Contact Information
2016-2017

University of Washington
Internal Medicine Residency
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Please feel free to contact us if you have any additional questions about our program.
Creating tomorrow's healthcare for today's patients through education, scholarship, and compassionate care

Welcome to our diverse and inclusive community! We are excited that you are considering the University of Washington for your training.

The University of Washington Internal Medicine Residency is dedicated to training the future leaders of medicine regardless of whether they plan to work in academic medicine, community practice, biomedical research, public health, or healthcare policy and administration. To meet this goal, our mission is to provide a world-class, individualized learning environment in which outstanding patient care and outstanding clinical training are indistinguishable, woven intricately together to create exemplary clinical and educational outcomes. Our amazing faculty members love to teach and the department promotes a humanitarian approach to medical education and patient care.

We seek outstanding, unique applicants who will actively engage in the graduate medical education process at the University of Washington. We strongly value applicants who come from diverse backgrounds, as we believe this enhances the educational experience for all residents and faculty. This also reflects the broad demographics of the WWAMI region and, hence, the diverse social, racial and ethnic populations that all residents will be exposed to while learning to provide culturally responsive care.

Beginning in 1957, shortly after the UW School of Medicine and Department of Medicine were founded, the residency program had 24 positions and the residents completed all of their training at one site, Harborview Medical Center. We’ve grown slightly since then. For the 2013-2014 academic year we have 174 residents, including 10 chief residents. Residents train in multiple, closely affiliated inpatient and outpatient settings. Our primary sites include the University of Washington Medical Center, Harborview Medical Center, VA Puget Sound Medical Center, and the Seattle Cancer Care Alliance, which includes the Fred Hutchinson Cancer Research Center. Rotating through a number of sites during their training provides our residents with the opportunity to experience diverse patient populations, medical and social problems, and healthcare environments.

We recognize the difficult decisions that applicants face when deliberating between our various tracks. However, we offer a residency program that provides residents with the flexibility to tailor their experiences to meet their long-term educational and career goals. Residents from all three of our tracks are able to participate in our inpatient or ambulatory electives, the WWAMI rural health program, research electives, international electives, and our various pathways. We are proud that all of our residents are highly sought after for positions in subspecialty fellowships, academic medicine, and community practice.

Through our commitment to a comprehensive learning experience for residents and the resources available at a premier medical school and Department of Medicine, we believe the breadth and depth of learning available to our residents provides one of the richest training experiences in the country. Enjoy your visit and see if our community could be your community!

Kenneth P. Steinberg, MD
Professor of Medicine
Program Director, Internal Medicine Residency Program
Diversity and Inclusion

The Department of Medicine at the University of Washington School of Medicine is committed to recruiting diverse physicians to our residency program. In this context, we are mindful of all aspects of human differences such as socioeconomic status, race, ethnicity, sexual orientation, gender, spiritual practice, geography, disability, career goals, and age.

Diversity as a core value embodies inclusiveness, mutual respect, and multiple perspectives. Inclusion is a critical element for successfully achieving diversity. Inclusion is achieved by nurturing the climate and culture of the program through professional development, education, policy, and practice. Our objective is to create a climate that fosters belonging, respect, and value for all and encourages engagement and connection throughout the institution.

We believe that diversity enhances the educational climate and that educational outcomes are directly improved as a result. Moreover, we believe that the constantly changing demographics locally, regionally, nationally, and internationally make it imperative that the program create a workforce for the future that is capable of understanding, communicating and providing service to individuals from the most varied backgrounds. In this way, diversity enhances creativity and thoughtfulness in our patient care and research, and serves as a catalyst for change ultimately resulting in greater health care equity and a reduction in health care disparities. This eventually leads to better solutions to the healthcare needs of the populations we serve.

We are committed to increasing and sustaining the diversity of our housestaff and our faculty for the years to come, and ensuring the success of our trainees.

To learn more about diversity at the University of Washington School of Medicine, please explore the following online resources:

**UW School of Medicine Center for Equity, Diversity & Inclusion (CEDI):**
http://depts.washington.edu/cedi/new/

**UW Network of Underrepresented Residents and Fellows (UW-NURF):**

If you would like to learn more about diversity and inclusion in the Internal Medicine Residency Program, please feel free to contact us.
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Six Interesting Facts about UW Medicine

1. Five Nobel Prize winners in the last 25 years.
   • Dr. Linda Buck – Professor of Physiology and Biophysics; 2004 Nobel Prize for discovery of mechanisms of smell
   • Dr. Lee Hartwell – Professor of Genome Sciences and Adjunct Professor of Medicine; 2001 Nobel Prize for discoveries of key regulators of the cell cycle
   • Dr. Edwin Krebs and Dr. Edmond Fisher – Professors Emeriti in Departments of Biochemistry and Pharmacology; 1992 Nobel Prize for discovery of reversible protein phosphorylation
   • Dr. Don Thomas – Professor Emeritus in Department of Medicine; 1990 Nobel Prize for pioneering work in Bone Marrow Transplantation

2. UW was #4 among all medical schools, public and private, in receipt of research grant funding from the NIH last year. The Department of Medicine ranked as #8 in NIH research funding for FY2014 with over $301 million in funding.

3. UW Medicine provides 60% of all hospital-based charity medical care in King County and 34% for the state of Washington

4. UW Medical Center is ranked in the top 1% of hospitals by U.S. News and World Report and was the first hospital in the country to achieve Magnet Hospital certification by the American Nurses Credentialing Center.

5. UW has been consistently ranked as the #1 or #2 medical school in the nation for primary care for the last 20 years by U.S. News and World Report, and is currently ranked #8 for Internal Medicine.

6. The UW Medical Center is currently ranked in the top 1/3 nationally on patient safety indicators by Vizient (formally the University Health System Consortium).
25 Milestones at UW Medicine

1. A single blood specimen, out of over 600 collected in 1959 from the Belgian Congo (Zaire), was later shown by investigators to be the first HIV-positive specimen, supporting an African origin of AIDS.

2. The Kirby-Bauer method of antibiotic sensitivity was developed by UW Faculty, one of whom, Dr. Marvin Turck remains active on faculty.

3. Investigators demonstrate the etiologic role of *Chlamydia trachomatis* in epididymitis, PID, perihepatitis, and urethral syndrome.

4. In 1984, UW became one of the 14 initial AIDS Clinical Trials Unit (ACTU) sites nationally and continues to be a leading researcher in HIV.

5. Investigators change the treatment of UTIs by demonstrating that single dose and short course antibiotic regimens are safer, less costly, and equally effective as longer treatment options.

6. Adenosine deaminase deficiency was first described as a source of immunodeficiency by the Puget Sound Blood Center.

7. The Bruce Protocol Treadmill Stress Test developed at UWMC and Seattle Heart Watch demonstrated the feasibility and safety of stress testing as a powerful diagnostic tool in cardiovascular disease.

8. Thallium Myocardial Imaging developed as a method of assessing coronary blood flow.

9. Investigators demonstrate that thrombolytics are effective in reducing mortality in myocardial infarction.

10. UW research demonstrates the effectiveness of defibrillation performed in the field by paramedics and continues to be a leader in advancement of electrophysiologic treatment of sudden cardiac death.


12. One of the first GRECC (Geriatric Research, Education, and Clinical Centers) nationally was established at the Seattle VA Medical Center.

13. Dr. E. Donnall Thomas performs the first Bone Marrow Transplantation in 1959 in New York between identical twins. He would later move to UW where his work would pioneer matched donor transplantation and eventually lead to a Nobel Prize.

14. Human von-Willibrand Factor was first cloned in collaboration with Department of Biochemistry.

15. Discovery of blood hormone thrombopoietin (TPO) as the hormone responsible for platelet production.
16. The first Scribner Shunt was inserted, allowing for the first long term dialysis method in the country. Later, the Seattle Artificial Kidney Center (now the Northwest Kidney Center) would become the prototype for community-based, not-for-profit dialysis centers nationwide.

17. Chronic Peritoneal Dialysis developed as an alternative to hemodialysis.

18. Investigators at UWMC first describe renal osteodystrophy and aluminum-induced osteomalacia and pioneer innovations in hemodialysis to deal with these and other chronic health problems seen in the chronic HD population.


20. The International Medicine Clinic, originally the refugee clinic, was established as a model to improve care of refugee populations from around the world.

21. Harborview becomes a main center in the study of the epidemiology and pathophysiology of ARDS and would become a critical ARDSnet Site.

22. Investigators begin the first cystic fibrosis program for adults in the Pacific Northwest and continue to provide primary patient care.

23. The first programs in the Pacific Northwest in lung transplantation, lung volume reduction surgery, pulmonary hypertension, neuromuscular respiratory disease, and interstitial lung disease established.

24. Familial Combined Hyperlipidemia first described as a clinical syndrome.

25. Anti-GAD antibody immunoassay first used to predict development of IDDM in humans.
UW Program Philosophy

The University of Washington Internal Medicine Residency program’s primary goal is to train the next generation of leaders in medicine regardless of whether our graduates enter academic medicine, healthcare policy and administration, public health, or community practice. In order to achieve this goal, our philosophy is to provide individualized learning pathways that meet the educational and mentoring needs of all of our residents, allowing them each to reach their maximum potential based on their career goals, and to do this in a supportive and caring environment. Yet we are also a unified community and work in a fully integrated manner across our various tracks and pathways. The concept of community is very important to us – from our program to our local, regional, and global communities.

While the program is made up of different tracks, and we strive to individualize our curriculum as described above, we also recognize that there is a core curriculum that all of our residents need to learn in order to become excellent internists. Career plans often change during training and our core curriculum allows residents to achieve their goals from any track. We believe that an environment in which outstanding patient care and outstanding clinical training are indistinguishable is ultimately the best environment in which to train. It provides our residents the greatest degree of career flexibility and that is what we strive to provide our trainees here at the University of Washington.

Similarities in training experiences across the tracks:
• All residents have ward GIM, MICU, Cardiology, and Heme/Onc training
• Night call for inpatient rotations is no more frequent than every fourth night
• All residents have the opportunity to take the clinical electives in all of the various subspecialties of Medicine
• All three-year residents have the opportunity to take special electives including research, rural (WWAMI), and international rotations
• All three-year residents follow their own patient panel in a weekly continuity clinic
• All three-year residents participate in scholarly work

Major differences between the tracks:
• Primary care residents have a greater number of ambulatory rotations, including dedicated musculoskeletal and general internal medicine immersion blocks
• The depth of conferences in preventative health, health maintenance, and behavioral medicine is greater for the Primary Care track residents
Program Highlights

- The UW Department of Medicine ranks first in the nation among public institutions, and eighth overall for research funding from the NIH
- UW has been ranked #1 or #2 in Primary Care by U.S. News & World Report for 20 consecutive years
- We are one of a very few programs that is recognized as a leader in both primary care and subspecialty training
- The primary care track at UW is among the first in the nation
- More faculty from the UW have served in the role of national president of the Society of General Internal Medicine than faculty from any other institution
- Harborview Medical Center is one of the premier public hospitals in the country and the only Level 1 Trauma & Burn Center in the Washington, Wyoming, Alaska, Montana, Idaho (WWAMI) region
- Our residents are highly sought after for positions in academic medicine, fellowships, and community practice
- WWAMI rotations are unique and popular experiences that give residents opportunities to practice medicine with superb faculty/general internists in small communities in the five state region of Washington, Wyoming, Alaska, Montana and Idaho
- Ambulatory blocks offer superb training in subspecialty clinics and primary care, as well as enhancing time in continuity clinics
- While on ambulatory blocks, residents have extensive training in psychosocial medicine, evidence-based medicine and literature search, and primary care topics
- All three year residents have the opportunity to elect rotations in international health and research
Internal Medicine Tracks

Seattle Categorical (NRMP #1918140C0)
The Seattle Categorical Track provides broad training in general internal medicine and medical subspecialties in both the inpatient and outpatient settings. Most residents in this program pursue academic careers in general internal medicine or medical subspecialties. Residents may choose research electives in their R2 and R3 years.

Primary Care (NRMP #1918140M0)
In 1977, the Department of Medicine initiated a separate track within the internship and residency program that emphasized the training of primary care internists. This track was developed to meet the regional and national need for highly trained general internists practicing primary care. While residents in the Primary Care track have many of the same inpatient experiences as those in the categorical tracks, they have fewer subspecialty rotations in order to provide more time for ambulatory and primary care training.

Categorical/Medical Genetics (NRMP #1918140C2)
The University of Washington Medical Genetics Track in Internal Medicine is designed for residents who are considering a career in adult medical genetics. Residents will have the opportunity for mentoring, and to choose among clinical rotations and research opportunities in the Division of Medical Genetics in the Department of Medicine during their internal medicine residency. At the completion of the residency, residents will be eligible to enter the UW Medical Genetics training program. This is an accredited two year program for full-time medical genetics training leading to eligibility for board certification in clinical genetics by the American Board of Medical Genetics, with an optional but strongly encouraged third year for research fellowship.

Preliminary Medicine (NRMP #1918140P0)
A Preliminary Internal Medicine track is available for individuals who wish to acquire a year of broad clinical experience before entering a residency training program in another discipline. Applicants who wish to do a preliminary medicine year at the University of Washington, even if they do not match as an R2 into a University of Washington program, are welcome to apply.

In addition to individuals who match into the Preliminary Internal Medicine track, R1s matched into the University of Washington Neurology residency program spend their entire first year under the supervision of the Department of Medicine. The Neurology R1 curriculum is similar to that of the Preliminary Medicine R1s.
# R1 Sample Schedule

2016-17 Curriculum (13 - 4 week rotations)

<table>
<thead>
<tr>
<th>Categorical</th>
<th>Primary Care</th>
<th>Primary Care - COE</th>
<th>Prelim-General</th>
<th>Prelim-Neuro</th>
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<td>Night Medicine</td>
<td>ER UWMC/</td>
<td>GIM Patient</td>
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<td>HMC/UWMC/VA</td>
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<td>ER UWMC/</td>
<td>GIM Patient</td>
<td>COE Ambulatory*</td>
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<tr>
<td>Risk</td>
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<td>GiM Immersion</td>
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<td>COE Ambulatory*</td>
<td>Med Consult*</td>
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<td>Elective**/Risk</td>
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</table>

Split rotations “/” are two weeks of each experience  
*Possible rotation for one week vacation  
**Possible rotation for two week vacation  
HMC: Harborview Medical Center  
UWMC: University of Washington Medical Center  
VA: Veterans Affairs Puget Sound Health Care System  
U=UWMC, H=Harborview, V=VA Rotations with "/" indicate split rotations

Elective options include, but are not limited to: Cardiology, Dermatology, Endocrine, Emergency Medicine, Medical Genetics, Gastroenterology, Hematology/Oncology, Hospital Medicine, Infectious Disease, Neurology, Nephrology, Pulmonary, Rheumatology and Neuro Radiology.
## R2 Sample Schedule

2016-17 Curriculum (13 - 4 week rotations)

<table>
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<th>Categorical</th>
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<td>CCU</td>
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<td>UW</td>
<td>VA</td>
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<tr>
<td>MICU</td>
<td>CCU</td>
<td>Emergency Medicine</td>
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<td>HMC</td>
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<td>Ambulatory - GIM Panel</td>
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<td>General Medicine, Night Medicine</td>
<td>Ambulatory - GIM Panel</td>
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<td>or Subspecialty Inpatient</td>
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<tr>
<td>Ambulatory Elective*</td>
<td>Ambulatory Musculoskeletal*</td>
<td>Ambulatory – Geriatrics*</td>
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<tr>
<td>Ambulatory Elective*</td>
<td>Ambulatory – Geriatrics*</td>
<td>Ambulatory Community Medicine*</td>
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<td>Scholarship &amp; Risk/ Elective</td>
<td>Scholarship &amp; Risk/ Elective</td>
<td>Scholarship &amp; Risk/ Elective</td>
</tr>
</tbody>
</table>

Split rotations “/” are two weeks of each experience

*Possible rotation for one week vacation

HMC: Harborview Medical Center

UWMC: University of Washington Medical Center

VA: Veterans Affairs Puget Sound Health Care System

U=UWMC, H=Harborview, V=VA Rotations with "/" indicate split rotations.

Ambulatory Electives include, but are not limited to: clinic block, Addiction Medicine, Autoimmune, Cardio/Respiratory, Dermatology, Endo/Derm, Global Health, Hepatology, HIV Medicine, Homeless Healthcare, Metabolic Disorders, Musculoskeletal, Nephrology, Neuro/Musculoskeletal Disorders, Respiratory Medicine, Rheumatology, Rural Medicine – WWAMI, Women’s Health

Elective options include, but are not limited to: Cardiology, Dermatology, Endocrine, Emergency Medicine, Gastroenterology, Hematology/Oncology, Hepatology, Hospital Medicine, Infectious Disease, International Medicine, Medical Genetics, Neurology, Nephrology, Pulmonary, Research
**R3 Sample Schedule**

2016-17 Curriculum (13 - 4 week rotations)

<table>
<thead>
<tr>
<th>Seattle Categorical</th>
<th>Primary Care</th>
<th>Primary Care - COE</th>
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<td>GIM Community</td>
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<td>General Medicine, Night Medicine or Subspecialty Inpatient</td>
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<td>Ambulatory – COE*</td>
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<td>GIM Community</td>
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Split rotations “/” are two weeks of each experience

*Possible rotation for one week vacation

HMC: Harborview Medical Center
UWMC: University of Washington Medical Center
VA: Veterans Affairs Puget Sound Health Care System
U=UWMC, H=Harborview, V=VA Rotations with "/" indicate split rotations.

Ambulatory Electives include, but are not limited to: clinic block, Addiction Medicine, Autoimmune, Cardio/Respiratory, Dermatology, Endo/Derm, Global Health, Hepatology, HIV Medicine, Homeless Healthcare, Metabolic Disorders, Musculoskeletal, Nephrology, Neuro/Musculoskeletal Disorders, Respiratory Medicine, Rheumatology, Rural Medicine – WWAMI, Women’s Health

Elective options include, but are not limited to: Cardiology, Dermatology, Endocrine, Emergency Medicine, Gastroenterology, Hematology/Oncology, Hepatology, Hospital Medicine, Infectious Disease, International Medicine, Medical Genetics, Neurology, Nephrology, Pulmonary, Research
Learning Pathways

We are committed to providing educational opportunities to help residents develop their full potential. In addition to the specific tracks that each resident matches into, we have created a variety of learning pathways to provide guidance for residents with specific career goals. Participation and application to the various pathways is entirely optional.

ABIM Research Pathway “Fast-Track”
In 1988, the American Board of Internal Medicine (ABIM) established a "Clinical Investigator Pathway" (subsequently renamed the "Research Pathway"), for trainees who anticipate academic careers as investigators in basic science or clinical research. The pathway integrates training in clinical medicine (2 years of internal medicine residency + 1 to 2 years of clinical training during a fellowship) with 3 years of training in research methodology (as part of a fellowship program). Each year, 2 to 5 residents from our program have elected to enter this pathway. We do not have a separate match for these residents, nor a fixed annual quota for the number who may participate. However, if you are considering pursuing this pathway, you are strongly encouraged to talk with your advisor, mentor, and the program director early in your internship.

