, Internal Medicine
Section of Endocrinology and Metabolism



Wake Forest University School of Medicine



On behalf of the faculty and staff of the Maya Angelou Center for Health Equity (MACHE), I would like to welcome you to the Wake Forest School of Medicine (WFSM).

The Maya Angelou Center for Health Equity advances health equity through research, workforce development and community outreach and engagement. The center focuses its efforts on those who are most underserved. At MACHE we conduct translational research in areas of health disparities; we engage communities in education and health improvement; and we advance the health equity workforce development through biomedical science pipeline programming, and training for students, faculty, staff, and community members.

Medical residents at WFSM may participate in opportunities within and outside of the university setting that MACHE offers to enhance the trainee experience. These include:

Research: MACHE facilitates research experiences for medical, graduate and physician assistant students and house staff. Residents would be expected to plan, develop and carry out an independent research study focused on health equity and social determinants of health.

Outreach: There are diverse opportunities for residents to volunteer for engagement with communities on health promotion initiatives. Such opportunities can vary from presenting to community groups on various health topics, providing health information to community health workers, providing medical assistance in outreach settings, or creating outreach materials on health topics for a lay audience.

Mentoring: MACHE works with other WFSM departments for social/networking opportunities for house staff to interact with physicians and researchers from underrepresented groups from around the medical center, in the community and among our alumni base. These opportunities can be used to discuss career pathways, research opportunities, employment options, and professional collaboration.

Again, we welcome you to Wake Forest School of Medicine and look forward to the opportunity to work with you in making your educational experience an outstanding one. For additional information, please visit our website at <http://www.wakehealth.edu/MACHE> or call our office at 336-713-7613.

Sincerely,

Goldie S. Byrd, PhD
Professor and Director
Maya Angelou Center for Health Equity
gbyrd@wakehealth.edu

**WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
GRADUATE MEDICAL EDUCATION PROGRAM AGREEMENT
(RESIDENCIES AND FELLOWSHIPS)**

THIS AGREEMENT (“Agreement”) is entered into and effective as of this ____ day of _____ 20____, by and between **Wake Forest University Baptist Medical Center** (“WFUBMC” or “Medical Center”), and _____, ____ (“House Staff”). WFUBMC and House Staff are hereinafter collectively referred to as the “Parties.”

Pursuant to an Integration Agreement effective July 1, 2010, WFUBMC now manages the operations of Wake Forest University Health Sciences and its Wake Forest School of Medicine (collectively “WFUHS”) and North Carolina Baptist Hospital (“NCBH”).

1. **Definitions.** The following capitalized terms used or otherwise referred to in this Agreement shall have the following meanings:
 - a. **ACGME:** the Accreditation Council for Graduate Medical Education.
 - b. **Competencies:** the specific knowledge, skills, behaviors, attitudes, and the appropriate educational experiences required to complete GME programs. These include patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
 - c. **Designated Positions:** positions for graduates who have already been accepted into another specialty, but who are completing prerequisites for that specialty.
 - d. **Duty Hours:** all clinical and academic activities related to the Program, *i.e.*, patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent on in-house call, and other scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
 - e. **Graduate Medical Education (“GME”):** the period of didactic and clinical education in a medical specialty which follows the completion of a recognized undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty, otherwise known as “residency education.” The term GME includes Core Programs as defined herein. The term GME also applies to the period of didactic and clinical education in a medical subspecialty which follows the completion of education in a recognized medical specialty (residency education) and which prepares physicians for the independent practice of medicine in that subspecialty, otherwise known as a “fellowship” or “subspecialty program.” The term GME refers to all WFUBMC graduate medical education programs offered including programs accredited by the ACGME.
 - f. **House Staff:** the individual identified above who is a non-faculty physician, dentist, or podiatrist participating in a graduate medical education Program sponsored at the Medical Center. “House Staff” may also be referred to as “House Officer.” The terms “house staff,” “house officer,” “residents,” and “graduates” may be used herein and in WFUBMC

Policies in the generic to refer to any individual participating in a graduate medical education Program sponsored at the Medical Center.

