

**UNIVERSITY OF WASHINGTON
INTERNAL MEDICINE RESIDENCY
ROTATION DESCRIPTIONS**

The following pages include brief descriptions of each of the rotations offered during the 2009-10 academic year.

AMBULATORY MEDICINE - THEMATIC

Addiction Medicine – various sites

- Call: None
- Available: Every other month starting September 2009
- Length: 4 weeks

This 1-month rotation is designed for residents who plan a career working in Addiction Medicine or who want to improve their approach to patients who have problems with substance abuse. They will be trained in a variety of techniques for assessing and treating substance addicted patients. This training will take place by working in a variety of settings, including the in-patient Addiction Treatment Center (ATC) at the VA, the Suboxone Clinic at Harborview, and Madison Clinic. Additional didactic experiences will expose residents to ongoing research into addiction at the UW, groups of recovering patients in the community, and motivational interviewing techniques with psychologists at Harborview.

Autoimmune Disorders - various sites

- Call: None
- Available: All year
- Length: 4 weeks

The autoimmune clinic block rotation will include experience in Rheumatology, Dermatology, Nephrology, Allergy, and Pulmonary/Interstitial lung diseases. The rotation will provide the resident with a focused experience in immune mediated diseases as well as the prescribing and monitoring of immune modulating and suppressing therapies. The curriculum will include a review of immunology and articles regarding the diagnosis and treatment of immune related diseases. The resident will meet on Wed Afternoon with the block director to discuss the readings. Four times per year the resident will have the opportunity to travel to local Indian Health Service clinics to see patients with mainly rheumatoid arthritis. One of the expectations of the rotation will be for the resident to present a 15 minute power point presentation on a topic of choice regarding an immune mediated disease.

Cardiorespiratory – PacMed Clinics

- Call: None
- Available: All year
- Length: 4 weeks

This is a new rotation which combines complimentary specialties to create opportunities to learn more about the outpatient management of cardiorespiratory conditions. Three terrific cardiologists offer experiences in clinical cardiology unlike those you have had on the wards. These clinics are matched with Sleep Medicine with Dr Jesse Chang, as well as Pulmonary (Dr Muramoto), Allergy Medicine (Dr Yuen) and clinics in Otolaryngology and Ophthalmology.

This is a great opportunity to see how the full range of cardiorespiratory conditions are evaluated and managed in the outpatient setting.

Clinic Block - various sites

- Call: None
- Available: All year
- Length: 8 weeks

Cafeteria-style clinic blocks provide an opportunity for senior residents to tailor an ambulatory experience to their specific educational goals. Clinics are requested following the release of the annual block rotation schedule to allow residents the opportunity to select clinical experiences that they feel will fill gaps in their education. Early this spring, a separate preference form will be sent to all residents assigned a cafeteria style block. Clinic requests within cafeteria blocks are preferentially assigned to R3s.

Endocrine/Dermatology – PacMed Clinics

- Call: None
- Availability: All year
- Length: 6 weeks

Two enthusiastic and well-regarded teachers form the core of this four week rotation (Drs. Saitta and Spoonemore). They both enjoy teaching and offer a wonderful clinical experience. In addition there are weekly Dermatology sessions at Harborview and the Puget Sound VA that nicely complement the training at PMC.

Global Health – Harborview

- Call: None
- Availability: September – June
- Length: 4 weeks

This rotation is designed for residents who anticipate doing clinical work in a developing country or who have a particular interest in global health. During the month, residents learn about the health issues of immigrants and refugees through working in the International Medicine Clinic and with Community Housecalls. They are exposed to a number of important global health topics through rotations in the STD clinic, Madison (HIV) clinic, TB clinic, Pediatrics clinic, and Hansen's disease clinic. Residents also spend time in the Travel Medicine clinic at Hall Health, and attend didactic sessions on tropical medicine. At the end of the month, residents are expected to present a 30-minute talk on a global health topic of their own choosing.