Fellowship positions at the UW are not guaranteed for all who choose to pursue the Research Pathway. However, most of our subspecialty fellowship programs are very interested in potential Research Pathway candidates from our program since they usually have strong research backgrounds and their clinical skills and personal qualities are well known to us. Approximately 90% of our residents who have chosen this pathway have been accepted into fellowships at the UW.

Residents in our program have until December of their R2 year to commit to the Research Pathway, when contracts are offered to R2s for the upcoming R3 year. However, most residents make the decision by the fall of the R1 year, in order to be able to apply for fellowships that would begin at the end of their R2 year.

Clinician Educator
The University of Washington Internal Medicine Residency Program provides ideal training for a career as a clinician educator, preparing residents with a strong foundation of teaching in the inpatient setting. The Clinician Educator Pathway aims to graduate residents well trained to fill any Clinician Educator position, whether inpatient or outpatient, subspecialty or primary care. In addition to the existing core curriculum, residents will have both focused and longitudinal experiences in teaching, educational research and QI to prepare pathway participants for a career as an academic Clinician Teacher.
Teaching experiences will be longitudinal, occur in blocks, and be one-time experiences, and include: staffing the various student-run clinics; teaching within the medical school (Introduction to Clinical Medicine, Pathophysiology, Problem Based Learning, etc.); presentations at well-attended conferences such as Chief of Medicine rounds and Primary Care conference; co-attending on the wards as an R3. Each participant’s mentor will directly observe some of these teaching experiences throughout the R2 and R3 years to provide immediate feedback.

Scholarly projects will include case reports, review articles or educational research; formal quality improvement projects; presentations at regional or national meetings; and development of curriculum modules for the immersion blocks in the residency program. In the course of these activities, participants should acquire basic skills such as literature review, poster construction, survey design, IRB interaction, database management and statistics. 1-2 blocks during the R2-R3 year will be dedicated to scholarly projects.

**Global Health**
The goal of the Global Health Pathway is to promote and enhance training opportunities for Internal Medicine residents strongly interested in an academic, clinical, or policy career in global medicine. During the R1 year interested residents apply for acceptance into the pathway. Up to three interns may be accepted into the pathway each year.

**R1**
- No change in broad-based core curriculum in Internal Medicine including ER, ICU, inpatient medicine, cardiology, hematology-oncology, neurology, and ambulatory medicine.
- During the first 6 months of the year, interns will identify themselves as interested in GH and be assigned a GH mentor in ID or GIM.

**R2**
- Continued broad-based core curriculum in Internal Medicine
- 1 block Global Medicine Elective
- 1 block at a core overseas training site (commonly Ethiopia, Peru, Kenya)

**R3**
- Continued broad-based core curriculum in Internal Medicine
- 2 blocks at a core overseas training site (Ethiopia, Peru, Kenya)
- Scholarly presentation about their international experience
  - Clinical
  - Research
  - Ethical
  - Political/economic
Global Health Electives (residents will take a minimum of 5 of these options over 2 years)
- Infectious Diseases Consult Elective
- HIV Medicine Elective
- Dermatology (either V-Derm or PM Endo/Derm)
- Homeless Healthcare Elective
- Musculoskeletal Elective or Neuromusculoskeletal Elective

Health Systems
The Health Systems Pathway is designed for residents who are interested in a career which incorporates both clinical care and improving the overall system of health care delivery. The goals of the pathway are to provide residents with exposure and the skills necessary to be physician leaders in quality, safety, and policy.

Interested residents must apply in December of their intern year. During their R2/R3 years, pathway residents will participate in 2 immersion blocks: one dedicated to quality improvement and patient safety, and one dedicated to health policy and health economics. Residents will participate in a collaborative quality improvement or health policy project.

R1
The curriculum is intentionally limited during the R1 year, allowing interns to engage in their clinical training. During this year, we focus on the culture of patient safety, and an introduction to practicing high value care.

R2/R3
As senior residents, we change the focus of the curriculum to learning practical patient safety/quality improvement skills, and to becoming physician leaders. All residents partake in a longitudinal seminar series evaluating their own readmissions cases. Using their own real-life cases, residents learn skills such as how to conduct a root cause analysis and how to plan a quality improvement project.

The curriculum then shifts focus to understanding the broader US health care system, including understanding health insurance and financing models, especially those components relevant to patient out of pocket costs and the patient experience.

HIV Medicine
The goal of the HIV Medicine Pathway is to train residents for a primary care career caring for patients with HIV either abroad or in the WWAMI region. Residents interested in a career in HIV medicine should identify themselves as interested during the first six months of internship so appropriate mentors can be assigned. Applications to enter the HIV Pathway will be due in November of the internship year. While no changes to the curriculum occur in the first year, during the PGY 2 and 3 years, residents in the HIV pathway will change their clinic location and will attend continuity clinic one half day a week at Madison Clinic at Harborview Medical Center. Madison Clinic
provides primary care as well as subspecialty care for over 2000 patients with HIV.

In addition residents in this pathway are encouraged to participate in the following activities:

- HIV Journal Club (usually occurs 2nd and 4th Wednesdays) at 8am
  - must present at least once a year
- AIDS Clinical Conference, 3rd Tuesday of each month at 8am
- Clinical Case Conference, one Wednesday per quarter at 8am
  - will be encouraged to present a case
- Morbidity and Mortality Conference, one Wednesday per quarter at 8am
- HIV noontime lecture series, monthly at HMC
  - must present once during R3 year

Residents in this pathway will be strongly encouraged to work on a scholarly project based on their personal interests. Examples include:

- International experience at the end of R3 year with Dr. Michael Chung at Coptik Clinic in Nairobi
- Create HIV web-study module on “HIV care in developing world”
- WWAMI experience in Idaho or Montana; Write case-report

**Medical Genetics**

The Medical Genetics Pathway is designed for residents who are considering a career in adult medical genetics. Medical genetics is the specialty of medicine that seeks to translate genetic discoveries to clinical care. The rapid pace of discovery in human genetics, and the ability to perform whole genome and whole exome assays offer rich opportunities for research for physician-scientists. Residents will have the opportunity for mentoring, and to choose among clinical rotations and research opportunities in the Division of Medical Genetics in the Department of Medicine during their internal medicine residency. At the completion of the residency, residents will be eligible to enter the UW Medical Genetics training program. This is an accredited two-year program for full-time medical genetics training leading to eligibility for board certification in clinical genetics by the American Board of Medical Genetics, with an optional but strongly encouraged third year for research fellowship.

**Seattle Center of Excellence (COE)/Medical Home**

Seattle COE is designed as a three-year experience of enhanced continuity clinic and shared curriculum between Medicine residents in the Primary Care Track, doctorate program nurse practitioner students (DNPs), pharmacy residents and other health professionals aligned on the same clinical teams. COE residents spend 30% of their residency time in continuity clinic (with reduced ward time to achieve this); 1/3 of clinic time is devoted to curriculum emphasizing team care, panel management and special content seminars, with opportunities for scholarship. COE site-specific evaluations include trainee outcomes in competencies, satisfaction and career choice, patient outcomes and access, shared decision-making, and team metrics.
VA Puget Sound Seattle division is one of five VA Centers of Excellence in Primary Care Education (COE). The COE mission is to better prepare primary care providers through innovative approaches to clinical education.

**COE Purpose**
Foster transformation of primary care education and enhance patient care. The COEs are designing and evaluating innovative inter-professional education to prepare trainees to work in and lead patient-centered teams that provide coordinated longitudinal care.

**Objectives**
- Develop and test innovative approaches to education related to core competencies of patient-centered care
- Study the impact of new curriculum and training models on health professions education; to include collaboration, cultural shifts in educational priorities, and educational and workforce outcomes within VA and beyond
Teaching Conferences

The Department of Medicine offers a variety of didactic teaching conferences covering topics in General Internal Medicine, subspecialty medicine, and procedural skills. We strongly encourage residents to attend conferences as often as possible. Accreditation requirements for Internal Medicine residency programs state that each resident should attend at least 60% of recommended conferences.

Morning Report
Four mornings a week at each hospital: Led by the Chief Resident, residents and faculty review the previous day’s admissions.

Monday Mid-day Conference
Weekly at each hospital: This conference series deals with core topics in Internal Medicine. Presentations by faculty are case-based and interactive. During each four-week period corresponding to the R1 rotation cycle, the same topics are covered at each of the Seattle training sites so that all housestaff have an opportunity to participate in the entire curriculum.

Chief of Medicine/Chairman’s Rounds
Tuesdays, mid-day at each hospital: These focus on Morbidity and Mortality, quality improvement, autopsy, and Medical Service teaching rounds. Faculty and residents gather to review recent patient encounters.

Internal Medicine Grand Rounds
Thursday mornings, August through early June: Topics ranging from cutting edge research to discussions of healthcare delivery are presented by local and visiting speakers to an audience of housestaff, faculty, and community providers.

Intern Teaching Conference
Thursday mornings, June through August: These lectures are intended to ease the transition to the wards and intensive care units for new interns and to provide practical guidelines for the management of basic patient care issues. All R1s are excused from clinical duties to attend these sessions.

Resident Teaching Conference
Thursday mornings, August through June: These conferences focus in-depth on board review topics. The schedule and accompanying handouts for this conference are available at the Internal Medicine Residency website.

Primary Care Conference
Thursday mornings, August through June: Resident case-based discussions on primary care topics.
Resident Advising & Mentoring Program

We have a robust mentorship program that provides longitudinal career mentoring throughout the three years of residency. Incoming interns are matched with one of nine of our key clinical faculty who have expressed an interest in and talent for advising residents. Each intern meets with their advisor within the first three months of residency.

The role of the advisor is to provide guidance on career planning and pair the intern up with the appropriate mentor(s) based on the field(s) the individual intern is interested in. Some of our residents come into our program set on becoming subspecialists, while others are entertaining a wider differential. When interns meet with their advisors, their advisor will link them up with appropriate mentors for research, international projects, or whatever their interest(s) may be.

Advisors also touch base with their interns again in January of their internship to check in and be sure that the mentor relationships have gotten off the ground. If not, this is the opportunity for the advisor to help cement a mentor relationship for the intern that works for them. If a resident’s plan changes, the advisor is available to them to help guide them.

Our goal is to make the best possible use of our diverse faculty to advise our residents on whatever their career goals may be. Mentoring relationships can be crucial to starting on the path to a successful career, and our faculty are passionate about both teaching and guiding residents on whatever path they may choose.
Hospitals

We are a multiple facility training program. Residents have the opportunity to rotate at each of our Seattle hospitals during their training. Each hospital serves a wide range of patient populations, and this contributes to a diverse training experience. In addition to descriptions, we have provided website addresses if you would like to learn more about the hospitals in our system.

**Harborview Medical Center (HMC)**
325 9th Avenue Seattle, WA 98104
http://www.uwmedicine.org/Patient-Care/Locations/HMC/Pages/default.aspx

Harborview Medical Center is a 413-bed patient care, teaching and research facility located in Seattle, Washington. Owned by King County and managed by the University of Washington, Harborview is a major regional health care facility for the Pacific Northwest and Alaska.

Harborview’s mission is twofold. The overriding concern is the provision of excellent medical care to King County's underprivileged and emergently ill population, who are referred from affiliated clinics, Western State Hospital, the King County Jail, Public Health Department, and Seattle's Medic One system. Harborview's other purpose is medical education. Our operative philosophy is that residents learn most when they are busy and immediately responsible for patient care. Housestaff have a strong presence at Harborview on general medicine, MICU, Cardiology, Neurology inpatient teams, and a variety of consult services, including Pulmonary, Gerontology, Infectious Disease, and Nephrology.

**University of Washington Medical Center (UWMC)**
1959 Northeast Pacific Street Seattle, WA 98195
http://www.uwmedicine.org/PatientCare/Locations/UWMC/Pages/default.aspx

Located on the University of Washington campus, UWMC is licensed as a 450-bed comprehensive care facility. It is consistently ranked as one of the best hospitals in the nation. UWMC is both a provider of comprehensive primary care services for Greater Seattle residents and a regional referral and treatment center for specialized medical care. There are more than 80 outpatient clinics and multidisciplinary specialty centers.
University of Washington Medical Center began operation on May 4, 1959, as an integral component of the University of Washington Health Sciences Center. In the following years, UWMC was the site of many "firsts" in health care, including chronic artificial kidney dialysis and kidney transplant surgery.

Medicine residents staff the four general medicine ward teams, Transplant ICU, Cardiology, Hematology/Oncology, as well as a variety of consult and specialty services.

**Veteran’s Affairs Puget Sound Health Care System**

1600 South Columbian Way Seattle, WA 98108
http://www.puget-sound.med.va.gov/

The VA Puget Sound Health Care System (VA) has 90 beds assigned to the Medical Service. These include 10 medical intensive care unit beds, 8 coronary care unit beds, and 8 bone marrow transplant unit beds. In addition, under the Medical Service there are 10 neurology beds and 10 renal dialysis unit beds in the acute care facility. There is also a 60-bed nursing home unit that includes a 10-bed geriatric evaluation and management unit. A modern ambulatory care facility includes an active general medical clinic, reflecting the Veterans Affairs’ commitment to provide high-quality primary care. The inpatient services are characterized by a mixture of patients with acute and chronic illness; there is a high rate of patient turnover. General Internal Medicine and all the medical subspecialties are represented by 56 full-time faculty members who are active in resident teaching and patient care, engaging in research programs supported by both the VA and NIH.
Ambulatory Education

The majority of medical care is now delivered in the outpatient setting. Because of this, we believe that the well-trained internist must understand the ambulatory milieu and be able to function efficiently and effectively within it. We are thus committed to providing outstanding ambulatory training that will prepare residents for a broad array of future careers.

Continuity clinic is the foundation of our ambulatory education program and the individual patient visit is the key educational activity. We will help you to maximize your learning from each patient by answering questions and helping to guide care, but also by asking questions in order to stimulate reflection and self-directed learning.

“Thematic” block rotations provide the opportunity to explore the management of a group of related conditions in greater depth. “Cafeteria” blocks allow you to select a potpourri of clinics in order to address specific needs and interests. Primary care track residents will also participate in “immersion” blocks during each year of training. To complement these patient care experiences, we have a wide variety of conferences for additional didactic teaching, all of which are described in more detail in the following pages.
Continuity Clinics

Interns are introduced to their continuity clinic during an “immersion” block. During this block interns spend most afternoons in clinic building a panel and becoming familiar with clinic personnel and operations. Mornings are spent in a variety of activities that are clinic dependent. After the immersion block, residents typically spend one half-day per week in clinic during call rotations and 2 half-days per week during clinic block rotations.

Each of the continuity sites is unique in its patient population and practice setting. All of the sites, however, have patient care and education at the core of their mission. The patient care visit is the primary educational activity in the clinic; supplemental activities such as pre-clinic conference, chart review and videotape review enhance residents' learning from each patient care encounter.

Harborview Medical Center/Adult Medicine Clinic
The Adult Medicine Clinic at Harborview Medical Center provides care to a diverse patient population, including Seattle's poor and medically indigent, as well as many non-English speaking immigrant populations. Patients have a broad array of common and occasionally complicated medical conditions that often co-exist with psychiatric illness or addiction. Residents will frequently co-manage their patients with our clinic psychiatrist and chemical dependency counselors and are well supported by our social workers. Residents repeatedly cite the high degree of autonomy as one of the strengths of this site.

Harborview Medical Center/International Clinic
The International Medicine Clinic at Harborview Medical Center is a small clinic that provides primary care to poor, medically indigent, limited-English-speaking refugee and immigrant populations in King County. Patients typically originate from Southeast Asia or East Africa, and many have complex chronic medical conditions, co-existing with cultural adjustment issues, social problems, depression, anxiety, and post-traumatic stress disorder.

Residents learn how to care for culturally diverse populations, work with interpreters, and serve as patient advocates. They gain an awareness of the epidemiology of disease in other parts of the world and different health systems and practices. Weekly pre-clinic conferences are tailored to the clinic’s unique population. Residents interested in this clinic should have willingness to work with interpreters, a strong commitment to the underserved, and an interest in addressing global health disparities. Also, because of the inherent challenges of building and maintaining a patient panel in this vulnerable population, we require a three-year commitment during residency.
**Pioneer Square**

The Pioneer Square Clinic is a satellite clinic of Harborview Medical Center located in the heart of Seattle’s historic Pioneer Square. Patients are typically underprivileged, underserved men and women who comprise part of Seattle’s indigent population. Residents have many opportunities to newly diagnose a variety of diseases both within the core of general medicine and unusual “zebras.” While extremely rewarding, it can be challenging developing a continuity panel in this environment due to the transient patient population. The attendings at Pioneer Square are all graduates of the University of Washington Internal Medicine Residency Program and are committed to resident education.

**Pacific Medical Clinics**

PacMed was established in 1933 as the Seattle Marine Service Hospital, and later became the regional Public Health referral center serving Seattle's retired military, Native American and immigrant communities. Today our clinic population remains culturally diverse. We are known for providing comprehensive multi-specialty care to complex medically challenging adults.

Three features set Pacific Medical Centers practice of over 125 providers apart from the other training sites in this system: the mix of patients, experienced attending mentors and an efficient clinic infrastructure. With a strong mission of providing specialty care to patients from the community clinics, a managed care program for retired military members and a large commercially insured base of patients, PMC offers a wide and interesting range of patients to work with.

Residents are paired with attending preceptors who are always available to help evaluate patients and make treatments decisions. This co-management structure allows residents to develop ambulatory clinical skills and independence while working alongside an experienced physician. Residents praise the PacMed clinic experience for preparing them for real world challenges. We work as a team with superb support staff (nurses and medical assistants) and access to top-quality laboratory, radiology, cardiovascular testing is unmatched.

**University of Washington/Roosevelt Clinic**

UW General Internal Medicine is a community of health care providers offering outstanding care to a diverse patient population and a commitment to resident education. Patient care visits are the core educational activity, supported by enthusiastic and knowledgeable attendings. Clinic precepting is aimed at assisting the residents in giving good care while maintaining the primacy of the resident-patient relationship. To facilitate residents’ learning about ambulatory medicine, we have an evidence-based 3-year curriculum, which is presented via case-based interactive pre-clinic conferences. These conferences are led by residents using teaching material prepared by the mentoring attendings. Education is also fostered through weekly chart reviews, patient videotape reviews, and regular meetings with mentoring attendings. The Roosevelt Clinic has also begun to offer more community-oriented health care
opportunities and a greater public health perspective through partnerships with organizations that work with the underserved like Safelinks and the UW Multicultural Affairs Office.

**UWN Belltown clinic**
The Belltown Clinic is one of seven UW Medicine Neighborhood Clinics, which are busy multi-specialty urban primary care clinics throughout King county. The UW Medicine Neighborhood Clinics have a strong continuous quality improvement program and are the “front line” for many patients entering the UW Medicine healthcare system. Internal Medicine residents are based at the Belltown facilities and precepted by experienced, enthusiastic attendings who all hold clinical faculty appointments with the University of Washington. We have a fully integrated electronic medical record (EPIC) and computer access in all exam rooms with access to all of the UW and other resources. Lab and radiology services are onsite. To facilitate residents’ learning there are didactic conferences weekly on a variety of primary care topics. Residents are able to deliver primary care for a diverse population of patients, which include the working professional and the urban underserved. This clinic provides excellent opportunities for those residents with interests in primary care and preventive medicine.