- g. Moonlighting: voluntary, compensated, medically-related work or services performed either internally within WFUBMC and not related to the GME Program requirements or externally for an entity or organization not owned or affiliated with WFUBMC or a participating Program Site.
- h. Non-Designated Positions: positions for graduates who at the time of admission to a program have not been accepted into any specialty.
- i. Policies: collectively those WFUBMC policies, which include, but are not limited to, education and human resource policies, which apply to House Staff, as may be amended from time to time. When referring to a policy individually, the general term “Policy” may be used herein. WFUBMC’s Policies may be found at: <https://intranet.wakehealth.edu/Tools/Policies> then select “Employee Access” and log in with your medical center credentials or click on the Policies icon on your desktop and log in with your medical center credentials.
- j. Preliminary Positions: the collective of Designated Positions and Non-Designated Positions.
- k. Program: the specific WFUBMC structured graduate medical education experience in which House Staff is participating in accordance with this Agreement, which may be a specialty, subspecialty, or Core Program as identified in Paragraph 2(a) of this Agreement. The term “program” may be used herein in the generic to refer to any graduate medical education program.
- l. Program Director: the individual designated by WFUBMC with authority and accountability for the operation of the Program in which House Staff is participating.
- m. Specialty Program or “Core Program”: a structured educational experience in a field or medical practice following completion of medical school and, in some cases, prerequisite basic clinical education designed to conform to the program requirements of a particular specialty.
- n. Site: an organization providing educational experiences or educational assignments/rotations for individuals participating in a GME Program sponsored by WFUBMC.
- o. Disabled: The term “disabled” shall refer to House Staff’s absence from work more than 90 days during any calendar year because of ill health, physical disability, or mental disability, which would qualify House Staff for disability benefits according to criteria used by WFUBMC’s disability insurance carrier for disability benefits. The termination of this Agreement due to House Staff’s disability will have no effect on his/her disability benefits.

2. Term of Appointment.

- a. House Staff agrees to accept appointment as a House Staff_____ in the Program sponsored by the Medical Center in the services of _____. This appointment is for a period of one (1) year commencing on _____, 20____ (“Initial Term”). As necessary, if House Staff is scheduled for night shift on the final day of the Term of Agreement, House Staff’s Term may be extended beyond midnight until the end of the shift to ensure patient safety and appropriate hand-offs. Unless terminated earlier in accordance with the provisions set forth herein, upon the expiration of the Initial Term and upon House Staff’s reappointment to the Program, this Agreement will automatically renew for additional one (1) year terms (“Renewal Term”) until House Staff’s completion of the Program (Initial Term and Renewal Terms are collectively referred to as “Term”).
- b. Reappointment to the Program may be made on an annual basis in accordance with WFUBMC’s Reappointment Policy applicable to House Staff and all reappointment decisions will be communicated to House Staff in accordance with said policy.
- c. If House Staff is not reappointed (except for Preliminary Positions), not promoted to the next Post Graduate Year, terminated, subject of an adverse disciplinary action, or if House Staff has a grievance, WFUBMC’s Policies related to graduate medical education Disciplinary Actions, Grievances, and Due Process shall apply, as applicable.

3. Responsibilities of House Staff.

As a condition precedent for participation in the Program, employment with WFUBMC, and continued participation and employment, House Staff hereby agrees to fulfill the following responsibilities:

- a. House Staff shall achieve, maintain, and satisfy the Competencies required to complete House Staff’s GME Program.
- b. House Staff shall, at all times, conduct himself/herself in compliance with the Medical Staff Bylaws, Rules and Regulations, and policies of WFUBMC and of affiliated hospitals, to which House Staff may rotate as part of the Program, as well as with all state and federal rules, laws, and regulations.
- c. House Staff shall:
 - i. Provide compassionate, appropriate, and effective patient care and treatment for the promotion of health;
 - ii. Comply with all applicable WFUBMC Policies, procedures, rules, and standards as may be established from time to time;