Hematology/Oncology – PacMed Clinics/Swedish

- Call: None
- Availability: All year
- Length: 4 weeks

Residents work with a select group of Heme/Onc specialists at Pacific Medical Centers and the Swedish Cancer Institute during this four week rotation. Learn how ambulatory patients with cancer are evaluated and treated in different settings, from general medical oncology clinics to specialized radiation oncology centers at Swedish offering advanced technologies. The structure

of this rotation allows for generous exposure to a wide variety of clinical problems and practice styles.

Homeless Health Care - various sites

- Call: None
- Available: Every other month
- Length: 4 weeks

This rotation is designed to supplement resident training in primary care for vulnerable populations, with particular emphasis on care of the homeless patient. Residents will gain awareness of the social, psychological, and medical issues pertaining to homelessness, and become more comfortable with the unique health-related needs and challenges of the population. Disease processes seen will vary from urgent or semi-urgent in nature to chronic medical and mental illnesses, with clinical experiences at sites such as Pioneer Square Clinic, Third Avenue Center, Pike Market Medical Clinic, Harborview Adult Medicine Clinic, and the DESC shelter. Residents will have supplemental training in podiatry (including podiatry outreach in a local housing project), and will also have the opportunity to participate in the education of medical students during the rotation. The clinical experiences will be complemented by a once-weekly didactic series on pertinent topics in homeless health care. Two continuity clinic half-days per week will be available for those who choose this rotation.

HIV Medicine - various sites

- Call: None
- Availability: All year
- Length: 4 weeks

This rotation is designed for residents who are interested in HIV medicine, may want to include the care of HIV infected patients in their medicine practice or are considering more advanced HIV training such as an infectious diseases fellowship. Each week residents will spend 4 half-days at the Madison Clinic (inclusive of 1 full day at one of the Madison satellite clinics in Kitsap or Snohomish county), 2 half days at the HMC STD clinic, 1 half day at either Dr. Peter Shalit's office (Dr Shalit is a local internist with great experience in HIV care) or the Roosevelt HIV clinic, 1 half day at their own continuity clinic and 2 half days of formal educational activities including HIV journal club, HIV clinical conferences and M&M, HIV noontime housestaff lectures, medicine grand rounds, etc. Interested residents may opt to spend a day with Dr Lara Strick seeing HIV infected inmates at one of the Washington State Prisons. Residents are also encouraged to complete a web-based HIV case curriculum (<http://depts.washington.edu/hiv aids/>) developed by David Spach to augment their clinical experiences.

Medical Genetics – University of Washington /Children's Medical Center

- Call: None
- Availability: All year
- Length: 4 weeks

Residents attend the bi-weekly UWMC Genetics clinic and weekly Grand Rounds and Case Conference. Subspecialty clinics include Neurogenetics, Cancer Genetics, Inherited Skin

Disorders, and Connective Tissue Disorders. Residents also participate in the UWMC inpatient consultation service. Other members of the consult team include a Medical Genetics fellow and attending physician.

Metabolic Disorders - various sites

- Call: None
- Available: All year
- Length: 4 weeks

This ambulatory patient care experience is designed to provide in depth exposure to patients with diabetes mellitus and thyroid disorders - the most common metabolic diseases encountered by endocrinologists. Residents will also work with patients having fascinating but less frequent pituitary, adrenal, gonadal, parathyroid and multi-glandular diseases. The rotation will be based largely at Harborview Medical Center, with Diabetes Recent Discharge Clinic on Monday mornings, Lipid/Atherosclerosis Clinic on Tuesday mornings, General Endocrinology Clinic on Wednesday mornings and Weight Disorders Clinic on Wednesday afternoons. Half day clinics held at other sites will include the Thyroid Cancer Clinic at SCCA, the General Endocrinology Clinic at UWMC and the Bellevue satellite clinic of Dr. Abe Desantis, an outstanding clinical teacher in the UW Division of Metabolism, Endocrinology and Nutrition. Residents will attend the Division's weekly Journal Club and Teaching Seminar on Tuesday afternoons and will have one half day per week to devote to a reading project, preparing for their own brief presentation at the Harborview pre-clinic conference during their final week. The remaining time will be filled with Thursday morning educational activities at UWMC and the resident's Continuity Clinic