**VA Puget Sound Health Care System**
The VA continuity clinic offers residents the opportunity to see veterans with a broad array of diseases including diabetes mellitus, hypertension, chronic obstructive pulmonary disease, coronary artery disease, chronic renal insufficiency and dyslipidemias. Residents will become comfortable caring for patients with multiple diseases and co-morbid conditions as well as in preventive health measures. The VA clinic features a fully computerized chart with the ability to view radiologic studies, EKGs and clinical images, and links to a variety of on-line references. Each clinic session, residents attend a pre-clinic conference that is based on a comprehensive three year curriculum encompassing the common medical issues encountered in primary care. In order to gain experience caring for a diverse patient population, residents with VA clinic provide primary care and maintain a panel of patients in both the VA Women’s Clinic and the VA Primary Care Clinic.
Ambulatory Block Rotations

During the intern year, categorical track residents will spend 8 weeks in clinic block rotations that we have designed for you. During the R2 and R3 years, categorical track residents must complete at least 4 additional blocks in the ambulatory setting. These can include thematic blocks, cafeteria blocks or WWAMI rotations.

All told, primary care track residents spend 15 of 39 rotations in the ambulatory setting. An additional 7 electives can be spent in either ambulatory or inpatient settings. Required ambulatory rotations include an immersion block during each year of training and the musculoskeletal theme block during the R2 year.

Thematic Blocks
Residents have the opportunity to elect thematic blocks during their R2 and R3 years. During these blocks residents have two continuity clinic sessions, one session set aside for administrative activities and they attend our general medicine conferences on Thursday mornings. The remaining six sessions are spent in a variety of clinics that are thematically linked.

Cafeteria Style Blocks
During the intern year, categorical track residents will spend 4 weeks and primary care residents 12 weeks on cafeteria-style clinic blocks that we have designed for you. These include didactic sessions (Evidence-based Medicine, the Patients, Physicians and Society course, and Thursday morning conferences at UW), continuity clinic, chart review, ambulatory report, and a variety of subspecialty clinics.

In the R2 and R3 years, cafeteria blocks provide residents the opportunity to design their own block, selecting individual clinics from a long menu of options. Available clinics include core internal medicine clinics (e.g. pulmonary, GI, rheumatology) as well as clinics in specialties such as dermatology, podiatry, urology and ophthalmology. During cafeteria blocks, residents will have 2 continuity sessions, 1 administrative session and will attend our conferences on Thursday mornings.
**Immersion Blocks**

**Intern Year**
Categorical track interns are introduced to clinic during a 2 week-long “mini-immersion” block that is scheduled over the summer. Mornings are spent in didactic sessions and a variety of activities determined by each clinic. Afternoons are dedicated to beginning to build a patient panel in clinic.

Primary care track interns begin their training with a 4 week-long immersion block. The focus of this block is the single doctor working to optimize care for a single patient. The goals are to acquire the knowledge and skills necessary to independently manage common outpatient conditions, to develop personal systems of care that allow for efficient and high quality care, and to hone patient interaction skills. The mornings include didactic sessions on the management of common conditions, physical exam, practice management and patient interactions. These sessions are followed by interactive sessions including journal club, chart review and “report.” Interns spend each afternoon at their continuity clinic site building their panel.

**R2 Year**
Primary care track R2s have a 4 week-long immersion block in the fall. The focus of this block is the doctor as a member of a care team working to optimize the health of a panel of patients. The goals are to continue to build medical knowledge and skills relevant to primary care practice, to understand how clinic processes impact quality of care, and to use data to analyze and improve care for a panel of patients. Morning sessions include didactic sessions, quality improvement seminar (including designing and initiating a QI project), videotape review, journal club, chart review and report. Residents spend each afternoon in their clinic or doing home visits to panel patients.

There is no immersion block during the R2 year for categorical track residents.

**R3 Year**
Primary care track R3s have a 4 week-long immersion block in mid-winter. The focus of this block is the doctor as part of the health care delivery system working to optimize the health of a community. Residents will perform a community health assessment and intervention and will have time to complete their QI projects. There will also be time for other scholarly pursuits including creating new didactic elements for the immersion block curriculum. Afternoons will be spent in continuity clinic, at community based clinics and in doing home visits to panel patients.
Ambulatory Care Conferences

To augment residents’ training during clinic block, an ambulatory curriculum has been developed which consists of several conferences. Conferences are organized by chief residents and the directors of the primary care program, based on input from residents regarding high-yield topics. Residents are expected to attend and contribute to all conferences. At certain conferences, residents may present topics or lead discussions. The following is a brief description of our Ambulatory Care Conferences:

- **Physicians, Patients and Society:** This is a roundtable forum led by invited speakers to discuss a wide variety of important, but often ignored, aspects of medicine. Topics include psychiatry in general medicine, cross-cultural medicine, improving your interviewing skills, ethics, professionalism and other topics.

- **Evidence-Based Medicine Seminar:** These sessions help residents develop the skills around literature searching and critical reading necessary for continued professional development and self-education. This is scheduled for all R1s on clinic block and available to R2/R3s as an elective.

- **Chart Review:** An attending or chief resident reviews the resident’s outpatient charts in an informal setting and offers concrete suggestions regarding charting and medical management in the context of a particular patient. All R1s and primary care R2s on clinic block attend.

- **Resident Teaching Conference:** The purpose of this conference is to prepare residents for the internal medicine board examinations, as well as to provide information applicable to the clinic and the wards.

- **Primary Care Conference:** This is a ‘case-based’ group discussion focusing on the clinical management of general medicine problems that is prepared and led by R2s on clinic block.

- **General Medicine Conference:** These are one-hour sessions covering topics related to the clinical practice of outpatient internal medicine presented by faculty members.

- **Ambulatory Morning Report:** This is protected time during a clinic session for review of cases residents have seen anywhere in their clinic block experiences. Residents and faculty use a primary care perspective to discuss patient care in greater depth and detail than the usual schedule allows.

- **Evidence Based Medicine:** especially for interns, to address in-depth information and skills needed for continued professional development and self-education. This is scheduled for all R1s on clinic block and available to R2/R3s as an elective.
WWAMI & International Experiences

For over 30 years, the University of Washington Medicine Residency program has been committed to providing a breadth of options for residents to gain exposure and deepen their commitment to underserved populations locally, nationally, and internationally. Residents work in a variety of settings, from our county hospital (which provides more than 33% of charity care statewide), to Soldotna, Alaska (as part of the WWAMI program), to Swaziland (on international rotations). In the current academic year, approximately 40% of our second and third year residents are taking advantage of WWAMI or international training opportunities.

WWAMI is the regional medical education network of the University of Washington and the states of Wyoming, Alaska, Montana, and Idaho. The program aims to meet the health care needs of the region, facilitate medical education throughout the five states, encourage graduates to locate their practices in non-metropolitan areas of the Northwest, and encourage minority students in the region to enter the field of medicine. The program began in the 1970s as an experimental solution to the then-critical shortage of physicians practicing in rural areas. Thirty years later, the experiment has become an institution and an example for the nation in training primary care physicians for practice in rural areas. Approximately 20 residents per year choose to travel to WWAMI sites for block rotations - these sites include Jackson Wyoming; Dillon and Livingston, Montana; and Soldotna, Alaska. Residents work in a number of settings in these communities, from solo practitioner offices to large community health centers and hospital settings. The rural rotations are consistently highly rated and requested by residents.

In 2004, Dr. Audrey Young Crissman, one of our graduates published her book What Patients Taught Me, highlighting her experiences on WWAMI rotations during medical school and residency training at UW. Her narrative provides an in-depth look at the WWAMI program and descriptions of her activities while on these rotations.

Residents from three-year tracks may elect to participate in international experiences. Proposals for international experiences are evaluated annually by the program leadership.

Residents have many opportunities to participate in international health settings. This year’s residents are visiting Australia, China, Ethiopia, India, Kenya, and Peru. Many other possibilities can be arranged with the assistance of UW faculty who work or have worked in various international settings. The residency office also maintains a list of potential international health rotations as well as a directory of other organizations offering international health experiences.
Retreats & Social Events

The Medicine Residency Office plans many events throughout the year to encourage professional development and wellness, communication and camaraderie among housestaff and faculty. Brief descriptions of several of these events follow:

**R1 Retreat**
In late summer, all Medicine R1s are excused from clinical duties for a 36-hour overnight retreat. Although there is an educational component to the retreat, the primary objective is to provide an opportunity for new R1s to get to know one another and the leadership of the residency program in a relaxed environment. Families are encouraged to attend.

**Resident as Teacher**
Held in early July, all R2s are brought together for a six-hour workshop designed to ease the transition from intern to team leader. Large group didactics are interspersed with small group breakouts, role playing, and self-refection.

**Professional Development Day**
Held in early October, all R2s are brought together for a six-hour workshop allowing exposure to different career paths, and covering such topics as CV and portfolio refinement, interviewing and negotiating skills, lifelong learning, and wellness and balance.

**Career & Education Retreat**
Held in early September, a variety of seasoned panel of practitioners from rural primary care provider to urban hospitalist, academic physician/scientist to clinician/teacher share their experiences and careers with R3s. This half-day session focuses on finding a fellowship, finding a job, developing a CV, and maintaining a portfolio post-training.

**R3-Board Prep Course**
In the spring all Medicine R3s are excused from clinical duties for a day long Medicine Board Review course. ABIM certification style questions are worked through in a relaxed and non-threatening environment.

**R3 Capstone Retreat**
Late spring all Medicine R3s are excused from clinical duties for a 36-hour overnight retreat. Although there is an educational component to the retreat, the primary objective is to provide an opportunity for reflection on residency experiences, community and friendship. Families are encouraged to attend.

**Medicine Housestaff Awards Banquet & Graduation**
The annual banquet held in June is organized by residents with assistance from the Program Administrator. All Medicine housestaff and significant others as well as Department of Medicine faculty are invited to attend.
Resident Rosters

As you will see from the following pages, we have residents from many different medical schools and with a variety of interests. Anyone in the program is more than happy to chat with you. However, to help you identify individuals with specific areas of interest, the following residents have specifically volunteered to help. Please feel free to contact any of the residents with questions about our program. Note: All e-mails are @uw.edu.

**Training Track:**

**Primary Care Track:**

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<th>Name</th>
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<th>Year</th>
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<tr>
<td>Mayuree Rao</td>
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<td>mayuree</td>
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<tr>
<td>Sarah Jin</td>
<td></td>
<td>sarahj</td>
<td>R2</td>
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<tr>
<td>Marilyn Sherris</td>
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<tr>
<td>Alex Tanabe</td>
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**Categorical:**

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**Preliminary Track:**

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<td>Matt Mesias</td>
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<td>Amiko Uchida</td>
<td>amikou</td>
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### Scholarly interests

#### Did WWAMI rotation:
- Alex Tanabe atanabe R1

#### Attend Conferences:
- Caroline Davis cardavis R2
- Anthony Esposito aje99 R2
- Katie Horton krjors R2
- Marika Orlov morlov R2
- James Wang jamesfw R2

#### Did Research:
- Perrin Romine perrin R1
- Chris Geiger chrisled R2
- Lisa Castaneda Ljj R3

#### Did International Rotation:
- Megha Shankar shankarm R1
- Patrick Marcus patneal R2
- Katie Horton krjors R3

#### Did Urban Underserved rotation:
- Lesley King leking5 R1
- Patrick Marcus patneal R1
- Kevin Simonelic smkevin R2

#### Lifestyle

#### Came to residency with children:
- Eliza Notaro elizas12 R1
- Lisa Castaneda Ljj R3

#### Had children in residency:
- Kevin Simonelic smkevin R2

#### LGBT:
- Collette Abbott ceabbott R1
- Alipi Naydenov Alipi R1

#### Lives outside the city:
- Kevin Simonelic smkevin R3

#### Significant Other in medicine:
- Christina Morse crismo R1
- Amy Chang aechang R2
- Eric Mar emar888 R3
### Long Distance Relationship:
- Marika Orlov (morlov) R3

### Significant Other not in medicine:
- Michael Hermelin (hermelin) R1
- Lynn Symonds (lynnsym) R1
- Jake Stein (jacnew) R2
- Kristen Rogers (kmrogers) R2
- Andrew Harris (andrewh9) R4

### Single:
- Collette Abbott (ceabbott) R1
- Emily Grossniklaus (emily77) R1
- Kyle Sears (mariesea) R1
- David Roach (droach) R1

### Couples Matched:
- Aynsley Duncan (aynsleyd) R1
- Christina Morse (crismo) R1
- Serena Johnson (serenaj) R2
- Tom Newman (tan99) R3

### Moved to Seattle from:
#### East Coast:
- Francis Mabrey (mflinzee) R1
- Perrin Romine (perrinze) R1
- Eric Meyerowitz (ericalm) R2
- Nandita Mani (nsmani) R3

#### South:
- Emily Grossniklaus (emily77) R1
- Doug Leedy (dleedy) R1
- Anand Baxi (acbaxi) R2
- Jake Stein (jacnew) R2

#### Midwest:
- Megha Shankar (shankarm) R1

### West (Mountain States):
- David Roach (droach) R1
- Liz Schackmann (easchack) R1
- Serena Johnson (serenaj) R2

### West Coast:
- Marie Sears (mariesea) R1
- Ben Wolpaw (benjow) R2
- Nathan Yee (nathanye) R3

### Outside of work activities:
#### Outdoor summer activities:
- Alipi Naydenov (alipi) R1
- Liz Schackmann (easchack) R1
- Jeffrey Krimmel (Jdk130) R1

#### Outdoor winter activities:
- Eliza Notaro (elizas12) R1
- Doug Leedy (dleedy) R1
- Tom Newman (tan99) R3

#### Urban activities (theater, music, nightlife):
- David Roach (droach) R1
- Patrick McAdams (pmcad) R2
- Amiko Uchida (amikou) R3

#### Yoga:
- Jenell Stewart (jenells) R4

#### Bike to work:
- Alipi Naydenov (alipi) R1
- Marie Sears (mariesea) R1
- Kyle Sears (ksears) R1
- Megha Shankar (shankarm) R1
Other:

“Food Exploring” & “Restaurants”
Jessamyn Blau  ejb1  R3

“Awesome dog ownership”
Megan Curtis  meganrc2  R1
Christina Morse  crismo  R1
Matt Mesias  mpam  R3

Rock climbing
Kyle Sears  ksears  R1
Amy Liu  amywliu  R2
Albert Einstein
Rebecca Touger (R1)
Eric Tanenbaum (R2)
Chris Beaudoin (R3)

Baylor
Kathryn Bolles (R2)
Meagan Williams (R2)
Neha Deshpande (R3)
Jennifer Wax (R3)

Ben-Gurion U
Chris Brown (R2)
Noam Kopmar (R2)

Boston U
John Feller (R1)
Michela Blain (R2)
Anthony Esposito (R3)

Brown U
Mayuree Rao (R1)

Case Western
Amy Liu (R2)
Stefanie Deeds (R4)

Cornell
Aynsley Duncan (R1)
William Lou (R1)
Michael Hermelin (R1)
Jeffrey Krimmel (R1)
Eileen Koh (R2)
Peter Barish (R3)
Naomi Shike (R4)

Dartmouth
Lynn Symonds (R1)
Jessie Bay (R3)
Amy Thomas (R3)

Des Moines U
Jenell Stewart (R4)

Duke U
Nicholas Berlon (R2)

Emory
Elena Derkits (R1)

Emily Grossniklaus (R1)
Kevin Seitz (R1)
Anand Baxi (R2)
Chris Geiger (R2)
Virginia Weeks (R2)
Joelle Rosser (R3)

George Washington U
Robin Stiller (R1)
Sarah Chung (R3)
Nandita Mani (R3)

Harvard
Kathryn Dinh (R1)
Perrin Romine (R1)
Pranoti Hiremath (R2)

Hofstra Northshore
Francis Mabrey (R1)

Indiana U
Tennie Renkins (R1)

Johns Hopkins
Katherine Fan (R3)
Matthew Mesias (R3)

Loma Linda U
Hwinei Tavengwa (R2)

Loyola
Mike Brode (R2)
Patrick Marcus (R2)

Marshall U
Gerege Banks (R1)

Mayo
Daniel Kuo (R3)

Medical College of Wisconsin
Yana Thaker (R3)

Morehouse
Christopher Ghiati (R1)
Amita Srivastava (R1)
Mellena Giday (R3)

New York, Downstate
Thomas Newman (R3)

New York Medical College
Sean Maddock (R2)

New York U
Collette Abbott (R1)
Angela Zhou (R1)
Shawn Cohen (R2)
Molly Anderson (R3)
Kathryn Horton (R3)

Northwestern
Chris Kovach (R2)
Courtney Tuegel (R2)

Oregon Health Sciences
Alanna Mozena (R2)
Brandon Teng (R2)
Michael Northrop (R3)

Pennsylvania State
Nazlee Navabi (R3)

Rocky Vista
Erin Philpott (R3)

Rush Medical College
Laura Graham (R2)

Stanford
Megan Roosen-Runge (R2)
Stephanie Carr (R3)

Touro U
Kathy Altman (R2)

Tufts
Mariam Alam (R2)
Caitlin Foley (R3)

Tulane
Megan Curtis (R1)
Doug Leedy (R1)

U of Alabama
Milner Staub (R4)
UC Davis
  Michael Spiker (R2)
  Lauren Brown (R4)

UCSD
  Ayesha Appa (R3)
  Marika Orlov (R3)
  Alex Pratt (R3)
  Nathan Yee (R3)

UCSF
  Allyson Goldberg (R2)
  Benjamin Wolpaw (R2)
  Katherine Hicks (R3)

U of Colorado
  Max Cohen (R2)
  David Elison (R2)
  Adam Kolnik (R2)

U of Hawaii
  Yuree Nam (R3)

U of Illinois
  Natalie Kress (R2)

U of Michigan
  Nauzley Abedini (R3)

U of Miami
  Kevin Simonelic (R3)

U of Minnesota
  Caroline Davis (R3)

U of North Carolina
  Jake Stein (R2)

U of Pennsylvania
  Eric Meyerowitz (R3)
  Jamie Darnton (R4)

U of Pittsburgh
  Diana Zhong (R1)

U of Rochester
  Jessamyn Blau (R3)

U of Texas, Houston
  Safina Hossain (R2)

U of Texas, San Antonio
  Stew Schaefer (R2)

U of Texas, Southwestern
  Lindsay Riple (R2)
  Kathryn Bowman (R3)
  James Wang (R3)

U of Utah
  Amiko Uchida (R3)

U of Vermont
  Andrew Harris (R4)

U of Washington
  Sheida Aalami (R2)
  Alice Bremner (R2)
  Peter Bulger (R2)
  Amy Chang (R2)
  Abigail Ebersol (R2)
  Codi Fitzgerald (R2)
  Michael Harms (R2)
  Serena Johnson (R2)
  Lesley King (R2)
  Katie Martin (R2)
  Patrick McAdams (R2)
  Megan McMillan (R2)
  Kevin Means (R2)
  Kristen Rogers (R2)
  Alex Tanabe (R2)
  Greta Tubbesing (R2)
  Deva Wells (R2)
  Lisa Castaneda (R3)
  Terry Chen (R3)
  Nathan Furukawa (R3)
  John Geyer (R3)
  Ilya Golovaty (R3)
  Eric Mar (R3)
  Shalina Mirza (R3)
  Ryan Murphy (R3)
  Anthony Raubitschek (R3)
  Nathaniel Tulloch (R3)
  Amy Van Nortwick (R3)
  Paul Visscher (R3)
  Maria Corcoran (R4)
  Trevor Steinbach (R4)

Vanderbilt
  Shannon McConnaughey (R3)
  Sarah McGuffin (R3)
  Anna Hagan (R4)
  Scott Hagan (R4)

Washington U St. Louis
  Phillip McGuiness (R3)

Yale U
  Sarah Jin (R1)
  Duncan Reid (R1)
  Tiffany Yuh (R1)
Future Plans and Training

We are proud that graduates from our program move on to the careers and locations of their choice. The next several pages provide information about opportunities within our institution as well as details regarding the next steps for the past five years of graduates.