- iii. Demonstrate appropriate medical knowledge and skill regarding established and evolving biomedical, clinical, and cognate (*e.g.*, epidemiological and social-behavioral) sciences and apply this knowledge and skill to patient care;
 - iv. Engage in practice-based learning and improvement that involves investigation and evaluation of his/her own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care;
 - v. Demonstrate interpersonal, cultural sensitivity, and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals;
 - vi. Demonstrate professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;
 - vii. Engage in systems-based practices, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care delivery and the ability to effectively call on system resources to provide optimal care;
 - viii. Develop a personal program of learning to foster continued professional growth with guidance from the teaching staff;
 - ix. Participate fully in the educational, quality assurance, and scholarly activities of House Staff's Program and, as required, assume responsibility for teaching and supervising other graduates, students, or staff, as applicable, to ensure quality and safe patient care;
 - x. Perform all duties and assignments in accordance with the state licensure requirements for graduates in training, established practices, procedures, and Policies of WFUBMC and the Program and those of its other programs, clinical departments, and institutions to which the House Staff may be assigned; and
 - xi. Competently communicate with team members in effective and structured hand-over processes to facilitate both continuity and quality of care and patient safety.
- d. House Staff shall be responsible to the members of the Medical Staff of WFUBMC and its affiliated hospitals under whose supervision House Staff may serve, the Chair of the Department, and House Staff's Program Director.
- e. House Staff acknowledges an obligation to, and therefore House Staff shall maintain, through the duration of this Agreement, the appropriate State of North Carolina and federal licensures and registrations/numbers, as may be required for performance under this Agreement, and shall comply with the applicable provisions of North Carolina and federal law pertaining to licensures and registrations/numbers in effect and as may be amended from time to time.

- f. House Staff agrees to provide the Program Director and the Office of Graduate Medical Education with immediate written notification of any action taken or contemplated to be taken and for which the House Staff has received notice, which may subject House Staff's license or registrations to disciplinary action, including, but not limited to, suspension, revocation, limitation, or other restrictions. Upon receipt of such notice, WFUBMC may, at its option and sole discretion, immediately terminate this Agreement in accordance with Paragraph 16 below or suspend its obligations hereunder pending the outcome of any such proceedings.
 - g. House Staff represents and warrants that he/she is duly authorized and appropriately licensed to practice medicine, dentistry, or podiatry, as applicable, in the State of North Carolina.
 - h. House Staff represents and warrants that House Staff has never been (i) debarred under the Generic Drug Enforcement Act of 1992, 21 U.S.C. §335a(a) or (b), (ii) sanctioned by a federal health care program (as defined in 42 U.S.C. §1320 a-7b(f)), including, but not limited to, the federal Medicare or any state Medicaid program, or (iii) debarred, suspended, excluded, or otherwise declared ineligible from any federal agency or program (subsections (i), (ii) and (iii) collectively, "Debarred"). In the event that during the Term, House Staff becomes Debarred or receives notice of an action or threat of an action that could result in it being Debarred, House Staff shall immediately notify the Program Director.
4. Compensation. House Staff will be employed by WFUBMC in accordance with the terms of this Agreement and shall receive the compensation and vacation time set forth on Exhibit A attached hereto and incorporated herein by reference. For each Renewal Term of this Agreement, House Staff and WFUBMC will execute an amended Exhibit A with respect to House Staff's compensation and vacation time for the Renewal Term, which shall be attached hereto and incorporated herein for each applicable Renewal Term.
 5. Duty Hours and Call Schedule. House Staff shall perform his/her Duty Hours under this Agreement during such hours as the Program Director may direct in accordance with WFUBMC's Duty Hour Policy, applicable federal, state, and local laws, rules, regulations and policies, and ACGME requirements. If a scheduled duty assignment is inconsistent with such policies, laws, rules, regulations or requirements, House Staff shall bring such inconsistency to the Program Director's attention who shall take the necessary steps to reconcile or cure such inconsistency.
 6. Vacation. House Staff shall be entitled to vacation time as set forth in Exhibit A and which vacation shall be scheduled in accordance with the GME Policy related to Vacation.
 7. Benefits. House Staff may participate in WFUBMC's benefit plans ("Plans") during the term of this Agreement in accordance with the terms of the respective Plans, as available and amended from time to time. Plans include, but are not limited to, health insurance, disability insurance, and life insurance. Health insurance coverage will be effective from the first recognized day of graduate education. It is House Staff's obligation to select and enroll in the benefit program(s) he/she desires for himself/herself and his/her eligible dependents, as applicable.
 8. Leave.