Musculoskeletal - various

- Call: None
- Availability: Only available to Primary Care R2s
- Length: 4 weeks

This ambulatory rotation is designed as an elective in musculoskeletal medicine. It consists of a core group of clinics in rheumatology at the Medical Specialties clinic, Sports Medicine and Osteoporosis. One-half day per week is allotted for resident research on a topic with a 15 minute presentation at Rheumatology Consult Rounds. The goal of the rotation will be to emphasize the musculoskeletal examination as well as diagnosis and treatment of common musculoskeletal/rheumatologic problems.

Neuromusculoskeletal – PacMed Clinics

- Call: None
- Availability: All year
- Length: 8 weeks

This year Pacific Medical Centers is offering a unique opportunity to study and learn about the outpatient management of the entire spectrum of neuromusculoskeletal diseases. We have combined several excellent clinical experiences into one thematically congruent rotation. The previously popular Rheumatology clinics are now combined with clinics in the complimentary fields of Neurology, Sports Medicine, Orthopedics and Podiatry. This rotation is particularly

designed for residents who anticipate a career in Primary Care. The diverse variety of conditions seen at this site coupled with excellent teachers make for a superb learning environment.

Occupational and Environmental Medicine – Harborview Medical Center

- Call: 8am-6pm Weekdays
- Availability: All year
- Length: 4 weeks

Occupational and Environmental Medicine is primarily an outpatient discipline that combines Internal Medicine with Public Health, emphasizing skills in epidemiology, industrial hygiene, and toxicology. The rotation includes participation in 4 OEM clinics per week at Harborview and in OEM Clinic Conference and Seminar on Thursday afternoons. The OEM Program has contacts with Washington State agencies and corporations, such as the Washington State Poison Control Center, the Washington State Department of Labor and Industries, and the Boeing Company. These contacts, as well as other Department resources, will provide opportunities for the resident to explore the diverse roles played by physicians in the field of OEM. In addition, residents may participate in one or more OEM activities, including worksite investigations; development and implementation of occupational health surveillance programs; literature review and analysis; and development of didactic presentations.

Women's Health – University of Washington, Roosevelt Clinics

- Call: None
- Availability: All year
- Length: 4 weeks

This elective in the Women's Health Care Center at UWMC-Roosevelt is designed to provide concentrated exposure to women's health problems that a practicing general internist is likely to encounter. Residents will be exposed to a multidisciplinary approach to a variety of medical conditions occurring in women and to nonsurgical breast and reproductive health issues. The clinics, all held at WHCC, include Dysplasia, Breast, and Gynecology Clinics, Women's Cardiology Clinic, and the Women's Acute Care Clinic. Thursday mornings are free for conferences.

AMBULATORY MEDICINE – COMMUNITY BASED TRAINING/WWAMI

Fairbanks, Alaska

- Availability: May-June
- Community: Mid-size (30,000)
- Housing: Provided
- Resident Costs: Airfare to and from Soldotna, AK Resident License (\$100 plus \$50 verification of licensure from WA state)

Residents who are considering primary care private practice and who are potentially interested in practicing in Fairbanks should definitely consider this rotation. We are currently very short of internists. Residents on an academic track who desire some experience in primary care are certainly welcome. I plan retirement in 10-12 years but still am quite active. I practice about 80% general internal medicine and 20% infectious disease consultation. I also perform EGD's and colonoscopies and offer the resident closely supervised experience in endoscopy if desired. Although I will always be available and directly present in Medicare/Medicaid patients, you will otherwise have a very independent experience here in Fairbanks.

The hospital is a well-equipped facility. We are currently doing the groundwork for providing full cardiology services but otherwise have a full service facility with a small but busy ICU. The University of Alaska at Fairbanks (UAF) is an integral part of our community and sponsors many interesting activities such as the Summer Fine Arts Festival. In the past we were able to arrange for residents to participate in a village health clinic through the Chief Andrew Isaac Health Clinic. This was 3 days providing healthcare in two remote villages under fairly primitive conditions.