Appointments
Appointments to R2, R3, and R4 positions are made annually in mid-December.

Fellowship
Fellowship positions are usually filled 12 months before beginning the fellowship. Residents interested in subspecialty training should begin the application process in the fall, a year and a half before training will begin. Information on fellowship programs is available on the Medicine Residency website and is updated annually. Each fall, the Department of Medicine sponsors a retreat focusing on “Careers in Internal Medicine” to assist with this process. Residents are also invited to meet with the department chair, vice chairs, and program directors to discuss future plans.

As a leader in biomedical and clinical research, we are fortunate to have phenomenal fellowship training available in the divisions of the Department of Medicine (listed below). The department is dedicated to scholarly and research activities, and has achieved national and international recognition in these areas. Forty percent of the faculty effort in the department is devoted to creative basic and clinical research. The scholarly pursuits of the faculty serve as important criteria for promotion. The scope of research ranges from clinical to basic science projects. If you are interested in pursuing fellowship training at the UW after residency or in finding out more information about particular clinical and research projects, you may wish to visit their websites and talk with division faculty.

Allergy and Infectious Diseases: depts.washington.edu/daid
Cardiology: uwcardiology.org
Dermatology: depts.washington.edu/dermatol
Gastroenterology: www.uwgi.org
General Internal Medicine: gim.uw.edu
Gerontology and Geriatric Medicine: depts.washington.edu/geront
Hematology: depts.washington.edu/hemeweb
Medical Genetics: depts.washington.edu/medgen
Metabolism & Endocrinology: depts.washington.edu/metab
Nephrology: depts.washington.edu/nephron
Oncology: depts.washington.edu/oncology
Pulmonary and Critical Care Medicine: depts.washington.edu/pulmcc
Rheumatology: depts.washington.edu/rheum
Fellows may also choose to complete their **Masters in Public Health** during training. For information about the MPH program, you can visit: [http://sphcm.washington.edu/](http://sphcm.washington.edu/).

**Chief Residents**
There are inpatient chief resident (R4) positions available at each of our teaching hospitals: Harborview Medical Center, University of Washington Medical Center and the VA Puget Sound Health Care System. In addition, there are ambulatory care chief resident (R4) positions at Harborview and the University of Washington.

Positions are filled eighteen months before the actual appointment, and are selected by the Chiefs of Medicine at each hospital. Information regarding the application process is sent to R2s in late summer, and those who are interested are encouraged to meet with the appropriate Chief(s) of Medicine as early as possible. Offers for these positions are made in early December.

**Clinician-Teacher Fellows**
There are two Seattle VA Clinician-Teacher positions. The clinician-teacher position includes extensive teaching and clinical activities, and is an opportunity to expand skills in these areas. The clinician-teacher has his/her own patient panel and clinic sessions, and attends in the emergency room. Teaching includes one month of inpatient attending, precepting for medical students and residents in the GIM clinic and PEC, and conducting resident pre-clinic conference. Scholarship is an important component of the position, and one day per week and one month during the year are set aside for development of a scholarly project.

**Practice Opportunities**
Information on practice opportunities throughout the country is kept on file in the Medicine Residency office. In addition, workshops on career planning and seeking a practice position are held during the R2 and R3 fall retreats each year.
Career Pathway Statistics

Career choices for graduates
2009 – 2015 (summary – may not include all graduates in all years)

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<td>Endocrinology – 4</td>
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<td>Infectious Disease – 21</td>
<td>Mercy Regional Medical Center</td>
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<td>Nephrology – 10</td>
<td>Northwest Hospital (3)</td>
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<td>Occupational Medicine – 1</td>
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<td>University of Washington</td>
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<td>Nephrology</td>
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<td>University of Texas Southwestern</td>
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<td>University of Washington</td>
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<td>Palliative Care</td>
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<td>University of Washington</td>
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<td>Pulmonary/Critical Care</td>
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<td></td>
<td>Columbia</td>
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<td>University of Pennsylvania</td>
</tr>
</tbody>
</table>
University of Washington

*Research Epidemiology*
Centers for Disease Control

*Rheumatology*
University of Washington

*Sleep Medicine*
University of Washington

**2014-2016 CONTINUED**

**JUNIOR FACULTY**
Harborview Medical Center (4)
Harbor UCLA
Oregon Health & Sciences Medical Center
University of Colorado Medical Center
University of Washington (7)
VA Puget Sound (4)

**COMMUNITY PRACTICE**
Bozeman, MT
Colorado, CO
Iora Health, Seattle
Mecklenburg Medical Group, Charlotte, NC
PacMed, Seattle
PolyClinic, Seattle
Roosevelt Clinic, U of Washington
UW Neighborhood Clinic, Shoreline
VA Puget Sound

**2012-2013**

**HOSPITAL MEDICINE**
Alaska Native Medical Center
Duke University
Harborview Medical Center (4)
Santa Rosa Kaiser Hospitalist Service
UCSF
University of Chicago
University of Michigan
University of Washington (5)
VA Puget Sound (6)
Valley Medical Center (2)
Vanderbilt University

**FELLOWSHIPS (includes hosp year)**

*Cardiology*
- Brigham and Women’s
- Cedars Sinai
- Emory University
- UCLA (2)
- University of Washington (2)

*Endocrinology*
- U of Washington

*Gastroenterology*
- University of Michigan

*Hematology/Oncology*
- Case Western
- University of Washington (3)

*Infectious Disease*
- Massachusetts General and Brigham and Women’s
- U Penn
- University of Washington

*Occupational Medicine*
- University of Washington

*Pulmonary & Critical Care*
- Brigham and Women’s
- U Penn
- University of Washington

*Rheumatology*
- UCSF
- University of Washington (2)

**JUNIOR FACULTY**
Duke University
Harborview Medical Center (5)
UCSF
University of Chicago
University of Michigan
U of Washington (3)
VA Puget Sound (7)
Vanderbilt University

**COMMUNITY PRACTICE**
Asian Health Services in Oakland, CA
Harborview Adult Medicine Clinic
Harborview International Clinic
Kaiser Permanente, San Francisco, CA
VA Puget Sound
Virginia Mason Medical Center
2011-2012

HOSPITAL MEDICINE
- Good Samaritan Hospital
- Harborview Medical Center (2)
- Providence Everett Hospital (2)
- Swedish Medical Center (2)
- University of Washington (7)
- VA Puget Sound (6)
- Valley General Hospital
- Valley Medical Center
- Virginia Mason Medical Center

FELLOWSHIPS
Cardiology
- OHSU
- UCLA
- University of New Mexico
- University of Utah
- U of Washington

Critical Care (Anesthesiology)
- Columbia University Medical Center

Endocrinology
- UCSF
- U of Washington

Gastroenterology
- Northwestern University
- University of Chicago
- U of Washington

General Internal Medicine
- VA Puget Sound (2)

Geriatrics
- UCSF
- University of Chicago

Hematology/Oncology
- U of Washington (2)

Infectious Disease
- U of Washington (4)

Nephrology
- Philadelphia PA
- U of Washington (4)

Pulmonary & Critical Care
- University of Chicago
- U of Washington (2)
- Vanderbilt University

Rheumatology
- U of Washington
- Robert Wood Johnson
- U Penn

JUNIOR FACULTY
- Harborview Medical Center (2)
- Pacific Medical Centers
- U of Washington (6)
- VA Puget Sound (9)
- Virginia Mason Medical Center

COMMUNITY PRACTICE
- Jefferson Healthcare
- Missoula, MT
- Pacific Medical Center
- Peace Health Internal Medicine
- Pike Market Medical Clinic
- VA Puget Sound (4)

2010-2011

HOSPITAL MEDICINE
- Boise VA
- Central Peninsula Hospital AK
- Evergreen Medical Center (2)
- Harborview Medical Center (4)
- Northwest Medical Center (2)
- Scripps Encinitas Hospital, CA
- St. Lukes Hospital - Boise
- University of Washington (9)
- VA Puget Sound
- Valley General Hospital

FELLOWSHIPS
Cardiology
- U of Washington
- UT Southwestern
- Wake Forest University

Gastroenterology
- U of Washington

General Internal Medicine
- Johns Hopkins

Hematology/Oncology
Fred Hutch
U of Washington

Nephrology
Colorado Health Sciences
U of Washington

Pulmonary & Critical Care
Johns Hopkins
UCSF
University of Florida
University of Michigan
U of Washington

Rheumatology
U of Washington

2010-2011 CONTINUED

JUNIOR FACULTY
U of Washington (11)
VA Puget Sound
Boise VA
Valley General Hospital

COMMUNITY PRACTICE
Unity Healthcare, DC
VA Puget Sound
Virginia Mason (2)

2009-2010

FELLOWSHIPS

Cardiology
Duke
Mt. Sinai
UC Davis
U of Washington

Gastroenterology
Stanford
U of Washington (3)

Geriatrics
Duke
U of Washington (2)

General Internal Medicine
U of Michigan
U of Washington

Hematology/Oncology
UCSF
U of Washington (2)

Infectious Diseases
Massachusetts General (2)
National Institutes of Health
U of Washington (3)

Palliative Care
U of Washington (2)

Pulmonary & Critical Care
Stanford
UCSF

HOSPITAL MEDICINE

Barnes Hospital
Columbia University
Evergreen Medical Center
Harborview Medical Center (2)
Newport Beach CA
Swedish Medical Center
University of Michigan
VA Puget Sound (3)
Wenatchee Valley Medical Center
University of Washington (6)

JUNIOR FACULTY
U of Washington (10)
University of Michigan
Columbia University

COMMUNITY PRACTICE

PacMed Seattle
PacMed Totem Lake
PolyClinic
St. Luke’s – Boise (2)
Virginia Mason

2008-2009

FELLOWSHIPS

Cardiology
U of Washington (2)
Wake Forest University

Gastroenterology
OHSU (2)
U of Washington (2)

Geriatrics
U of Washington

General Internal Medicine
U of California, San Francisco
Hematology/Oncology
Stanford
U of Washington

Infectious Diseases
U of Washington (3)

Pulmonary & Critical Care
U of Washington (2)

HOSPITAL MEDICINE
Kaiser Permanente, Los Angeles
New Zealand
Overlake Medical Center, Seattle
Providence, Everett (4)
St. Francis, Federal Way
St. Lukes, Boise ID
Swedish Medical Center, Seattle

U of Washington (3)
VA Puget Sound

COMMUNITY PRACTICE
National Health Services Corps, NY
Pacific Medical Center, Seattle
Pike Market Clinic, Seattle
Pullman, WA
Boise, ID

JUNIOR FACULTY
U of Washington (5)
America Lake, VA
General Information

Stipend Levels
(Effective July 1, 2015)

<table>
<thead>
<tr>
<th>Level</th>
<th>R1</th>
<th>R2</th>
<th>R3</th>
<th>R4</th>
</tr>
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<tbody>
<tr>
<td>Monthly</td>
<td>4,439</td>
<td>4,614</td>
<td>4,803</td>
<td>5,009</td>
</tr>
<tr>
<td>Annually</td>
<td>53,268</td>
<td>55,368</td>
<td>57,636</td>
<td>60,108</td>
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</table>

Meals On-Call
Meals are provided to housestaff who are on-call in-house overnight. Meals are reimbursed at a fixed rate for each 14 hour and 24 hour call shift monthly.

Parking
There is no charge for parking at PacMed Clinics (Beacon Hill), and VA Puget Sound Health Care System; however, staff parking permits are required. Parking permits must be purchased for Harborview and University of Washington Medical Centers and PacMed Clinics (1101 Madison).

Parking reimbursement is provided for conferences at the University of Washington (e.g., Thursday teaching conferences, Grand Rounds) when residents are on rotations at a site other than at the UW. Parking is provided for continuity clinics when residents are on rotations away from their clinic site. PacMed Clinics Beacon Hill parking permits are available from the Medical Education office. All parking expenses incurred during continuity clinic at Belltown and Pioneer Square are reimbursed.

Library Facilities
The University of Washington Health Sciences Library, located in T-231 of the Health Sciences Center, contains a large fund of technical books and journals. A University of Washington faculty/staff ID card is required to check out books. Department libraries are also located in each of the affiliated hospitals. Many resources and services are available online. HealthLinks is the Web Gateway to resources at the UW Health Sciences Libraries and the Health Sciences Center.

Deferment of Student Loans
Loan deferment policies vary according to the type of loan, but in most cases residents may defer loan payments for up to two years. Keep in mind that deferment of loan repayment does not always include deferment of the interest accrual, some residents prefer to begin repayment of their loans rather than continue to accrue interest during an extended deferment. The Graduate Medical Education office processes student loan deferments and forbearances.
Employee Benefits
http://www.washington.edu/admin/hr/benefits/benefits-summaries.html

The University of Washington offers a complete benefits package. The following information is a sampling of the resources available to employees. For complete information on the range of benefits offered – including access to UW Drama and Arts performances and discounted/preferred season tickets for athletic events - please visit the Benefits Office website.

Medical/Dental Insurance
http://www.washington.edu/admin/benefits
Employees, their families, and same sex partners are eligible for medical (with vision care) and dental benefits. Currently, there are six medical plans and three dental plans to choose from. Each offers a wide array of services and benefits. Detailed information regarding plan enrollment can be found on the UW Benefits web page. Interns are eligible for Medical and Dental coverage on July 1 of the intern year.

Flexible Spending Account (FSA)
www.washington.edu/admin/hr/benefits/saving/medical/fsa.html
Consider an IRS-approved, tax-exempt account that saves you money on eligible medical expenses. FSA deposits are deducted from your gross pay before taxes are calculated. You then submit claims to reimburse yourself for eligible out-of-pocket medical expenses for you and your eligible dependent(s).

Life and Accidental Death and Dismemberment Insurance
www.washington.edu/admin/hr/benefits/insure/fac-staff-lib/life-add/
The University provides each eligible employee with $25,000 of term life insurance. Employees may purchase up to an additional $350,000, plus an amount equal to their annual salary. Life insurance may also be purchased for a spouse/same-sex domestic partner in an amount up to one half of the employee’s level of coverage. In addition, the University provides $5,000 of Accidental Death and Dismemberment (AD&D) insurance. Employees may purchase up to $250,000 in optional AD&D insurance and a percentage of that amount for dependents.

Long Term Disability Insurance
www.washington.edu/admin/hr/benefits/insure/fac-staff-lib/ltd/res-srfellows-summary.pdf
(LTD) replaces a portion of your income if you are unable to work due to illness or injury. The UW offers two plans from which you can choose. The standard faculty/staff plan covers your UW salary only. Also offered is an AMA-sponsored plan which not only covers your UW salary, but also is fully portable at the end of your residency or fellowship, and has features such as loan repayment coverage. During the first 30 days of employment, neither plan requires evidence of good health.
Retirement Plans
http://www.washington.edu/admin/hr/benefits/retirement/index.html
UWRP is a defined contribution plan which is fully portable at the end of your residency or fellowship. You may participate in this plan as of the date of your appointment by making a positive election with the Benefits Office. If you have not enrolled by the end of two years, you will automatically be enrolled in a Vanguard Life Strategy account (according to your standard retirement date) and deductions will begin. UWRP employee contributions are matched 100% by the UW and are calculated at:

- 5% of gross salary—under age 35
- 7.5% of gross salary—age 35 and over
- 10% of gross salary—age 50 and over (optional)

Contributions are tax-deferred and are immediately vested. You direct how your account is invested. Funding vehicles have been selected for the UWRP through Fidelity, TIAA-CREF, and Vanguard.

Voluntary Investment Plan
http://www.washington.edu/admin/benefits/vip.html
VIP is a tax-deferred retirement savings program, operating under Section 403(b) of the Internal Revenue Code (IRC). VIP contributions are deducted from your gross salary before taxes are calculated, so you pay less tax now. Contributions also grow tax-deferred until you apply for benefits, or request a distribution. There are four companies available through the VIP. You can invest in any fund a company offers, as long as the fund is accepting new investors.

Dependent Care Assistance Program
http://www.washington.edu/admin/hr/benefits/worklife/dcap.html
Dependent care expenses before With the Dependent Care Assistance (DCAP), you will save money in your because DCAP deductions are tax-deductible.

Work/Life Programs
www.washington.edu/admin/hr/benefits/worklife/
- **Childcare and Parenting Programs** include time-saving referrals to space available at on-site and community childcare centers, plus seminars on parenting children from newborns to teens.
- **TLC Sick Childcare** for children who are mildly ill. The University underwrites the daily fee.
- **Care Giving** is a growing concern, as many people find themselves caring for a parent, spouse, or other adult family member. Discover a variety of resources—seminars, consultations, and networks—to help you manage the challenges of family care giving.
- **UW CareLink** provides free confidential counseling and referral services to help address work and personal issues. Legal and financial services are also available.
U-PASS
http://www.washington.edu/upass/index.php
The U-PASS makes getting to campus and all around town cheaper and easier. Choosing an alternative to driving alone is a simple way to save money, reduce stress and help preserve the environment. Cost for a U-PASS is $70.00 per quarter for faculty and staff. Benefits include full fare coverage on Metro, Community, and Sound Transit buses, as well as on Sounder commuter train service; discounted parking when you carpool; free rides on the Night Ride Shuttle; and more. Additionally, many area merchants offer discounts for U-PASS participants.

Hometown Home Loan Program
http://www.washington.edu/admin/hr/benefits/saving/housing/hometown-loan.html
All UW employees who are eligible for employee medical, dental, life and LTD insurances, are eligible to take advantage of the Hometown Home Loan Program. Current homeowners also can take advantage of the low rates to refinance. All loans are subject to pre-approval.

Tuition Exempt Classes
http://www.washington.edu/admin/hr/pod/policies/tuition-exemption.html
After being on staff for at least six months, housestaff may take up to six credits a quarter at the University of Washington or any state institution tuition-free (a minimal administrative fee is charged). Those who enroll at the UW on a "space-available" basis for more than six credits will receive the tuition waiver for the first six credits, and will pay the in-state per credit charge for credits taken over six. University of Washington employees enrolling at the University of Washington have a one-day registration advantage over other state employees who apply.