- a. House Staff may request a leave of absence or other time off, which will be granted in accordance with appropriate WFUBMC Policies governing said requests. Any departmental conditions, as appropriate, such as medical clearance, shall be met before the House Staff may return, and a deadline (by which House Staff must request termination of the leave for a place to be held in the appropriate class) will be set by the Program Director at the time leave is granted. In the event of a medical leave of absence, House Staff will not be reinstated without medical clearance reasonably acceptable to the Program Director.
 - b. The respective Program Director will provide a written statement to House Staff in compliance with the applicable Program requirements concerning the effect of the leave, for any reason, on satisfying the criteria for completion of the Program and information relating to access to eligibility for certification by the relevant certifying board.
 - c. No credit for Program requirements will be given for any leave period in excess of that permitted by the appropriate “specialty board.”
9. Professional Liability Insurance. While House Staff is participating in the Program, WFUBMC will have and maintain professional liability coverage in an amount of least \$1 million per occurrence/\$3 million aggregate. Such coverage (“Coverage”) will include legal defense and protection against awards from claims reported or filed both during and after the completion of the Program if the alleged acts or omissions claimed are within the scope of the Program. Coverage will be consistent with WFUBMC’s coverage for other medical/professional practitioners. Details of Coverage will be provided upon request. **Such professional liability insurance coverage does not extend to activities such as external Moonlighting or any activities performed by House Staff outside the scope of House Staff’s participation in House Staff’s Program and/or House Staff’s employment with WFUBMC.**
10. Eligibility for specialty board examinations. House Staff’s Program Director, or the Program Director’s designee, will provide House Staff with appropriate information regarding eligibility requirements for specialty board examinations.
11. Billing. House Staff shall not bill any patients or any third party for any patient care rendered in the Program. House Staff understands and acknowledges that WFUBMC has a corporate compliance program and agrees to make best efforts to comply with all applicable federal, state, and local laws and regulations related to compliance including, but not limited to, fraud and abuse, and agrees to immediately notify the WFUBMC Compliance Department of any concerns that House Staff may have in this regard.
12. Moonlighting.
 - a. WFUBMC’s Moonlighting Policy sets forth the requirements and obligations of Moonlighting outside of or in addition to the requirements of a Program.
 - b. All house staff in their first post-graduate year (“PGY-1”) will not be permitted to Moonlight. Thereafter, House Staff may be permitted to Moonlight in accordance with WFUBMC’s Moonlighting Policy.

- c. Moonlighting must not interfere with House Staff's ability to perform under this Agreement.
 - d. House Staff is not required to engage in Moonlighting activities.
 - e. House staff participating in a WFUBMC Program pursuant to a J-1 Exchange Visitor Program are not permitted to engage in Moonlighting at any time while participating in the Program sponsored by WFUBMC.
 - f. The terms set forth in Paragraph 9 above apply to this Paragraph 12.
13. Living Quarters, Food Access, Security, and Dress Code.
- a. Living quarters are the responsibility of the House Staff. On-call accommodations will be provided by WFUBMC when House Staff is required to be on-call.
 - b. WFUBMC will provide access to food in accordance with ACGME requirements.
 - c. Security and personal safety measures will be provided to House Staff at all WFUBMC locations including parking facilities, on-call quarters, and all WFUBMC grounds and related facilities.
 - d. The dress code shall be in accordance with WFUBMC dress code Policies.
14. Impairment and Counseling.
- a. Should House Staff suffer a physical or mental illness, abuse drugs or alcohol, or undergo a medical procedure, which may impair House Staff's clinical ability, House Staff must promptly notify the Program Director. At any time, the Program Director may require House Staff to submit to a physical and/or mental examination by a physician or physicians acceptable to the Program Director for the purposes of determining whether or not House Staff is free from health impairments which may pose potential risk to patients or personnel, or which may interfere with the performance of clinical duties.
 - b. WFUBMC will educate House Staff regarding sleep deprivation and fatigue mitigation processes. WFUBMC will provide sleep facilities and/or transportation to House Staff as needed.
 - c. WFUBMC will address suspected impairment in accordance with WFUBMC's Policy regarding impairment.
15. Confidentiality. House Staff acknowledges that during the Term of this Agreement, House Staff will have access to WFUBMC's confidential methods of operations, pricing policies, patient names, patient lists, patient records, patient information, marketing strategies, knowledge, techniques, trade secrets, research endeavors, and other information about WFUBMC's operations and business of a confidential nature ("Confidential Information") and that such information has a special and unique value to WFUBMC. House Staff will not in any manner, directly or indirectly, disclose or divulge to any person or other entity, or use for her own benefit, any of such