A 7-10 days vacation during the time here to allow seeing some of the sights of this beautiful state would be very acceptable.

Soldotna, Alaska

- Availability: September – May
- Community: Rural (3,750)
- Housing: Provided
- Resident Costs: Airfare to and from Soldotna, AK Resident License (\$100 plus \$50 verification of licensure from WA state)

Soldotna is half way down the Kenai Peninsula in South Central Alaska, about a three hour drive and one half hour flight from Anchorage. The Kenai Peninsula and Cook Inlet separate Prince William Sound and the range of mountains that extend from McKinley to the Aleutian Chain. The area is best known for salmon and trout fishing on the Kenai River, but the many lakes and smaller rivers are wonderful for more reclusive canoeing and camping. The Kenai mountains which run the length of the Peninsula allow for summer backpacking and winter backcountry skiing. Enjoying these local environs is a requirement.

You will work closely with Drs. John Bramante, Kristin Mitchell, Peggie Bensch, Jon McDonagh, Tricia Elliot McDonagh (former UW Medicine residents), Jeff McDonald, and Bill Kelley. The practice is both office and hospital based, encompassing primary through ICU care.

The range of experience is challenging and varies widely through all disciplines of internal medicine from clinical oncology to acute care cardiology and from endocrinology to rural ICU medicine. The local hospital has a fully covered ER; general surgical, obstetrical and orthopedic coverage; and several family practice physicians. Various procedures necessary to internists are performed with special emphasis on upper and lower endoscopy and 2D, color and doppler echocardiography as well as administration of office based and inpatient chemotherapy.

The primary goal of the elective is to allow you to experience the full scope of rural internal medicine. From a learning standpoint the various clinical problems (which are often complex and challenging) present an excellent opportunity to expand the depth to which residents understand specific disease states. On a clinical level, management must be tailored to the technical and geographic limitations of this Alaskan locale. The arena created is one where the internist must plumb deeper than usual to effectively manage difficult cases. The rotation is particularly suited to the R2 contemplating a career in general medicine. That resident will be exposed to full scope rural internal medicine, procedures and interpretation skills (echos/sleepstudies, etc) that compliment rural internal medicine and are not out of the reach of a general internist, as well as the enjoyable aspect of being at the heart of a communities' healthcare system.

Boise, Idaho (St. Luke's Internal Medicine)

- Availability: Up to six residents, one at a time non-consecutive months
- Housing: Resident to provide own
- Resident Costs: Transportation to and from Boise; Idaho Medical license (\$400 plus \$50 WA state licensure verification fee)

Saint Luke's Internal Medicine is a large group practice associated with St. Luke's Regional Medical Center. Several general internists and geriatricians practice independently, although they share call. They are based in four offices, and you will work closely with one the staff. The coordinator is Leslie Nona, MD. The female general internists have a high percentage of female patients, a nice counterpoint to your VA clinic. Expect to be able to perform several Pap smears while there. If you are interested, you may work with more than one of these practitioners during the month. This site differs from others in the size and scope of the St. Luke's clinic and specialty referral system. It is our best CBT opportunity to evaluate a large hospital-owned organization. The group hopes to share medical knowledge, particularly that gained from experience, but a large part of your learning during this rotation will be on a more intangible level. This can be an opportunity for you to focus your career goals, and develop insight into practice options. You'll see how private practitioners fit into a larger medical community, how they interact with each other, consultants, home health teams, nursing homes, hospitals and urgent care centers. You may be exposed to a variety of practice and time management styles, all of which have the long-term doctor-patient relationship at their core.

Facilities: There are four large, modern office complexes located near St. Luke's, on Park center Boulevard in Meridian, and in Eagle. Where you work depends upon with whom you work. St. Luke's Regional Medical Center has a well-equipped medical library, which includes medline

searching capabilities. All offices have several textbooks available. You will work out of one or two exam rooms. Notes are dictated.