Spouses of residents who wish to register for UW courses may claim exemption from the out-of-state tuition rates by completing an exemption form available from the Office of Academic Personnel (543-5630).

Guaranteed Education Tuition (GET)
http://www.get.wa.gov
The GET program allows Washington families to plan for the future by purchasing tomorrow's college tuition at today's prices. As a participant, you can buy college tuition units to use for your children's education in the future. The purchaser can buy up to 500 units per child over a 10-year period. Any time you choose, you may buy tuition units outright or purchase a Customized Monthly Plan that is fixed at the first year's rate.
Recreational Sports Programs
http://depts.washington.edu/ima

Intramural Activities Building (IMA)
The newly renovated IMA is located north of Husky Stadium and south of parking lot E1. Indoor facilities include studios for aerobic exercise, yoga, archery, badminton, basketball, conditioning, equipment issue, handball/ racquetball courts (10), locker rooms, sauna, martial arts, pickle ball, roller skating, squash courts (8), sundeck, swimming pool, volleyball, weight rooms (4), free weights and an expanded fitness center. Outdoor facilities include 30 acres of sports fields for softball, flag football, soccer and ultimate Frisbee, thirteen tennis courts (six night lighted), and a tennis practice wall.

Faculty and staff may purchase an IMA Membership for $66+tax per quarter or $220+tax per year. Single use tickets are $5.50+tax apiece. Faculty and staff who are eligible to use the IMA Building may purchase a membership for their spouse or same sex domestic partner for $77+tax per quarter or $275 per year.

Waterfront Activities Center (WAC)
The WAC is located directly behind Husky Stadium on Union Bay. Activities include canoe and rowboat rentals ($7-9 per hour for faculty and staff). Boat storage is available for private non-motorized boats to students, faculty, staff, and alumni association members.

Golf Range
The Golf Range is located at the north end of parking lot E1 and is open to current UW students, faculty, staff, alumni, and the general public. The range has 43 night lighted tees, of which 20 are covered, and 2 chipping and putting greens. The range offers classes monthly. Those interested in registering for classes should go to their website (http://depts.washington.edu/ima) for more information. Complimentary parking is available directly in front of the Golf Range.
University of Washington Housestaff Association (UWHA)

The UW residents and fellows recently voted for the existing UW Housestaff Association (UWHA) to represent them as their official labor union. Housestaff unions are not totally uncommon. There are others around the country, including at the University of Michigan and the University of New Mexico.

Currently, the University and UWHA Union are preparing to enter negotiations over an official collective bargaining agreement. The time it takes to negotiate a collective bargaining agreement varies greatly, and could range from months to years. Until an official collective bargaining agreement is negotiated, the terms and conditions of the existing 2015-2016 Residency & Fellowship Position Appointment (RFPA) and all other working conditions will remain in effect.

Academic issues, curriculum, and the clinical learning environment will remain relatively unaffected by the formation of the UWHA Union. The core priorities of our programs and the UW Office of Graduate Medical Education have been, and will continue to be, that our trainees receive the best possible education, maintain a healthy work-life balance and make a real difference in the lives of our patients.
Resident Position Appointment & Policies

Annually the Graduate Education Committee submits contract recommendations to Dean for approval. Residents in the Internal Medicine Training Program are asked to sign contracts for the following academic year in December. The contract consists of the Resident Position Appointment signature page as well as Appendix I and the Guidelines to Night and Weekend Duties, and Guidelines to Backup Coverage. Copies of all of these documents follow.
I. PREAMBLE
The primary purpose of the appointment of resident and fellow physicians is the completion of a graduate medical education training program in accordance with the current accreditation standards established by the Accreditation Council for Graduate Medical Education (hereafter referred to as “ACGME”) or other accrediting bodies. It is clearly understood that the major objective of the training programs is education, and that they will be administered through the University of Washington School of Medicine (hereafter referred to as “UWSOM”), and by the respective Department Chairs and Program Directors, with the educational needs of residents and fellows foremost in mind. The UWSOM is committed to exemplary graduate medical education that facilitates residents’ and fellows’ professional, ethical, and personal development. To that end, the Graduate Medical Education (GME) mission serves to guide physicians to be compassionate and altruistic professionals providing high-quality patient care and service, motivate physicians to continue to wonder as part of a life-long learning process, and enlighten the next generation of physicians with exceptional medical knowledge and skill.

The purpose of this appointment agreement is to outline the terms and conditions of resident and fellow appointments to a University of Washington training program, including the established educational and clinical practices, policies, and procedures in all sites to which residents and fellows are assigned. These policies include but are not limited to the policies and procedures referenced in this agreement. Wherever possible, a hyperlink to the complete policy or resource posted online is provided.

II. PARTIES SUBJECT TO THIS POLICY AND THEIR RESPONSIBILITIES
This policy applies to the individual residents and fellows (hereafter referred to as “Residents”) training in ACGME, (American Board of Medical Specialties(ABMS), and the Commission on Dental Accreditation (CODA) -accredited graduate medical education programs sponsored by the UWSOM, the Program Director, the Department Chair, the affiliated hospitals, and the UWSOM itself. This includes trainees appointed under the following titles and job class codes: Residents (Job Class Code 0328), Fellows (Job Class Code 0444), Chief Residents (Job Class Code 0329), and Chief Resident/Non-ACGME (Job Class Code 0333). These titles may also be combined with a Senior Fellow Trainee (Job Class Code 0442) appointment.

A. Resident Responsibilities: The Resident will provide compassionate, timely, and quality patient care and agrees to serve the training sites and their patients; to accept the duties, responsibilities, and rotations assigned by the Program Director or his/her designee; to abide by established educational and clinical practices, policies, and procedures of the hospitals and other training sites to which he/she is assigned, to
the extent these are not inconsistent with this policy; to conduct himself/herself ethically and professionally in keeping with his/her position as a physician; and to abide by UW GME policies and procedures, as well as the conditions and general responsibilities outlined below. As a part of his/her appointment, the Resident will be expected to actively participate in the care of all types of patients who may present at the hospital or clinic to which he/she is assigned, including patients of designated individual physicians whom the Resident will be expected to assist. In addition, the Resident will be expected to take an active role in the instruction of medical students, junior residents, other trainees, and/or other hospital personnel.

B. Department Chair Responsibilities: The Department Chair, with the support of the UWSOM and the affiliated hospitals, shall provide clinical and research programs of sufficient quality and duration so that resident physicians who successfully complete the graduate medical education program will be qualified to enter into the specialty and subspecialty board examination and certification process. This provision assumes that all training program activities will be conducted within the requirements of the ACGME and guidelines of external agencies that evaluate and accredit hospitals.

C. Program Director Responsibilities: The Program Director, with the support of the Department and UWSOM, will administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice). Other responsibilities include the provision of a quality didactic and clinical education at all sites that participate in the program, approval of a local director at each participating site who is accountable for resident education, approval of the selection of program faculty as appropriate, evaluation of program faculty, approval of the continued participation of program faculty based on evaluation, preparation and submission of all information required and requested by the ACGME, ensuring a sufficient number of faculty are appointed with documented qualifications to instruct and supervise residents at all locations, monitoring of resident supervision at all participating sites, providing formative and summative evaluation of individual resident performance, ensuring compliance with grievance and due process procedures, providing verification of residency education for all residents, implementation of policies and procedures consistent with institutional and program requirements for resident duty hours and the working environment, informing residents of information related to eligibility for specialty board examinations, and ensuring program performance improvement.

In addition, the Program Director is responsible for notifying applicants and current residents of action taken regarding the accreditation status of the program, and for providing residents with a written copy of this agreement. Other publicly available information regarding the training program or affiliated institutions may be provided upon request.
D. Training Site Responsibilities: The affiliated hospitals, which include but are not limited to University of Washington Medical Center (UWMC), Harborview Medical Center (HMC), Seattle Children’s Hospital (SCH), VA Puget Sound Health Care System (VAPSHCS), Seattle Cancer Care Alliance (SCCA), Northwest Hospital (NWH), Valley Medical Center (VMC), and Boise VA Medical Center (Boise VA) will provide appropriate services and systems to minimize residents’ work that is extraneous to the graduate medical education programs’ educational goals and objectives. In addition, the affiliated hospitals will assure access to appropriate food services at all times; safe and reasonably convenient parking facilities, hospital and institutional grounds, and related facilities; and safe, quiet, and private sleep/rest facilities available for residents to support education and safe patient care. There shall be a sufficient number of sleep rooms so that residents may sleep and have a secured storage area for personal belongings.

In addition, some affiliated hospitals and other training sites have agreed through a Single Source Service Agreement to provide on an annual basis, funds for those stipends to which they commit themselves; funds and/or services for the support of the resident fringe benefit program and due process mechanism referred to hereafter; and other educational and clinical opportunities. Annually, participants in the Single Source and the UWSOM shall agree on the number of positions to be offered and their allocation by specialty and resident training level.

E. UW School of Medicine Responsibilities: The UWSOM, as the Sponsoring Institution, will oversee resident assignments and the quality of the learning and working environment at all participating sites, and will ensure that programs only assign residents to learning and working environments that facilitate patient safety and health care quality. This responsibility, which is delegated to the Office of Graduate Medical Education (GME Office), shall also include oversight and administration of training programs, and monitoring of programs to ensure compliance with ACGME requirements and implementation of terms and conditions of appointment. In addition, the UWSOM will provide the necessary financial support for administrative, educational, and clinical resources, including personnel, to maintain graduate medical education training activities. This includes ensuring that University of Washington School of Medicine Residency & Fellowship Position Appointment 2015-2016 Page 5 of 24 program directors have sufficient financial support and protected time to effectively carry out their educational, administrative, and leadership responsibilities. Additionally, the UWSOM agrees to perform a series of administrative and educational functions for the benefit of the residents and the affiliated hospitals. These include issuing stipend checks; maintaining resident records; administering the benefits outlined below; ensuring timely and appropriate communications to residents and programs from the parties listed in this agreement (e.g., via listservs, newsletters, MedHub portal); and providing mechanisms for coordination of the program among the affiliated hospitals, the UWSOM, and the various clinical services. Lastly, the UWSOM will ensure the provision of a learning and working environment in which residents have the opportunity to raise concerns.
and provide feedback without intimidation or retaliation and in a confidential manner as appropriate.

The UWSOM, through the Graduate Medical Education Committee (hereafter referred to as “GMEC”), which is composed of program directors, faculty, residents, fellows, program administrators, and GME administration, is responsible for overseeing the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs; the quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites; the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements; the ACGME-accredited programs’ annual evaluation and improvement activities; and processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution. In addition, the GMEC must demonstrate effective oversight of the Sponsoring Institution’s accreditation through an Annual Institutional Review. Additionally, the Institutional Resident/Fellow Advisory Committee (hereafter referred to as “IRFAC”), which is composed of residents, fellows, faculty, program administrators, and GME administration, advises on policies relevant to resident and fellow appointment and education. These policies include but are not limited to stipends, fringe benefits, working conditions, supervision, leave, grievance and termination procedures, and the particulars of this appointment agreement, which is reviewed by the committee annually.

III. CONDITIONS FOR APPOINTMENT AND REAPPOINTMENT

A. Eligibility and Selection: Annually, the Department Chair, with the support of the Program Director, shall make recommendations for resident appointments to the Dean of the UWSOM (hereinafter referred to as the “Dean”). As specified in the Eligibility and Selection Policy, each applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program, subject to additional qualifications as may be specified in specialty/subspecialty specific program requirements:

1. graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or,
2. graduation from a US college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or,
3. graduation from a medical school outside the United States or Canada, and meeting one of the following conditions:
   a. holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or,
   b. holds a full and unrestricted license to practice medicine in a US licensing jurisdiction in his or her current ACGME specialty/subspecialty program; or,
c. has graduated from a medical school outside of the United States and completed a Fifth Pathway program provided by an LCME-accredited medical school.

4. a graduate of an ACGME accredited-residency program, if specified by the RRC.

Additional requirements may include satisfactory completion of residency training in a program accredited by the ACGME. In addition, programs must ensure that candidates are eligible for a Washington (or other applicable) state license, be authorized to work in the United States at the time of appointment, and meet the essential abilities requirements of the program.

B. Appointment and Credentialing: The Resident agrees to comply with appointment and credentialing requirements, as outlined in the UW GME Appointment and Credentialing Policy. The Resident will neither be permitted to begin the training program nor be eligible to receive benefits under this agreement without having met such credentialing requirements.

C. Resident Orientation: Residents who are new to a UW GME training program are required to attend all required UW Medicine Orientation days and to complete all online training modules, as required by his/her specialty and training sites, by the specified deadlines. Residents will be paid a daily rate appropriate to the level of training to attend the UW Medicine Orientation. Residents will also be paid for time required to complete mandatory online training modules, if completion of the modules is required prior to the start of the training program. Residents may also be required to attend a pre-appointment orientation sponsored by the training program. The length of the program orientation may vary depending on the program.

Residents, either during the orientation process or at times throughout the academic year, will be required to attend in-person training on the electronic health record (EHR) systems utilized at the affiliated hospitals and other training sites. Residents may not be provided with access to these systems until the defined training requirements have been met. This includes but is not limited to training on the inpatient EHR (ORCA) and outpatient EHR (EpicCare) at UW Medicine sites; Clinical Information System (CIS) web-based training at SCH; and the Computerized Patient Record System (CPRS) at VA hospitals (VA Puget Sound Health Care System and Boise VA).

D. Reporting for Duty: Residents appointed to the program must report for duty and attend required didactic and other educational activities as specified by his/her duty/training schedule. Residents may be required to report for duty or be available by page in the event of a disaster or other event that disrupts the normal operations of training sites. Residents reporting for duty will be provided with appropriate accommodations during such events. Residents with scheduled clinical responsibilities but who are unable to report for duty must maintain appropriate communication with the Program Director and/or clinical supervisor, and may be allowed to complete other
academic endeavors during this time with advanced approval by the Program Director. Residents who do not obtain such approval must utilize vacation leave during this time.

E. Policies and Procedures: Residents must comply with the policies and procedures of the affiliated hospitals and other training sites, as well as UWSOM policies and procedures, which include but are not limited to the Licensing Policy, USMLE Policy, the Drug Enforcement Administration (DEA) Registration Policy, the Outside Professional Activities and Moonlighting Policy, the Physician Impairment Policy, the UW Medicine Privacy and Security Policy, the Immunization Policy, Maintenance of Case/Procedure Logs Policy, Vendor Interaction Policy, the UW Medicine Professional Conduct Policy, Professional Behavior and Conduct for the Teacher/Learner Relationship Policy, Medical Records Policies, Social Networking Policy, and the UW Medicine Professional Conduct Policy, Professional Behavior and Conduct for the Teacher/Learner Relationship Policy, Medical Records Policies, Social Networking Policy, and the UW Patent, Invention and Copyright Policy. Policies outlined throughout this agreement may be found in their entirety in the Policies and Procedures section on the GME website located at www.gme.washington.edu. As specified in the Academic & Professional Conduct Policy & Procedures, failure to comply with the following policies may result in the Resident’s removal from patient care activities until the deficiency is resolved to the satisfaction of the program and/or UWSOM.

1. **Licensing Policy:** All residents must hold an active Washington state provider license (or Idaho permit for Boise based residents) while training in a UW graduate medical education program. It is the Resident’s responsibility to comply with licensure requirements at all participating training sites, as well as any additional licensure requirements while participating in educational experiences outside of UW Medicine and affiliated hospitals. Likewise, trainees participating in programs, tracks, or rotations outside of Washington State must comply with the local state licensure requirements while training in a UW GME program. The appointment of the Resident is conditioned upon his/her compliance with this policy. Programs and the GME Office are available to assist with questions regarding the application process, however it is the responsibility of each resident to obtain and maintain an active license at all times while training in a UW GME program. Residents are responsible for the payment of all applicable license fees, and must submit all application materials and supporting documentation to the Washington State Department of Health or other applicable licensing body prior to commencement of training.

2. **USMLE Policy:** To meet appropriate educational standards and national quality standards in preparation for medical licensure and certification by the American Board of Medical Specialties, Residents must successfully pass specified steps of the United States Medical Licensing Examination (USMLE) by a given training year. Steps 1 and 2 (CK and CS) or equivalent examinations (COMLEX-USA or MCCQE) must be completed within 6 months of commencement of training in a UW residency or fellowship program, regardless of training level. Residents must complete Step 3 within 6 months of starting their PGY-3 year, or earlier, if indicated by their training program. Trainees entering a UW program after their
PGY-3 year must pass Step 3 prior to commencement of training. The USMLE program recommends to state licensing authorities that all three Steps be passed within a 7-year period.

3. **Drug Enforcement Administration (DEA) Registration Policy**: Residents who prescribe, order, administer, or handle controlled substances are required to obtain an individual DEA registration. Registrations may be obtained on a fee-exempt basis while in training in a UW GME training program; however, such registrations are restricted to activities within the scope of the training program (including activities at UW Medicine sites and other affiliated training sites). Exemption from payment of the individual registration application fee is limited to federal, state or local government official duties. Residents who engage in outside professional activities (e.g., external moonlighting) at any site outside of UW Medicine must obtain an individual, fee-paid DEA registration and may not use their fee-exempt registration for this purpose. Residents who are not eligible for an individual DEA registration (i.e., those training with an Idaho permit) must use the institutional DEA numbers of their respective training sites.

4. **Moonlighting Policy**: The UWSOM prohibits residents from engaging in any moonlighting activity unless approved in writing by the resident’s Program Director and the GME Office prior to engaging in such activity. Either the Program Director or the GME Office has the discretion to deny or terminate moonlighting activities for any reason, including interference with educational objectives, patient care responsibilities and/or duty hour compliance. Trainees who choose to Moonlight must ensure that Moonlighting does not interfere with their ability to achieve the goals and objectives of their training program. Trainees in ACGME-accredited training programs are responsible for complying with the Institutional Duty Hours Policy, which requires that all moonlighting hours count towards total duty hours. Accordingly, Program Directors and the GME Office may approve Moonlighting activities only if these activities will not in any way interfere with the Trainee’s program responsibilities and the Trainee’s ability to comply with the Duty Hours Policy and this Policy.

5. **Physician Impairment Policy**: Program Directors and faculty must monitor residents and fellows for the signs of impairment, and especially those related to depression, burnout, suicidality, substance abuse, and behavioral disorders. Further, it is also the responsibility of every individual—including Program Directors, faculty and trainees—licensed by the Washington State Department of Health (DOH) to report any licensed healthcare practitioner who may not be able to practice with reasonable skill and safety as a result of a physical or mental condition according to WAC 246.16.200. This reporting requirement applies to anyone who observes that a physician may be impaired. Actual evidence of impairment is not required. In the absence of patient harm, sexual misconduct, or professional misconduct, this reporting requirement may be fulfilled by confidentially reporting the individual to the Washington Physicians Health
Program (WPHP). Trainees may make this report to the WPHP directly, or may make their concerns known to the Program Director, Chief of Service, GME Counseling Service, GME Office or another responsible individual.