Confidential Information, except that House Staff may disclose, as appropriate and in accordance with applicable WFUBMC Policy, research endeavors in which House Staff is specifically engaged for purposes of publication and presentation. Upon expiration or termination of this Agreement by any party or for any reason, House Staff shall immediately return to WFUBMC any and all such Confidential Information in House Staff's possession or control. Without limiting any other remedies that may be available to WFUBMC for breach of this covenant by House Staff, House Staff agrees that an injunction or other equitable relief may be available to WFUBMC. This Paragraph 15 shall survive the expiration or termination of this Agreement for any reason. House Staff agrees that the terms of this confidentiality provision are reasonable. Confidential Information shall not include, and the restrictions contained herein shall not apply to, information which (i) is public knowledge at the time of disclosure to House Staff, or becomes public knowledge after its disclosure to House Staff through no act or omission of House Staff; (ii) has been released to the general public by WFUBMC; (iii) was known to House Staff on a non-confidential basis prior to disclosure by WFUBMC; or (iv) is disclosed by House Staff pursuant to a subpoena issued by court or governmental agency with jurisdiction, provided House Staff notifies WFUBMC in a reasonable time after receipt of such subpoena.

16. Termination.

- a. Either party may terminate this Agreement at any time by giving at least ninety (90) days written notice of termination to the other party.
- b. WFUBMC may terminate this Agreement immediately, if:
 - i. WFUBMC imposes disciplinary action upon House Staff that results in termination of House Staff's privileges to participate in the Program;
 - ii. House Staff's license to practice in the State of North Carolina and/or controlled substance registration is/are either voluntarily or involuntarily terminated, revoked, suspended, limited, withdrawn, or surrendered;
 - iii. House Staff is disciplined by any professional medical organization;
 - iv. House Staff resigns, withdraws, is removed, or is termination from any professional medical organization under threat of, or as a consequence of, disciplinary action;
 - v. Any governmental authority having jurisdiction over House Staff either: 1) targets House Staff in an investigation for alleged misconduct or violation of law or 2) imposes any restriction or limitation on House Staff's ability to engage in the professional practice of medicine;
 - vi. House Staff has not performed House Staff's responsibilities and obligations under this Agreement or has otherwise become unfit to continue in the Program;

- vii. House Staff fails to make satisfactory progress toward achieving the educational goals of the Program;
 - viii. House Staff engages in professional, ethical, or other such conduct that is considered to be lower than the standards or aims of the Program or which is disruptive to the delivery of patient care and efficient operation of the Program, Medical Center, WFUBMC, or any participating Site;
 - ix. House Staff fails or refuses to comply with WFUBMC policies, procedures, rules, standards, and regulations as may be established from time to time;
 - x. It is alleged that House Staff has violated a state or federal law that may result in civil or criminal liability on the part of House Staff and that may reasonably have a material effect on House Staff's ability to perform under this Agreement;
 - xi. House Staff becomes disabled or upon House Staff's death; or
 - xii. House Staff becomes excluded from participation in the Medicare and Medicaid programs.
- c. House Staff's continued participation in the Program is conditioned upon satisfactory performance of all assigned academic and clinical responsibilities required by this Agreement.
- d. Any misrepresentation by act or omission in House Staff's application for appointment to the Program, or documents in support thereof, or in any application for appointment to an affiliated hospital shall be grounds for termination of such appointment and this Agreement.
- e. Upon termination of the House Staff's appointment and/or this Agreement under this section, the only obligation of WFUBMC shall be to pay House Staff any compensation that may be due, on a prorated annual basis, as of the date of such termination.
- f. Except as noted above, withdrawal or termination from a Program will not automatically disqualify House Staff from seeking a contract with WFUBMC or with another site related to another program. The withdrawal or termination may be a factor considered in such cases.
17. Reduction or Closure of a Program. In the event non-reappointment is based on reduction or closure of a Program, the WFUBMC Policy regarding reduction or closure of a program will apply.
18. Restrictive Covenants. Neither WFUBMC nor the Program will require House Staff to sign a non-competition guarantee or restrictive covenant.
19. Cooperation related to Proceedings. If WFUBMC is investigating, evaluating, pursuing, contesting, or defending any incident, proceeding, charge, complaint, claim, demand, notice, action, suit, litigation, hearing, audit, investigation, arbitration, or mediation, in each case whether initiated by or against WFUBMC (collectively "Proceeding"), House Staff shall cooperate with WFUBMC and