Expectations: Expectations are basic. Please recognize that the staff are sharing two things that are very valuable to them, their patients and their time. Be respectful of this, and be a good representative of the practice to the community. Residents will work closely with one internist at a time. They will see 5-8 ambulatory patients per day as well as appropriate inpatients. Residents will take first call by phone several times during the month. Resident independence will be negotiated as the month progresses.

McCall, Idaho

- Availability: Two non-consecutive months between October and May
- Community: Rural
- Housing: Provided
- Resident Costs: Transportation to and from McCall, Idaho medical license (\$400 plus \$50 WA state medical license verification)

Marcia Witte (Boise track graduate and former Chief Resident) and David Burica (longtime McCall resident and experienced internist) practice medicine in the beautiful resort town of McCall. Located 100 miles north of Boise, McCall is a small, rural town in a recreation paradise with a beautiful lake, snow and water skiing, fishing, hiking, mountain biking, and immediate access to the back country. Both practices are affiliated with McCall Memorial Hospital and serve patients from a wide area in West Central Idaho. The practices encompass a broad range of general internal medicine, primarily in an outpatient setting. Subspecialty care is limited, and there is a focus on front-line issues and continuity of care. Residents will spend the majority of their time in clinic. Common procedures include minor skin procedures, Pap smears, endometrial biopsies, and exercise treadmill tests. Some time may also be spent on inpatient care at the 15bed hospital.

Facilities: The two clinics are located off-campus from the hospital and are each staffed by a single physician and helpful support staff. A physician's assistant also works in Dr. Witte's clinic on a part-time basis. Computers with online access are available in both clinics.

McCall Memorial Hospital is a beautiful 15-bed facility with a wide range of services available on-site. Average length of hospital stay is less than 3 days; critically-ill patients and those requiring surgical or subspecialty inpatient care are transferred to higher-level facilities in Boise. Radiology diagnostic services include xray, ultrasound, a new, 32-slice CT and a mobile MRI unit. The cardiopulmonary department offers pulmonary function testing, treadmill testing, and a sleep lab. The emergency room has full-time physician coverage provided by the local family practice group. The hospital recently opened an Integrative Medicine Clinic that offers a personalized approach to wellness using both conventional and alternative (including acupuncture, massage, meditation, and yoga) medicine.

Expectations: Residents will work closely with Drs. Witte and Burica in their clinics. All patients will be presented to the preceptors. Resident independence will be negotiated as the

month proceeds. Expect one on-one teaching with an emphasis on practical issues involved in delivering excellent primary medical care in a rural setting.

Nampa, Idaho

- Availability: One resident at a time
- Community: Mid-Size
- Housing: Resident to provide
- Resident Costs: Transportation to and from Boise; Idaho medical license (\$400 plus \$50 WA state medical license verification)

Penny Beach and Mark Mering (former FMRI graduates that did rotations at the Boise VA) are the preceptors for this experience. Terry Reilly health services is a system of community health clinics that provide comprehensive care to underserved populations in the greater Treasure Valley area. Accordingly, their patient population has a large number of people with economic difficulties, the working poor, unemployed, homeless, and un- or under-insured persons. They also provide bilingual services to Spanish-speaking populations. A combination of family medicine physicians and midlevel providers staff these clinics, providing excellent care to at-risk patient populations.

Facilities: There are several clinic sites from which to choose. Although varying in size, on the whole, they have on-site laboratory and imaging services, as well as readily-available pharmacy and social work support. The Boise site tends to serve more homeless and recently homeless populations; The Nampa clinic tends to serve more Spanish-speaking populations; Marsing, Melba and Homedale serve a mix of Hispanic and rural populations. See <http://www.trhs.org> for more details

Expectations: One month rotation; eight half-days per week at the TRHS clinics. Structure is flexible and can be arranged with your supervising physicians. You will start at the main campus in Nampa. Thereafter, time can be split between different clinic sites in order to gain exposure to the different populations and setting they serve. Furthermore, as this is a full service clinic, offering pediatric and obstetrical care in addition to gynecological and adult medicine services, residents will likely work with a pool of providers so as to see the patient population that is appropriate for their training. If interested, residents may be able to admit and follow patients at Mercy Medical center during times when their affiliated provider is on call.