For new trainees with a history of impairment as well as current trainees who exhibit evidence of impairment, evaluation, treatment and monitoring will be performed under the auspices of the WPHP or applicable physicians’ health program. When a trainee is referred to the WPHP for assessment, the trainee is required to sign a release allowing the Program Director and the GME Office to receive information on the outcome of the assessment and ongoing monitoring. The UW GME conducts a thorough background check on all new trainees upon appointment to the UW residency or fellowship training program. If a history of DUI or other alcohol/substance abuse related crime(s) is revealed, a referral may be made to the WPHP in order to determine if ongoing evaluation, treatment and/or monitoring is required. As a condition of appointment, all trainees are required to comply with the Program Director or faculty member’s decision to remove them from participation in clinical duties and other professional activities and to refer them to WPHP should impairment be suspected and/or confirmed. The WPHP is solely authorized to determine fitness for duty and endorse the return to work (i.e., the resumption of training and clinical care responsibilities) of all trainees who experience and/or exhibit signs of impairment.

The University of Washington and WPHP support full confidentiality to the extent allowed by university policy and law. Further, confidentiality of evaluation, treatment and monitoring by WPHP is assured by the WPHP Confidentiality Assurance Policy. However, programs are required to disclose impairment and successful return to practice, if applicable, for hospital or medical licensing board training verification and/or credentialing inquiries.

6. UW Medicine Privacy and Security Policies: All residents must be educated about privacy, confidentiality, and security of patient, confidential, restricted and proprietary health information. Residents are required to read and sign the UW Medicine Privacy, Confidentiality, and Information Security Agreement (PCISA) at initial appointment, at reappointment each year, and prior to using their UW Medicine Accounts. HIPAA Online Training must be completed within 30 days of a resident’s start date. Residents training solely at one of the VA training sites (Seattle or Boise) must complete VA HIPAA compliance training using the VA “Mandatory Training for Trainees” course, are exempt from completing the UW Medicine training, and are also subject to the privacy and security policies of the VA.

Residents are responsible for safeguarding patient information and must be familiar with the UW Medicine Information Security Policies, which require password protection and encryption of any mobile device, including a laptop, notebook,
tablet, and smartphone, that is used to store, maintain, or transmit confidential information, including protected health information (PHI). This requirement applies to University-owned and personal mobile devices. UW Medicine policy requires that appropriate sanctions be applied, up to and including dismissal from the program, to residents who fail to comply with institutional polices and established procedures related to privacy, confidentiality, and information security, as outlined in the Corrective Actions for Noncompliance with Privacy and Information Security Policies. All UW Medicine Privacy Policies are located at: http://depts.washington.edu/comply/privacy.shtml.

7. Immunization Policy & Bloodborne Pathogens (BBP) Exposures: All residents must submit documented proof of current immunization and/or positive serology against Measles, Mumps, Rubella, Varicella, Hepatitis B (documentation of the series and/or serology or completed Hepatitis B waiver), Tetanus, Pertussis and Diphtheria, and TB screening to UWMC or HMC Employee Health prior to commencement of training. Affiliated training sites may also have additional requirements. In addition, all residents are required to comply with the following annual requirements by December 1st: influenza vaccination (vaccination at UWMC/HMC, documentation of vaccination at an outside facility, or signing a formal declination), TB screening, and N-95 fit testing. It is recommended that residents infected with bloodborne pathogens (e.g. Hepatitis B, Hepatitis C or HIV) who perform high risk invasive procedures should seek confidential counsel from the UWMC-Employee Health Center at (206) 598-7971 and/or the UW Advisory Committee for Health Care Workers (HCWs) Infected with Bloodborne Pathogens. In the event of a bloodborne pathogen exposure (e.g., needlestick, cut, puncture, mucous membrane, or open wound exposure to human blood or other potentially infectious materials such as: body fluids, HIV/HBV/HBC containing cultures, HIV/HBV/HBC infected animals, human cell and/or tissue lines), residents should immediately seek medical attention. Residents can obtain medical treatment and report exposures in confidence to the University Employee Health Centers. Medical treatment can also be obtained at UWMC or HMC Emergency Departments, or your personal healthcare provider. See Policies on Infection Control Procedures, with Special Emphasis on Health Care Practitioners Infected with Bloodborne Pathogens for more information.

8. Maintenance of Case/Procedure Logs Policy: The case/procedure logs maintained by residents to document their clinical experience requirements must be protected and kept secure so that only authorized individuals have access to patient information that reside in those logs. Each Program Director of training programs that rotate at UW Medicine sites is responsible for establishing and communicating a standardized process and documentation requirements for trainees to maintain case/procedure logs, which may include use of the ACGME Resident Case Log System, the MedHub Residency Management System, a national society or board case log system, or UW’s SkyDrive Pro for tracking purposes. Any written (paper) documentation generated in preparation for
database entry or any other documentation pertaining to cases (e.g., sketched pictures) that are unsuitable for database entry that contain PHI must be physically secured in a location that cannot be accessed by non-UW Medicine workforce members. Each program must designate secure locations at each the training sites to maintain case/procedure logs. If the paper documentation must leave the site, it must remain in the possession of the trainee at all times. Any patient information kept on a mobile device before being entered into a case log system or at any time, must be stored on an encrypted device only.

9. **Vendor Interaction Policy:** Resident behavior and professional judgment should not be compromised by vendor influence, either through vendor interactions with the training program or the individual resident. Residents are professionally accountable to their patients and colleagues, and as such should avoid interactions with vendor representatives that have the appearance of compromising impartiality in clinical or academic practices. The UWSOM has defined a number of allowable and prohibited practices to guide resident behavior as it relates to interaction with outside vendors, which are described in the FAQ of this policy.

10. **UW Medicine Professional Conduct Policy:** UW Medicine values professionalism among its faculty, staff, trainees, and students in carrying out UW Medicine’s mission of improving the health of the public through teaching, research and patient care. Professionalism includes demonstrating excellence, integrity, respect, compassion, accountability, and a commitment to altruism in all of our work interactions and responsibilities. It is the policy and expectation of UW Medicine that UW Medicine faculty, staff, trainees, and students will conduct themselves in a professional manner in all of their interactions with patients, members of the public and the University community, and each other. The purposes of this policy are to promote excellence, integrity and altruism in all of our activities; to assure that all persons are treated with respect, dignity and courtesy; and to promote constructive communication and collaborative teamwork.

11. **Professional Behavior and Conduct for the Teacher/Learner Relationship:** The UWSOM is committed to maintaining the highest standards of academic performance, professional behavior, personal integrity, and respect for each other as individuals. These standards apply to all individuals associated with the educational experience, and it is expected that the teachers and learners will be on their honor to maintain the highest standards of professional behavior in all aspects of training. Residents, in their role as teachers of medical students and other trainees, are responsible for adhering to the guidelines for Professional Behavior and Conduct for the Teacher/Learner Relationship as outlined in the University of Washington School of Medicine Student Handbook (p.610).
12. **Medical Records Policies:** Residents shall be responsible for complying with the documentation and medical records policies of the hospital or clinic to which they are assigned. These policies include requirements regarding the preparation of a complete and legible medical record for each patient. Discharge summaries, operative reports, and other key portions of the medical record must be co-signed by a supervising physician in accordance with Medicare teaching supervision rules. The use of medical student documentation to support billed services is prohibited, except in the case of past family/social history (PFSH) and review of systems (ROS). Medical records must be completed according to the timelines outlined in the relevant hospital or clinic’s Medical Records Policy. In general, residents will continue to have access to medical records at UW Medicine sites for 48 hours following completion of training in order to complete required documentation. Residents are subject to the terms of the hospital or clinic’s Medical Records Policy for delinquent medical records, as well as the Academic & Professional Conduct Policy & Procedures.

13. **UW Medicine Social Networking Policy:** UW Medicine’s Social Networking Policy summarizes existing University and UW Medicine policies that apply to the use of social media, limits the use of social media in hospital and clinic space, and outlines best practice guidelines for residents who participate in social networking sites and share social media in other areas where use of social media is permitted. Use of social media is prohibited while performing direct patient care activities or in the unit work areas, unless social media in those areas has been previously approved by the supervisor. Residents should limit their use of Social Media in hospital or clinic space to rest or meal breaks, unless social media use for business purposes has been previously approved by the supervisor. Social media includes text, images, audio and video communicated via such tools as Twitter, Facebook, LinkedIn, YouTube, Flickr, Photobucket, Digg, Reddit, Wikis, Wikipedia, and any other internet-based social media application similar in purpose or function to these tools.

14. **UW Patent, Invention and Copyright Policy:** Residents are considered employees for purposes of, and are required to comply with, the UW Patent, Invention, and Copyright Policy, as it may be modified from time to time in accordance with standard University procedures. The policy requires among other things that residents disclose to the University all inventions and discoveries conducted during their UW appointment, using UW time and resources, and that residents agree to assign to the University all inventions in which the University has an interest.

F. **Evaluations of Competence:** Each resident shall be provided with timely formative feedback by faculty during each rotation or educational assignment, as well as access to written evaluations of his/her performance in MedHub at the completion each rotation.
or educational assignment in the training program. In addition, the Program Director or his/her designee shall meet with each resident on at least a semiannual basis to provide a documented assessment with feedback on his/her performance in the program. The assessment will be based on the resident’s overall performance improvement appropriate to educational level and progress toward demonstrating achievement of competence in each of the specialty-specific Milestones. The program will appoint a Clinical Competency Committee to review all resident evaluations semi-annually and to prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME. The meeting discussions and Milestone reports shall be documented in writing and maintained in the Resident’s academic file, which is accessible for review by the Resident.

G. Conditions of Reappointment and Promotion: Residents are first and foremost learners and are expected to pursue the acquisition of competencies that will qualify them for careers in their chosen specialties. In addition, residents must adhere to standards of professional conduct appropriate to their level of training. Program appointment, advancement, and completion are not assured or guaranteed to the Resident. Promotion to the next level of training is based on the achievement of program-specific competence and performance parameters via evaluation, including specialtiespecific Milestones, as determined by the Program Director and/or Clinical Competency Committee (CCC). Unsatisfactory resident performance can result in required remedial activities, temporary suspension from duties, non-promotion, non-reappointment, or termination of appointment and residency education.

Due process refers to an individual’s right to be adequately notified of charges or proceedings against that individual and the opportunity to respond to these actions. The policies and procedures described in the Academic & Professional Conduct Policy & Procedures are the exclusive means of review of academic actions within the UWSOM, and are designed to ensure that actions which might adversely affect a resident’s status are fully reviewed and affirmed by neutral parties while at the same time ensuring patient safety, quality of care, and the orderly conduct of training programs. In the case of non-renewal of appointment, non-promotion to the next training level, or dismissal, the program will provide the Resident with notice of its intent promptly, and in the most expeditious manner possible. The notification will be by letter to the Resident and will contain the reasons for the non-renewal of appointment, non-promotion or dismissal.

Residents who desire to voluntarily leave the program prior to completion of the training necessary for certification of the specialty are expected to discuss this action with the Program Director at the earliest possible time, preferably by January 1 of the training year. In this circumstance, residents are expected to complete the training year of their current appointment, unless an earlier resignation is mutually agreed upon by the Resident and Program Director.

Residents are not required to sign a non-competition guarantee or restrictive covenant by the Sponsoring Institution or any of its ACGME programs as a condition of appointment.
IV. EQUAL OPPORTUNITY & REASONABLE ACCOMMODATION

The University of Washington reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran in accordance with University policy and applicable federal and state statutes and regulations. The University of Washington is committed to providing access and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. For information or to request disability accommodation, contact the GME Office at (206) 543-6806 or the Disability Services Office at (206) 543-6450 or (206) 543-6452 (TTY) or email at dso@uw.edu.

V. STIPENDS

Residents are paid a stipend to assist in defraying the cost of living and other expenses during training. The Resident’s stipend rate for the current academic year is noted on the signature page of this agreement. Stipends are generally paid through the University of Washington and according to the UWSOM stipend schedule, which is determined annually by the University of Washington in consultation with the GMEC, the IRFAC and the affiliated hospitals. Factors that are considered in determining the UWSOM stipend schedule include but are not limited to, the institutional budget, most recent available changes in the cost of living in King County, and the need to remain competitive with the stipends paid to trainees in hospitals under common ownership with a University.

Residents will be paid according to the training year in which they are participating in a UW GME training program, and will receive a stipend increase for each additional year of ACGME training. In general, residents will not receive credit for prior training in a specialty that is not required for entry into the current program. Residents in any given level of training will be reimbursed at the same rate, and there will be no differentials among the various specialty fields.

All stipends and the UWSOM stipend schedule will be effective for periods not to exceed twelve (12) months, unless otherwise approved by the GME Office. Residents required to participate in overnight call or to perform other duties related to their residency program past midnight on their last night of service will receive pay and all benefits (including health insurance, professional liability coverage and workers’ compensation) for hours worked past the end date of their appointment agreement. Residents required to extend training due to remediation and/or to meet board eligibility requirements will continue to receive stipend and fringe benefits at the level of the year of training the Resident is completing.

Additional compensation will be provided to Residents who participate in UW Medicine Orientation, and/or program orientations, and who complete required online training modules if required before the official program start date, as noted in Section III above.

Grants & Other Funding Sources: The UWSOM stipend schedule may not apply to Residents who are paid directly by other sources, or to those who receive a stipend.
under a training grant and who hold a title of Senior Fellow Trainee (Job Class Code 0442). Federal taxation rules may also vary for residents paid under training grants, as stipends paid through training grants are generally not subject to various Federal taxes, including FICA and Medicare taxes. Departments are highly encouraged to supplement grant-funded trainees’ stipends up to levels defined in the UWSOM stipend schedule.

VI. FRINGE BENEFITS
The fringe benefit program outlined below is specifically designed for Residents (Job Class Code 0328), Fellows (Job Class Code 0444), Chief Residents (Job Class Code 0329), and Chief Resident/Non-ACGME (Job Class Code 0333) paid by the University of Washington, and is administered through the UWSOM. Some of these benefits, including but not limited to the UW Retirement Plan, may not apply to residents who are paid directly by other sources, or to those who receive stipends under training grants and who hold a title of Senior Fellow Trainee (Job Class Code 0442). UWSOM also provides a number of benefits that are unique to residents, which are outlined below in Section D. Other Resident Benefits. Policies related to these benefits are subject to change during the academic year. In the event of a change in policy, the GME Office will notify residents via the communication channels noted in Section II.E. More information about each of these benefits may be found on the GME website or by contacting the GME Office. Residents may also contact UW Benefits at (206) 543-2800 or benefits@uw.edu for questions regarding UW benefits outlined below in Section A.

A. UW Benefits

1. Medical, Dental, Basic Life and Long-Term Disability Insurance Benefits: A Summary of Benefits for Residents and Fellows is available on the GME website for applicants, incoming, and current residents. Incoming residents receive their benefits packets during UW Medicine Orientation, and as new employees, have 31 days from their initial eligibility date to select and enroll in the medical and dental plan of their choice.

   a. Benefits Options: Residents appointed at least 50% FTE (full-time equivalent) for a minimum of six consecutive months and who receive a monthly stipend are eligible to enroll in the University of Washington’s Basic Insurance Package. The package is designed and authorized by the Public Employees Benefits Board (PEBB) and consists of medical insurance, dental insurance, term life insurance, accidental death and dismemberment insurance, and basic long-term disability (LTD) insurance. Eligible residents may choose one of several medical insurance plans for which the University and the Resident share the cost of insurance premiums. Eligible residents may also choose one of several dental insurance plans for which the University pays the entire insurance premium, and for several LTD insurance plans. This package also provides for optional additional life, accidental death and dismemberment, and disability insurance that may be purchased by the individual.
b. **Start of Benefits Coverage**: UW is subject to the State PEBB eligibility requirements as defined in Washington Administrative Code (WAC) Section 182-12-114, which specifies that basic insurance benefit coverage for eligible residents, (LTD) insurance, begins on the first day of the month following their date of appointment, or on the first day of appointment for those starting on the first business day of the month, and is effective through the end of the last month of appointment. For residents starting at the end of June, benefits will therefore not take effect until July 1st. Residents who wish to obtain coverage prior to the time they are eligible for public health insurance benefits may purchase comprehensive and catastrophic health insurance coverage, including short-term health insurance coverage ranging from 30 days to six months. Residents who have just completed medical school, another training program, or position of employment may also be eligible for COBRA through their former school of employer. Refer to the Private Health Insurance Options section on the UW Benefits website for a list of short-term options.

2. **UW Retirement Plan (UWRP)**: Residents appointed at least 50% FTE in an eligible job class, which includes Residents (Job Class Code 0328), Fellows (Job Class Code 0444), Chief Residents (Job Class Code 0329), and Chief Resident/Non-ACGME (Job Class Code 0333), for a minimum of six consecutive months, are eligible to participate in the UW Retirement Plan (UWRP). Residents who receive a stipend under a training grant and who hold a title of Senior Fellow Trainee (Job Class Code 0442) together with another title are ineligible to participate in the UWRP. Eligible residents may start participating in the UWRP on their first day in a UWRP-eligible appointment. The UW provides 100% matching funds to the Resident’s own contributions, within their defined contribution limit. Both the UW and the Resident’s contributions are immediately vested, and the plan is 100% portable when the Resident leaves the UW. If the Resident has not enrolled in the UWRP by the end of their two-year anniversary, they will automatically be enrolled in the plan. Participation in a retirement plan after two years of appointment is a condition of continued appointment. Refer to the UWRP Plan Document for more information. Changes to the UWRP may occur as authorized by the UW Board of Regents.

3. **Voluntary Investment Program (VIP)**: Residents may participate in the Voluntary Investment Program (VIP), a tax-deferred retirement savings plan, operating under Section 403(b) of the Internal Revenue Code (IRC). Participants may choose their contribution amount (up to the IRS-defined limit).

4. **Dependent Care Assistance Program (DCAP)**: Residents are eligible to participate in the DCAP, which allows participants to take a deduction from their pay for eligible dependent care expenses before taxes are calculated.

5. **Medical Flexible Spending Account (FSA)**: Residents are eligible to establish an FSA, which is an IRS-approved, tax-exempt account that allows the account holder to use pre-tax dollars to pay for eligible medical expenses.
6. UW CareLink: Residents are encouraged to use the UW CareLink assistance program, which provides confidential counseling services, childcare and adult/elder care consultation and referral, legal and financial services, and critical incident assistance and debriefing.

7. Sick Child Care: Residents can find sick child care through the Tender Loving Care program (TLC) at Virginia Mason Medical Center if their child is mildly ill and between one and 12 years old. The University underwrites the entire daily fee for residents appointed 50% FTE or more. Families pay only a one-time registration fee of $5 per child. Residents must register their children with and submit a consent form to TLC prior to their child’s illness. Questions about TLC sick child care program should be directed to (206) 583-6521.

8. Childcare: University of Washington offers three on-site UW Children’s Centers located near the UW campus and SCH. There is also a UW Children’s Center at Harborview. All childcare centers are fully enrolled; however, residents who are pregnant or have children may add their name to the childcare waitlist by completing the applicable waitlist application. Monthly tuition rates for each center are posted on the UW Children’s Centers website.