its counsel in the evaluation, pursuit, contest, or defense of the Proceeding and provide such testimony and access to books and records as may be necessary in connection therewith. The duty to cooperate includes attendance at depositions, responding to discovery requests, and to returning to North Carolina for a Proceeding if reasonably required by WFUBMC. If House Staff receives, or anyone with whom House Staff works, or House Staff receives from a third-party on House Staff's behalf, any summons, complaint, subpoena, or court paper of any kind relating to activities in connection with this Agreement or House Staff's activities at WFUBMC or its facilities, House Staff agrees to immediately report this receipt and submit the document received to WFUBMC's Legal Department. WFUBMC will pay all reasonable expenses associated with the Proceeding. House Staff's obligation to cooperate shall survive the termination of this Agreement.

20. Applicable Law. This Agreement will be construed and interpreted according to the laws of the State of North Carolina without giving effect to its conflicts or choice of law principles. Jurisdiction and venue for any dispute hereunder shall lie in Forsyth County and the United States District Court for the Middle District of North Carolina.
21. Notice. All notices or other communications required or permitted hereunder to WFUBMC will be in writing and will be sufficiently given if hand-delivered, sent by certified mail, express mail service, or overnight delivery service, postage pre-paid. The date of notice shall be the date of delivery. All notices to WFUBMC shall be sent to:

Wake Forest University Baptist Medical Center
Medical Center Boulevard
Winston-Salem, NC 27157
ATTN: Office of Graduate Medical Education

Notices to House Staff may be sent via email to the WFUBMC email address assigned to House Staff, or to House Staff's street address on file with WFUBMC's human resources department. House Staff shall promptly notify WFUBMC's human resources department regarding any changes to House Staff's address.

22. Headings. The headings and numbers of sections and paragraphs contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement. Any gender-specific word or term shall include both the masculine and feminine gender unless otherwise indicated by the context.
23. Severability. If any provision, or portion thereof, of this Agreement is determined to be invalid or unenforceable, the provision shall be deemed to be severable from the remainder of the Agreement and shall not cause the invalidity or unenforceability of the remainder of this Agreement.
24. Amendments. Any amendments to this Agreement or the exhibits hereto will not be valid unless made in writing and signed by both Parties.
25. Waiver. WFUBMC's failure to insist upon the strict performance of any term or provision of this Agreement or to exercise any right or remedy upon a breach thereof will not constitute a waiver of such breach or of any such term or provision. Breach of this Agreement may not be waived or modified except by a written Agreement executed by the Parties.

26. Entire Agreement. This Agreement shall constitute the entire agreement between the Parties with respect to its subject matter and supersedes any prior agreements or discussions, whether oral or written, concerning the subject matter hereof. If any provision in this Agreement is inconsistent with or contradicts the attached exhibits, this Agreement will govern.
27. Counterparts. This Agreement, including facsimile or electronic (e.g., pdf) versions thereof, may be executed in one or more counterparts, each of which shall be deemed an original, but all of which constitute one and the same Agreement.

IN WITNESS WHEREOF, each of the undersigned Parties executes this Agreement as of the date first written above.

House Staff:

Wake Forest University Baptist Medical Center:

Name:

Program Director:

Wake Forest University Baptist Medical Center:

Associate Dean of Graduate
Medical Education and Designated
Institutional Officer:

Revised: 09/22/2003
12/12/2003
02/01/2008
12/10/2010
08/15/2012
03/14/2016
02/08/2019
06/17/2021
2/24/2022

Exhibit A

House Staff's Name (Printed or Typed)

During the period from _____ through _____, the House Staff shall be employed by WFUBMC at House Staff Level _____, in the Department of _____; and with compensation at an annual rate of \$ _____ with payments to be made in equal installments on an annual basis. During this same time period, House Staff will also receive _____ weeks of vacation, as scheduled with the Program Director.

For Renewal Terms of the Agreement, all terms, conditions, and provisions of the Agreement dated _____ by and between House Staff and Wake Forest University Baptist Medical Center are hereby approved without amendment and renewed, in accordance with Paragraph 2 of the Agreement, for the applicable Renewal Term as set forth in the above paragraph and subject to the compensation and vacation terms also set forth above.

House Staff:

Wake Forest University Baptist Medical Center:

Name:

Program Director:

Wake Forest University Baptist Medical Center:

Associate Dean of Graduate
Medical Education and Designated
Institutional Officer:

Revised: 09/22/2003
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