Sandpoint, Idaho

- Availability: All year
- Community: Rural (pop 7,000)
- Housing: Provided
- Resident Costs: Transportation to and from Sand Point; Idaho registration (\$10 plus \$50 WA state medical license verification)

Sandpoint is the gem of Northern Idaho. Located on the shore of Lake Pend Oreille and directly beneath the slopes of Schweitzer ski resort, Sandpoint capitalizes on its stunning setting to attract a diverse population of nature enthusiasts, farmers, and off-the-gridders. The summers are warm and clear with average temperatures in the 70s and the winters are known for snow, making cross

country and downhill skiing favorite pastimes. The people are friendly and engaging and are excited to welcome a resident into their community.

You work with Charlie Crane, a 1992 graduate of the University of Washington internal medicine program. The spectrum of his practice is impressive as is the high quality of care he provides in both inpatient and outpatient environments. In a single day, he may care for ventilated ICU patients, complete an emergent EGD and several scheduled colonoscopies, cardiovert a patient in atrial fibrillation, and see a patients in his office. Despite his busy schedule, he stays up-to-date on the medical literature and, by necessity, much of subspecialty internal medicine due to relative dearth of local rheumatologists, endocrinologists, and infectious disease specialists.

Residents become the primary physician for their hospitalized and office patients during the rotation, responsible for procedures, follow-up of labs and studies, and ongoing decision-making. The inpatient-outpatient setting allows for continuity despite the briefness of the rotation. You adopt Dr. Crane's schedule of four days per week including a half day of upper and lower endoscopy and one week of call within each three week period. This provides a range of experience through inpatient and outpatient medicine and time to explore the stunning beauty of Northern Idaho.

Sun Valley, Idaho

- Availability: December through April
- Community: Mid-Size
- Housing: Provided
- Resident Costs: Transportation to and from Sun Valley; Idaho medical license (\$400 plus \$50 WA state medical license verification)

This is a hospital-based, multi-specialty clinic located next door to the beautiful new St. Luke's Wood River Medical Center a few miles south of Ketchum/Sun Valley. You will work closely with Dr. Royal McClure, a University of Washington Internal Medicine residency graduate, and his partner Dan Fairman. You may also negotiate some time with the other specialists in the clinic if you desire. Specialties represented include family medicine, orthopedic and general surgery, pediatrics and GI. While working in the clinic, you will cover the emergency room twice per month on a rotating basis. Here you may handle lacerations, simple fractures and some adolescent and pediatric problems (common features of rural Internal Medicine). Procedures in which you may participate include upper GI endoscopy, flexible sigmoidoscopy, skin biopsy and treadmills. You may also be asked to consult for other specialists. The practice covers a wide range of "bread-and-butter" medicine problems within a fee-for-service, primary care delivery model.

Facilities: The hospitals in Sun Valley and Ketchum have gone through a recent merger with St. Luke's Regional Medical Center. This makes it a particularly interesting time to observe the politics and business of medical practice. The Wood River Medical Center office complex has 3000 square feet. You and doctor McClure will be working out of two exam rooms so that you will have to be efficient. Notes are either hand written or dictated depending on length.

Expectations: Residents will work closely with Drs. McClure and Fairman in the office and hospital. All patients must be presented to a preceptor. Residents will take first call by phone several days during the month (every 4th or less) with one of the faculty backing them up. Nonetheless, there will be time to enjoy the world-renowned recreational opportunities in Sun Valley. Resident independence will be negotiated as the month progresses. Expect one-on-one teaching with a focus on quality and integration within a multi-specialty group. Dress code should be slacks and sports shirts with ties optional for men, and the equivalent for women.