B. UW Risk Management

1. Professional Liability Coverage: Professional liability coverage will be provided by the University of Washington at no cost to the Resident. This insurance will cover the Resident’s good faith performance of his/her assigned duties in the training program, which may also include program-approved volunteer activities and off-site/oversees and global health rotations. Details of coverage are available from the Office of Risk Management. The professional liability program operates on an occurrence basis, and coverage includes insurance for claims filed after completion of the training program. As part of the professional liability coverage, the University will provide legal assistance through the University of Washington Division of the Attorney General’s Office to any resident who becomes involved in litigation as a result of the good faith performance of his/her assigned duties at the affiliated or approved hospitals and clinics. In the event a Resident receives a subpoena or any other inquiry regarding a claim, they should notify their program director and contact the Office of Risk Management. Questions regarding professional liability coverage should be directed to the Office of Risk Management at (206) 543-3659 or gdawg@uw.edu.

Exemptions from Coverage: The professional liability coverage will not apply to actions, claims or proceedings arising out of acts taken in bad faith. The following are examples of types of conduct which will normally be deemed to have been taken in bad faith: the act was committed with the willful intention of causing injury or harm, or was reckless or malicious in nature; the act was committed in willful violation of law or University
regulations; or the act was committed while under the influence of alcohol or a controlled substance (as defined in RCW 69.50.101 as now or hereafter amended). (UW Policy: Indemnification of University Personnel).

- **Volunteer Activities**: Coverage may not be provided for “volunteer” activities that are not approved by the Program Director and/or are not part of the training program. The Resident should consult with his/her Program Director for clarification of coverage for proposed volunteer activities in advance of undertaking such activities. Granting of coverage will be at the sole discretion of the Director of Risk Management.

- **Moonlighting**: Professional liability coverage is not provided by the University of Washington for external moonlighting activities, as these activities are outside the scope of the residency program. In general, the University of Washington will provide professional liability coverage for Internal Moonlighting activities at UWMC, HMC, and other employing entities that are an existing part of the University’s professional liability program.

If the University is defending an action involving the Resident, whether the School or the Resident are or are not individually named as defendants, the Resident shall cooperate fully with the University and its counsel in handling or resisting the action, claim or proceedings. This obligation shall continue after the Resident leaves the residency program.

2. **Workers’ Compensation**: The University of Washington’s workers’ compensation program is state-insured. The Washington State Department of Labor and Industries (L&I) manages all of the workers’ compensation claims. University of Washington faculty, staff, and volunteers are insured for injuries or illnesses that occur while acting within the course and scope of their duties for the University of Washington (see Administrative Policy Statement 14.1.4), and includes coverage during any out of state rotations. Employees who are injured at work or who believe that their illness is related to their job can file a Labor & Industries claim through a physician’s office, clinic, emergency room or hospital. Questions regarding workers’ compensation should be directed to the Office of Risk Management at (206) 543-3659 or gdawg@uw.edu.

**C. Vacation Leave, Sick Leave and Other Leaves of Absence**

Residents must comply with GME and program requirements for requesting and reporting the use of vacation, sick and other leaves of absence. In addition to formal requests to the program, a UWSOM GME Leave Request Form must be completed for all leaves of absence of five (5) days or more (with the exception of regular vacation time) and submitted to the Program Director. When the need/desire for the leave of absence is foreseeable, the request should be submitted at least thirty (30) days prior to the leave. When the need for the leave is unforeseeable, the request should be submitted as soon as possible.
Effects of Leave on Program Completion and/or Board Eligibility: The Program Director must provide residents with a written statement regarding the effect of leaves of absence, for any reason, on satisfying the requirements of their Residency Review Committee and/or Specialty Board for completion of a residency or fellowship program, as well as information relating to access to eligibility for certification by the relevant certifying board. Should any approved leaves compromise the necessary time for certification, the Resident will receive additional training sufficient to meet certification requirements. During such additional training, the Resident will continue to receive stipend and fringe benefits at the level of the year of training the Resident is completing, as noted in Section V. above. Residents should refer to their training program's “Effects of Leaves of Absence on Board Eligibility Policy” for more information.

Coverage during Leave: It is the responsibility of the Program Director and the head of the clinical service to which the Resident is assigned to assure that appropriate coverage by colleague residents and/or faculty of the respective departments is provided as required during the Resident’s leave of absence. In arranging such coverage, the principles of the Residency & Fellowship Position Appointment and specific departmental policies concerning duty hours for residents shall apply. In unusual and rare circumstances, these principles may be waived for a limited duration of time by mutual consent of both the Resident and the Department.

1. Vacation Leave: Residents will receive twenty-one (21) days of paid vacation per year at the start of each one (1) year appointment period to be broken down as fifteen (15) business days and six (6) weekend days. Residents appointed less than full time but greater than or equal to 50% FTE will receive vacation leave credit on a pro rata basis. Residents appointed less than 50% FTE are not eligible to receive and/or use vacation leave. Vacation leave need not be taken in one block of time. Unused vacation leave shall lapse at the expiration of each appointment period.

All vacations will be scheduled with the approval of the Program Director and the head of the clinical service of which the Resident is a member, and will be subject to University and Departmental regulation. It is the responsibility of the Program Director to coordinate and communicate the planned vacation and leave schedules with each affiliated hospital or training site that may be affected.

2. Sick Leave: Residents will receive seventeen (17) days of paid sick and health maintenance leave at the start of each one (1) year appointment period that will be broken down as twelve (12) business days and five (5) weekend days. Residents appointed less than full time but greater than or equal to 50% FTE shall receive sick leave credit on a pro rata basis. Residents appointed less than 50% FTE are not eligible to receive and/or use sick leave. If sick leave credit is not used by the end of the appointment, accrued sick leave credit will be applied to a subsequent appointment within a UW GME training program if appointed within two years of the end of the previous appointment. Accumulated sick leave credit
that is not transferable is not compensable at the completion or expiration of the appointment to the residency program. Sick leave may be used for the following:

- Personal medical, dental, or optical appointments.
- Personal illness, disability or injury (including disability due to pregnancy), childbirth or to recover from childbirth.
- To care for a child of the resident who has a health condition that requires treatment or supervision. For this purpose "child" means a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis who is under 18, or 18 or older and is incapable of self-care because of mental or physical disability (See UW Family Care Leave policy).
- To care for the resident’s seriously ill family member.
- Absence necessitated by the death of a resident’s family member.
- To accompany a family member to medical, dental, or optical appointments when the resident’s presence is required. The resident must make advance arrangements with the supervisor for such absences.
- Condolence or bereavement.
- Child care emergency.
- Parental leave - See parental leave for details.

3. Bereavement Leave: Residents may also be granted up to three (3) days of paid leave, with one (1) additional day if significant travel is required, for bereavement due to the death of a family or household member with the prior approval of the Program Director and the GME Office. The Resident must inform the Program Director as soon as possible of the need for bereavement leave.

4. Family Medical Leave: Residents may be eligible for family medical leave under the Family Medical Leave Act (FMLA). To be eligible, the Resident must have a record of twelve (12) months cumulative State service and have been on duty 1250 hours during the twelve (12) months immediately preceding the family medical leave. Twelve (12) weeks leave of absence without pay shall be granted for the following reasons:

- A serious health condition,
- A family member’s serious health condition,
- Parental leave to care for a newborn or newly adopted or placed child.
- A qualifying exigency arising out of the fact that the employee's family member is on covered active duty (or has been notified of an impending call or order to covered active duty) in the regular Armed Forces Reserves or National Guard.

Eligible residents may request a family medical leave of absence without pay not to exceed twelve (12) weeks during any twelve (12) month period. The twelve (12) month period begins on the Resident’s appointment date. The leave for childcare must be taken within the first twelve (12) months of birth, adoption or placement. When medically necessary, family medical leave may be taken intermittently or on a reduced leave schedule. Requests for such leave shall, when practical, be made to the Program Director at least thirty (30) days before
the leave is to begin. Family medical leave will be unpaid unless the Resident elects to use paid leave to the extent the circumstances meet the requirements for such leave. During this period of leave, the University shall maintain basic insurance benefits for the Resident. The Resident will be responsible for maintaining any optional insurance coverage, other payroll deductions, and insurance co-payments. If the Resident’s leave extends beyond the FMLA-covered period, paid leave may be utilized to retain UW-paid benefits eligibility if approved by the GME Office, or the Resident may use a variety of self-pay options outlined on the UW Benefits Office website.

5. **Pregnancy and Childbirth Leave**: A resident shall be provided pregnancy and childbirth leave for the period of time that she is sick or temporarily unable to fully perform required duties because of pregnancy or childbirth. Pregnancy and childbirth leave will be unpaid unless the Resident elects to use vacation leave or sick leave. Pregnancy leave may run concurrently with family medical leave, if available. During the period of the pregnancy and childbirth leave that the Resident is eligible for family medical leave, the University shall maintain the basic insurance benefits for the Resident. The Resident will be responsible for maintaining any optional insurance coverage, other payroll deductions, and insurance co-payments. During the period of the pregnancy and childbirth leave that the Resident is not eligible for or does not elect to use family medical leave, and the Resident does not have vacation or sick leave that can be used to maintain her on the payroll, the Resident will be allowed to continue, at her own expense, basic insurance benefits.

6. **Parental Leave**: Parental leave refers to the time taken off duty to bond with and care for a new-born child or newly placed adoptive or foster child. Residents may take up to 10 days of parental leave at any time during the first 12 months following the child’s birth or placement. The Resident may use a combination of vacation leave, sick leave or unpaid leave during this time. Parental Leave may run concurrently with family medical leave, if available. During the period of the parental leave that the Resident is eligible for family medical leave, the University shall maintain the basic insurance benefits for the Resident. The Resident will be responsible for maintaining any optional insurance coverage, other payroll deductions, and insurance copayments. During the period of the parental leave that the Resident is not eligible for or does not elect to use family medical leave, and the Resident does not have vacation or sick leave that can be used to maintain him/her on the payroll, the Resident will be allowed to continue, at his/her own expense, basic insurance benefits.

7. **Educational Leave**: Residents may be granted paid or unpaid educational leave to attend specialty sponsored society meetings and other conferences, to present research or other scholarly work at national or international meetings, to sit for exams (e.g., USMLE, board), or to participate in other activities related to their
educational program. Educational leave may be granted at the discretion of the Program Director.

8. Civil Leave: Residents receive paid civil leave for jury duty, to serve as trial witnesses, or to exercise other subpoenaed civil duties such as testifying at depositions. Residents are not entitled to civil leave for civil legal actions that they initiate or when named as a defendant in a private legal action that is unrelated to their University appointment. Residents who must perform jury duty or other subpoenaed civil obligations receive their regular UW pay while serving, and may retain any compensation received for their jury duty participation.

9. Military Leave: Residents called to active duty in one of the uniformed services of the United States are entitled to 21 paid work days (3 weeks) of military leave per year if appointed at least 50% FTE. In addition, during a period of military conflict, residents with spouses who are members of United States armed forces, National Guard or reserves are entitled to a total of 15 days of unpaid leave per deployment after the service member has been notified of an impending call to active duty and before deployment, or when the service member is on leave from deployment. A resident may elect to substitute paid vacation leave for any part of the otherwise unpaid spousal military leave.

10. Other Leaves of Absence: Other leaves of absence without pay may be granted for any of the following reasons:
   - Leave for government service in public interest
   - Other personal reasons, other than health, acceptable to the appointing department

   A request for leave of absence without pay is to be submitted in writing to the Program Director for endorsement and/or recommendation and is to identify the reason for the leave as well as the requested duration. The request will then be forwarded to the GME Office for approval or action as appropriate. Normally, requests for leave of absence without pay, or extensions of previously approved requests, involving educational leave and other personal reasons should be approved only if the appointing authority can be reasonably certain that the position from which the Resident is leaving will be available to the Resident upon his/her return. Except for extended military service leaves, approved leaves of absence without pay should not exceed twelve (12) months in duration. Extensions of leaves beyond the twelve (12) month limitation must be approved by the GME Office.

D. Other Resident Benefits

1. Resident & Fellow Wellness and Counseling Services: The UW Resident & Fellow Wellness Program is devoted to supporting a positive learning environment for residents and fellows, and to improve the quality of life for residents, fellows and
their families. Counseling, therapy and referral services for residents and fellows dealing with specific concerns such as stress, anxiety, depression, burnout, relationship issues, grief/loss, and interpersonal conflicts are available for free, and are kept confidential. Referrals to behavioral health services when necessary are also provided. Residents are also encouraged to discuss problems of either a personal or professional nature with their Chief Resident, Program Director, Program Administrator, Division Chief, Department Chair, or with personnel in the GME Office. The Director of the Resident & Fellow Wellness Program, Mindy Stern, may be reached at (206) 543-6408 or mindywho@uw.edu, and the Assistant Director, Kristi Schellie, may be reached at (206) 543-3484 or schellie@uw.edu. Services can be provided over the phone or via video conference for residents outside Seattle.

2. **Parking and Transportation**: Parking availability and associated fees varies by service location. Residents who choose to drive to their assigned training site may be required to pay for parking. Residents who are required to travel to a second training site in the same day in order to attend conferences, education and administrative meetings, or clinic will be provided with pre-paid parking at the second site or will be reimbursed by their program within two months of submitting a receipt for parking at the second site, if parking fees are in effect at both sites. Parking will be provided for residents returning to the hospital while on home-call at no charge within specified hours at UWMC and HMC. Residents are encouraged to use alternative transportation methods such as the UW Shuttles or Hutchinson Center Shuttles.

3. **U-PASS**: Residents are highly encouraged to sign up for the UW U-PASS program, which provides residents with a variety of low-cost transportation options, including full fare coverage on Metro Transit and other local and regional buses, full fare coverage on light rail, free rides on the Night Ride shuttle service (local UW campus locations only), discount on Zipcar car-sharing program, and discounts and special offers at many local businesses.

4. **Emergency/Safe Ride Home Program**: If a situation arises where a resident is unable to safely get home at the end of or during his/her shift due to extreme fatigue, illness or the late hour, the resident may use the Emergency/Safe Ride Home Program. This program would provide transportation to the resident’s place of residence via taxi from an approved training site. The GME Office will reimburse 100% of the meter fare (does not include tip) under eligible circumstances as defined in the policy.

5. **Security Escort Services**: Residents who would like a security escort to their parked car may contact the Public Safety Office at the applicable training site to request a public safety escort. At UWMC, contact Public Safety at (206) 598-5555; at HMC, contact the Security Dispatch Center at (206) 744-3193; at SCH call (206) 987-2030; at SCCA call (206) 288-1111; at Seattle VA, for non-emergent
needs call ext. 62899 or 63113 from any internal phone, or present to the security front desk (near the ER); and at Boise VA call (208) 422-1122. Also available is the Husky NightWalk service (206) 685-WALK, which provides a UW security escort to anywhere within the UW campus.

6. **Sleep Quarters:** Residents are provided with sleep quarters at each participating site, that are safe, quiet, and private, in order to mitigate fatigue at any time during the day. Programs with call rotations may be assigned designated sleep quarters by the medical director’s office at each hospital. Undesignated sleep quarters are assigned as follows: at UWMC in the Crow’s Nest lounge (HSB B-Wing) and on the floors; at HMC in the Maleng Building skybridge and the main hospital; at SCH near the resident lounge; and at the VA-Seattle in buildings 1 and 100; and VABoise. Residents should contact the local site director for further information on sleep quarters at other training sites.

7. **Meals:** Residents must have access to healthy, appropriate food services 24 hours a day while on duty at all institutions. Meals will be provided to residents while serving at UWMC, HMC, SCH, and the VA under the following circumstances:
   a. **UWMC and HMC:**
      - Residents on in-house call overnight shall receive reimbursement (posted to their Husky Card) for the cost of two meals (dinner and breakfast) on weekdays, and for the cost of three meals (dinner, breakfast and lunch) on weekends/holidays.
      - Residents/fellows working in-house 12 hours or longer shall receive reimbursement for the cost of one meal.
      - Residents/fellows on home call who are called back into the hospital for patient care duties will receive reimbursement for the cost of one meal.
   b. **SCH:** Meals are provided to residents when working a 12-hour day or night shift, when on a swing shift, and when on 24-hour in-house call, and must present their SCH badge to the cashier. See the SCH Meals Policy for details.
   c. **VA:** Fresh meals including soups and salads (as well as fruit, drinks, and other miscellaneous items) are provided for residents and fellows when on-call or when required to stay at the hospital after 7 p.m., when food services are not available.

Detailed information about the process at each hospital is further outlined in the Meals Policy.

8. **Pagers:** Residents will be provided with one pager by their training program, which must be returned to the program at the completion of training. Replacement costs due to loss are responsibility of the Resident.

9. **Uniforms and Laundry of Uniforms:** Programs that require their residents wear a physician lab coat will provide these to their residents at the beginning of residency. Replacement of coats may be the responsibility of the Resident. Availability of scrubs and laundry services for uniforms will be provided in
accordance with the policies and practices of the Resident’s program and existing hospital assignment.

**VII. DUTY HOURS**

Hours of duty will be established in compliance with the Institutional Duty Hours Policy, the ACGME Duty Hours Standard, and specialty-specific Program Requirements. Duty hours are defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care (including any medical record charting completed at home), the provision for transfer of patient care, time spent in-house during call activities, scheduled didactic activities such as conferences and journal club, scheduled research activities, and other program activities such as participating in committees and in interviewing residency candidates. Duty hours do not include reading, studying, and academic preparation time spent away from the duty site. In-house call is defined as those duty hours beyond the normal work day when residents and fellows are required to be immediately available in the assigned institution. For more information, see the Glossary of Terms and FAQ on the duty hours standards on the ACGME website.

**Program Policies:** Each program shall maintain a program duty hour policy that meets the educational objectives and patient care responsibilities of the training program, and complies with duty hour limits according to ACGME requirements and the Institutional Duty Hours Policy. Residents may be assigned night rotation and weekend duties on a regular basis. The Program Director shall establish fair and reasonable schedules of hours of duty for residents, as well as adequate and defined off-duty hours. When a resident is assigned to a rotation in a department different from his/her parent department, the specialty-specific Program Requirements regarding duty hours, as well as the receiving program’s duty hours policy, apply.

**Fatigue Mitigation:** Programs must educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation; educate all faculty members and residents in alertness management and fatigue mitigation processes; and, adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules. All residents are required to complete an online module on Fatigue and Sleep Deprivation via the UW Medicine LMS, or via an approved didactic on fatigue mitigation delivered to all residents by their program. Programs may provide additional training to housestaff, and must identify proper training methods for their faculty.

**Compliance:** Residents are required to report their daily duty hours in MedHub, and have access to twoweek blocks for documenting their time for the prior and current weeks. Blocks are available on a oneweek rolling cycle (Sunday – Saturday), after which residents will be locked out from reporting duty hours. Compliance with reporting requirements, as well as overall compliance with duty hour limits, will be monitored by the training program and by the GMEC on a monthly basis. Residents with repeated
non-compliance with the reporting requirements are subject to the terms of the Academic & Professional Conduct Policy & Procedures.

VIII. PROGRAM REDUCTIONS & CLOSURES
As specified in the Program Reduction and Closure Policy, in the event of a UW GME program reduction or closure, or closure of the institution, UWSOM and the training program will work collaboratively to ensure that residents currently enrolled in the program are able to complete their education within the program or will assist trainees in enrolling into another ACGME-accredited program in which they may continue their education. UWSOM and the Program Director will consider such issues as transfer of funding and board-specific requirements of trainees, and will make every attempt to phase out the program over a period of time to allow all residents currently in the program to complete their training. In all cases, UWSOM and the program will fulfill the terms of appointment (e.g., stipend, benefits) as described in this agreement for the duration of the current appointment.

Similarly, the UWSOM and the Program Director are responsible for ensuring continuity of the educational experience of residents in training programs in the event of a disaster. The plan for Continuity of UW Graduate Medical Education and Administration in the Event of a Disaster addresses how lines of communication will be administered, the temporary or permanent transfer of residents if necessary, and continuation of resident stipends and benefits.

IX. SEXUAL HARASSMENT AND OTHER FORMS OF DISCRIMINATION
University policy prohibits discrimination or harassment against a member of the University community because of race, color, creed, religion, national origin, citizenship, sex, age, marital status, sexual orientation, disability, or military status; prohibits any member of the University community, including, but not limited to, the faculty, staff, or students, from discriminating against or unlawfully harassing a member of the public on any of the above grounds while engaged in activities directly related to the nature of their University affiliation; and prohibits retaliation against any individual who reports concerns regarding discrimination or harassment, or who cooperates with or participates in any investigation of allegations of discrimination, harassment, or retaliation (UW Policy: Non-discrimination and Affirmative Action).

- **“Harassment”** is conduct directed at a person because of the person’s race, color, creed, religion, national origin, citizenship, sex, age, marital status, sexual orientation, disability, or military status that is unwelcome and sufficiently severe, persistent, or pervasive that: (1) it could reasonably be expected to create an intimidating, hostile, or offensive work or learning environment, or (2) it has the purpose or effect of unreasonably interfering with an individual’s work or academic performance. Harassment is a form of discrimination.
- **“Sexual harassment”** is a form of harassment based on the recipient’s sex that is characterized by: (1) Unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature by a person who has authority over the recipient when (a) submission to such conduct is made either
an implicit or explicit condition of the individual's employment, academic status, or ability to use University facilities and services, or (b) submission to or rejection of the conduct is used as the basis for a decision that affects tangible aspects of the individual's employment, academic status, or use of University facilities; or (2) Unwelcome and unsolicited language or conduct that is of a sexual nature or that is sufficiently severe, persistent, or pervasive that it could reasonably be expected to create an intimidating, hostile, or offensive working or learning environment, or has the purpose or effect of unreasonably interfering with an individual's academic or work performance.

• **Complaint Resolution:** The University of Washington encourages prompt investigation and resolution of complaints about the behavior of its employees, as referenced in UW Administrative Policy Statement (APS) 46.3, and encourages employees to seek resolution assistance regarding behaviors that include but are not restricted to: harassing, discriminatory or threatening behavior; violation of University policy; or mistreatment of members of the public. Residents who believe they are being harassed or discriminated against should seek help from their Program Director or Department Chair, and may also seek assistance from the GME Office. A comprehensive list of additional complaint resolution resources, if needed, is available through UW Human Resources.

### X. CONCERNS, COMPLAINT, AND GRIEVANCE RESOLUTION PROCEDURES

UWSOM encourages resolution of problems, concerns, or complaints related to the training program and/or the learning and working environment at the lowest local level, and has established the following processes through which residents may raise and resolve issues without fear of intimidation or retaliation (refer to the How to Report a Concern in a Confidential Manner summary document).

#### A. Personal, Trainee, Faculty, or Programmatic Concerns

- **Local investigation and resolution:** Residents are encouraged to discuss concerns or complaints regarding their program, a faculty member, the learning environment, etc. with their Chief Resident, Program Director, Faculty Mentor, Division Chief, or Department Chair, or Program Administrator.

- **UW GME Office:** The GME Office is available for confidential consultation on any problems or concerns of residents, to facilitate discussion with the appropriate parties and, when appropriate, to assist in implementing informal complaint resolution. Residents may contact the GME Office anonymously or confidentially through the Complaint Hotline at (206) 543-2496 or via the GME Feedback Form on the GME website.

- **University Office of the Ombud:** Residents may seek confidential assistance from the Office of the Ombud, whose mission is to provide high quality, client-focused services for preventing, managing and resolving conflict among students, trainees, staff, and faculty of the University. The Office of the Ombud serves as a neutral third party in a dispute and does not advocate for the University or for either party.
involved in the dispute. The Ombud may be reached at (206) 543-6028 or ombuds@uw.edu.

- University Complaint Investigation and Resolution Office (UCIRO): UCIRO is responsible for investigating complaints that a University employee has violated the University’s nondiscrimination and/or non-retaliation policies. UCIRO may be reached at (206) 616-2028 or by email at uciro@uw.edu.

B. Patient Safety and Compliance Concerns

- **Patient Safety Concerns**: Each affiliated hospital has an online incident reporting tool that should be used to report adverse events, near misses and unsafe conditions at the hospital. Residents should report ANY event or condition that could cause or has caused injury or illness to a patient, staff member, or visitor. These reporting tools generally provide real time event notification to managers, faculty, and other identified subject matter experts. Incident report entries, and any follow-up, are part of each hospital’s quality improvement programs and are subject to quality improvement privilege and confidentiality laws. For feedback on an event that you enter, please contact the manager of the area that you identified in the incident report. For more information on the Patient Safety Net (PSN), which is utilized at UWMC, HMC and SCCA, contact the UWMC Center for Clinical Excellence at (206) 598-6168, the HMC PSN Administrator at (206) 744-9561, or the SCCA PSN Administrator at (206) 288-2236. For information on eFeedbackNOW at SCH, contact the SCH Compliance Officer at (206) 987-5220 or the SCH Compliance Helpline at (877) 483-3049. At the Seattle VA contact Patient Safety at (206) 764-2287 (or ext. 62287) regarding the Patient Safety Information System (“SPOT”). At Boise VA, contact the Risk Management office at (208) 422-1000 x7704 or the Patient Safety Coordinator at (208) 422-1000 x7972.

- **UW Medicine Compliance Office**: The UW Medicine Compliance Office is responsible for establishing institutional policy, standards and expectations pertinent to research, clinical billing, privacy, information security, employment, personal and environmental safety, purchasing, ethics and records retention. The office provides safe mechanisms for reporting compliance concerns, including hotlines that enable anonymous reporting. Concerns may be reported confidentially to the Compliance, Privacy & Information Security Helpline at (206) 616-5248.

**Grievance Policy and Procedure**: A “grievance” is defined as any controversy or claim arising out of an alleged violation of any provision of the Residency and Fellowship Position Appointment other than the evaluation of academic or clinical performance or professional behavior, the non-reappointment decision, or any other academic matters including but not limited to the failure to attain the educational objectives or requirements of the training program. Appeals related to these academic matters are covered under the Academic &
Professional Conduct Policy & Procedures. Grievances may be filed by individual residents or by groups of residents.

The Grievance Policy and Procedure is intended to be an informal process to resolve disagreements internally and is not intended to be an adversarial forum. At each step, residents and program directors are encouraged to resolve differences through collegial discussion and negotiation. However, the procedure as set forth in the Grievance Policy and Procedure provides for those instances in which outside assistance in resolving conflict is needed.

**XI. AMENDMENTS**

Amendment to this policy for the following academic year shall be approved by GMEC and the Dean by January 15th.

In the event of unforeseen or critical circumstances, the Dean may propose alterations of this policy. Such alterations will be referred to the IRFAC and GMEC for consideration prior to implementation. Critical or unforeseen circumstances shall be generally defined as grave, pressing, and/or unusual circumstances of sufficient import and urgency as to necessitate the modification of this policy in a manner which could not reasonably be construed as arbitrary or capricious.
GUIDELINES FOR NIGHT AND WEEKEND ROTATIONS
Department of Medicine
2015-2016

NOTE: These guidelines are updated annually.

1. Frequency of overnight on-call rotations
Residents on ward rotations will not be scheduled to be on call over-night in the hospital more often than every fourth night except for: a) special scheduling requests from residents that are mutually agreeable to all parties concerned, including Chief Residents; and b) under unusual circumstances, including illness or leave of a fellow resident, and when no other coverage by a colleague resident can be arranged. On-call may then be every third night, but for no longer than one week.

Neither ER shifts occurring at night nor night medicine shifts are bound by the constraint that in-house call not be scheduled more frequently than every fourth night.

2. Frequency of night shifts
Residents will not be scheduled for more than six (6) consecutive night shifts.

3. Back-to-back night call when a resident changes service
Back-to-back night call in the hospital when a resident changes service will be avoided through coordination of on-call schedules among the affiliated hospitals. When changing services it may be necessary to schedule residents to pick up a new service q3 (rather than q4). If other scheduling conflicts require that a resident be scheduled to switch services q1 or q2, alternative night call coverage will be arranged for that resident following the procedures outlined in the "Resident Backup Coverage Guidelines" ("At Risk Schedule").

4. Home-Call
Residents on subspecialty rotations will not be required to be on call for more than half of the nights and weekends they are available during a particular rotation nor should they be assigned a disproportionate number of weekends. Hence if a resident is scheduled for seven days’ vacation during a 28 day rotation, s/he will not be required to be on home-call for more than 12 nights of which no more than 3 should be weekend nights.

Interns may not be assigned any home-call responsibilities.

5. Assignment of clinical or educational duties in one hospital concurrently with on-call assignment overnight in another hospital
Attendance by residents at their weekly continuity clinics and teaching conferences is considered a high priority of this program. However, on days when residents are on short call or overnight call, attendance at these functions is optional. Additionally, orientation requirements of one rotation cannot impact or exceed hours of duty. When residents are on all other rotations, it is the responsibility of the Chiefs of Service to which those residents are assigned to develop workable plans to insure that the residents’ services are appropriately covered while they are absent attending their
continuity clinics or conferences.

6. **Specified number of periods of 24 or more consecutive hours off duty per month**
On all rotations, residents must be free of patient care responsibilities for one day in seven when averaged over a four week period. Home-call may not be assigned on these free days. Activities at which resident attendance is required should not be considered “days off”: including but not limited to the R1 Retreat, R2/R3 Career Workshops, ACLS, R3 Board Review Course.

Ward team residents and their attending physicians must see that all members of the housestaff team have an opportunity to be off duty for at least four periods of 24 or more consecutive hours each month and, in general, such off duty periods should constitute a full calendar day (i.e., Friday p.m. through Sunday a.m.), during which the resident is not required to be at the hospital. These periods need not be confined just to weekends. It is the responsibility of the Chiefs of Service at each of the hospitals to provide guidelines for housestaff and attendings that will accomplish this purpose while at the same time maintain the educational objectives and patient care responsibilities of their individual services.

7. **Number of consecutive hours that residents may be required to work**
We are committed to meeting the ACGME hours of duty guidelines.

“**Duty periods of PGY-1 residents must not exceed 16 hours in duration.**”

“**Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. It is essential for patient safety and resident education that effective transitions of care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.”**

Residents will not be required to have scheduled clinical or educational responsibilities in the afternoons following nights on call. This also applies to residents on the “At-Risk Schedule” who have been called in to provide night-time coverage.

Residents will be excused from all clinical responsibilities the first day of a rotation if they have been on an over night call, on a night shift, or working nights in the ER the last night of the previous rotation.

8. **Rest periods while on call**
Rest periods while on call should be encouraged but cannot be guaranteed. The patient care demands at each of the affiliated hospitals are unique. It is the responsibility of each of the Chiefs of Service of those hospitals to monitor the working conditions of the housestaff on their services and to develop appropriate strategies for dealing with problems that they identify.
Note: These guidelines are reviewed annually

I. Principles and Definitions
   A. The following are general guidelines only and may be modified to fit the circumstances.
   B. To preserve equity, coverage assignments will take into account the covering resident's other rotations as well as past extra duty.
   C. Whenever possible, coverage assignments will minimize impact on continuity clinics.
   D. At-Risk Schedule
      1. An At-Risk schedule will be created annually to provide coverage for illness, emergencies, or fatigue for identified services (III.A.1, III.A.2, IV.A.1, IV.A.2.)
      2. Should the At-Risk pool become depleted, as determined by the chief residents and/or Residency Office, residents may be asked to be At-Risk for time in addition to what they were initially scheduled.
      3. When possible, the At-Risk schedule will be preferentially replenished with individuals who were At-Risk the prior At-Risk block (2 weeks of scheduled At-Risk followed by 2 weeks of potential jeopardy in the unlikely event that the At-Risk pool becomes depleted). This ensures that someone is available at all times to fill in for unscheduled absences, while allowing residents to plan, not only for risk, but also for the uncommon occasion where they might be needed to fill in due to a high number of absences.
   E. Short-Term Coverage
      1. Coverage is usually part-time and for an absence expected to last less than 36 hours.
      2. Coverage is generally for admitting cycles only, except for very unusual circumstances (see I.C.5. below).
      3. Coverage for nights and weekends may be arranged by Chief Residents by referring to the current At-Risk schedule.
      4. When daytime weekday coverage is required, or for any other unusual circumstance, Chief Residents must discuss arrangements with the Residency Office before proceeding. These arrangements may include pulling At-Risk residents or residents who are not on the current At-Risk schedule.
   F. Long-Term Coverage
      1. Coverage for an intern or resident is full-time and usually for an absence expected to last longer than 36 hours.
      2. All plans will be developed in consultation with the attending from whose service the resident is being pulled and must have prior approval from the Program Director or his designee.
   G. An “extra” resident/intern (see III.B.1.a., III.B.2.a., IV.B.1.a., IV.B.2.a.) exists when more than the usual number of housestaff has been assigned to a rotation.
   H. Residents At-Risk must be available by pager or cell phone and are expected to be able to report to a facility within two hours of being called.
II. General Procedures
A. Short-term coverage (illness, emergency, when patient care responsibilities are unusually difficult or prolonged, or if circumstances create resident fatigue sufficient to jeopardize patient care).
   1. The chief resident needing coverage consults with the Residency Office.
   2. The chief contacts the appropriate resident from the At-Risk schedule.
B. Long-term coverage (illness or emergency)
   1. The chief resident needing coverage consults with the Residency Office.
   2. The appropriate resident will be notified by either the chief resident or the Residency Office.
   4. If a resident is pulled for more than 36 hours, the Chief Resident or Medicine Residency Office will contact the faculty attending from the affected service, if necessary.
C. Anticipated Absences: Conference Presentations, Fellowship, Residency, or Job Interviews
   1. Residents may be excused for up to four days on a call rotation.
   2. The resident requesting leave is required to arrange coverage for any missed call cycles (correspondence to colleagues to be copied to chief resident and Residency Office).
   3. If the resident requesting leave is unable to arrange coverage, either the Chief Resident or the Residency Office may pull from the At-Risk schedule for up to two days.
   4. Coverage will not be provided for residents on consult services as outlined in III.A.3. and IV.A.4.

III. R1 Backup Coverage
A. When is a substitute R1 needed?
   1. One or more shifts on inpatient general medicine at UWMCHMC/VA, UWMC Cards A, Heme/Onc, MICU; HMC MICU, Neuro; any night medicine rotation, or HMC/UWMC ER.
   2. Not for: HMC Geri, subspecialty consult services, or ambulatory rotations.
B. Who is At-Risk to provide coverage? In order of priority:
   1. If at all possible, canceling continuity clinics will be avoided.
   2. Short-term:
      a. R1s on At-Risk schedule.
      b. R2/R3s on At-Risk schedule.
      c. Any "extra" Medicine R1.
      d. Subspecialty consult R1s (preferentially assigned to the same facility).
   3. Long-term:
      a. R1s on At-Risk schedule.
      b. Reassign any "extra" Medicine R1 (see I.F.).
      d. Subspecialty consult R1s (preferentially assigned to the same facility).
      e. Ambulatory blocks (Primary Care interns before Seattle Categorical interns)
      f. Recruit additional R1 (if need will exceed six months).

IV. R2 and R3 Backup Coverage
A. When is a substitute needed?
   1. One or more call nights on: inpatient general medicine: UWMCHMC/VA, HMC Cards, MICU; UWMCHMC Heme/Onc or; VA CCU.
   3. One or more shifts on HMC ER (must have had previous HMC ER rotation), any Night Medicine.
B. Who is At-Risk? In order of priority:
   1. If at all possible, canceling continuity clinics will be avoided.
2. Short-term:
   a. R2s/R3s on *At-Risk* schedule.
   b. Any "extra" R2/R3 (see I.F.).
   c. R2/R3 from subspecialty rotation.
   d. R2/R3 from ambulatory rotation.

3. Long-term:
   a. R2s/R3s on *At-Risk* schedule.
   b. Reassign any "extra" R2/R3.
   c. R2/R3 from subspecialty rotations.
   d. R2/R3 from research rotations.
   e. R2/R3 from ambulatory rotations.

V. Special Situations
   A. When coverage comes from a pool of housestaff on subspecialty consult rotations:
      1. An attempt will be made to arrange coverage by an individual currently assigned to the hospital where coverage is needed.
      2. If on a one-month rotation the individual will typically be pulled for one-week maximum.
      3. If on a two-month rotation the individual will usually be pulled for two weeks maximum.
Seattle, Washington

Christened "The Emerald City." Seattle is known as one of the most livable cities in the world. Surrounded by lakes, rivers, the Puget Sound, and sandwiched between the Olympic and Cascade mountain ranges, Seattle is a recreation enthusiast’s dream – activities such as kayaking, hiking, mountain biking, climbing, skiing, and snowshoeing are all less than 45 minutes away. In 2005, Men’s Fitness Magazine ranked Seattle the fittest city in the country.

Accessibility to year-round outdoor activities is due in part to Seattle’s mild winters and cool summers. High temperatures in July average about 75° F (24° C), while low temperatures in winter drop below freezing an average of only 15 days per year. The average yearly rainfall in Seattle is 36.2 inches (92 cm), compared to 19.5 inches (50 cm) in San Francisco, 34.5 (88 cm) in Chicago, 39 inches (99 cm) in Washington, D.C. and 40.3 inches (102 cm) in New York City.

Seattle is home to more than 560,000 people, with over 3 million living in the Greater Seattle area. Ranked the “Best City in the West” by Money Magazine in 1998, it is home to Starbucks, Microsoft, Costco, Amazon.com and a growing biotech center; has a growing international trade sector and a large tourism industry. Seattle residents are friendly and nearly always willing to give directions or recommendations. An abundance of restaurants and cafés, a rich and diverse arts community, beautiful parks, a multitude of recreational activities, a strong school district, and a healthy economy create a pleasant environment for visitors and residents alike. The natural boundaries of hills and water produce a city of neighborhoods that feel like small towns, vibrant and intriguing. Each neighborhood has a unique flavor, and we encourage you to check out a few of them while you are here.

City Information
City of Seattle – www.seattle.gov

Newspapers
The Seattle Times – seattletimes.com

City Guides – Restaurants, Entertainment, Local Events, etc.
City Search Seattle – seattle.citysearch.com

Local Entertainment Papers (also available for free at newsstands around town)
The Seattle Weekly – www.seattleweekly.com
The Stranger – www.thestranger.com