Twin Falls, Idaho

- Availability: Three non-consecutive months anytime
- Community: Rural
- Housing: Provided
- Resident Costs: Transportation to and from Sun Valley; Idaho medical license (\$400 plus \$50 WA state medical license verification)

The clinic is a group practice affiliated with Magic Valley Regional Medical Center. It is located in a medical plaza about ten blocks from the hospital, and is a good example of how an “80/20” clinic works (80% outpatient, 20% inpatient). Twin Falls is a wonderful family-oriented community. On the weekends, depending on the season, you may talk Dr. Fortuin into showing you the local hiking, skiing at Sun Valley, or swimming and fishing on the nearby Snake River (you’re on your own if you want to BASE jump off the bridge). He is the coordinator for the rotation but you may also be working with his partners. One unique feature of this clinic is the tight knit, supportive group of subspecialists that will allow you to follow patients into general or orthopedic evaluations and surgery, dermatology evaluations and biopsies, and gynecological procedures. The practice encompasses a broad range of general internal medicine and community-based pulmonology, and has approximately 75% females. Residents should expect to see about 4-10 patients per day, as well as round on hospital patients. Common procedures include sleep studies, PFTs, Pap smears, treadmill and P-mibi. Another unique feature of this site is access to the office management consultants from the hospital. Make sure to spend some time with them, they will teach you the specifics of billing and coding, as well as how an office runs.

Facilities: The clinic has extra office space and staff for the resident. The office uses a PDA-based electronic medical record. Several textbooks are available, and ‘Up To Date’ is available online.

Expectations: Residents will work closely with Dr Fortuin and his partners in the office and will take backup call for the practice several days during their stay. Dress is business casual (no jeans, but tie not required). All patients will be presented to the preceptors. Resident independence will be negotiated as the month proceeds. Expect one-on-one teaching with an emphasis on practical issues involved in delivering excellent medical care.

Billings, Montana

- Availability: July, October, January, April
- Community: Mid-size (82,000)

Billings is the largest city in Montana, with 87,000 population. The hospitals in Billings serve a large geographic area including parts of northern Wyoming and eastern Montana. Because of its size, Billings offers a diverse range of experiences, from primarily outpatient-based to hospital-based practice, as well as opportunities to work with subspecialists if you so choose.

Dillon, Montana

- Availability: August, September, October, January, March, April
- Community: Rural (3,700)
- Housing: A furnished apartment is provided.
- Partner and Family Accompaniment Options: Welcome
- Transportation: The resident will need to provide their own transportation to get here.
The clinic and hospital are only 6 blocks from the hospital and vehicles could be arranged if needed.

Dillon is located in southwestern Montana where cattle ranching and recreational tourism are the key economic industries. Outdoor activities are readily available including skiing, hiking, mountain climbing, fly fishing, hunting, photography, kayaking and canoeing and mountain biking. Dillon is the home of the University of Montana -- Western, a four-year college specializing in education specialties. Residents will spend a one or two month block rotation with one of the general internists at the Pioneer Medical Clinic and Barrett Hospital in Dillon. Since there are no internal medicine sub-specialists in the community, residents will experience the broad sweep of general internal medicine including procedural opportunities. The majority of patient contact is outpatient, either clinic or emergency department, but in-patient care and hospital procedures are also a daily activity. The residents, like their attendings, will work closely with other physicians in the community as consultants and colleagues. Other specialties represented in Dillon include general surgery, orthopedics, radiology, family practice as well as visiting urologists, otolaryngologists and podiatrists.

Dillon is best suited to residents committed to a career in primary care; preference will be given to R2s. R3s interested in rural practice should also consider this rotation.

Livingston, Montana

- Availability: Not Nov 16 block
- Community: Rural (6,851)

Livingston is a small community situated on the Yellowstone River approximately 50 miles above the north entrance to Yellowstone National Park. You will work under the supervision of several Board-certified general internists who are part of a multi-specialty clinic which also includes three OB/gynecologists, a general surgeon, a pediatrician, an orthopedist, two family practitioners, one nurse practitioner, and one physician assistant. There is a small community hospital in Livingston that has a 24-hour emergency room, intensive care unit, and a full range of ancillary services including diagnostic laboratories, radiology, respiratory therapy, and physical and occupational therapy. Your activities will parallel those of the general internists with whom

you are working. The majority of the time is spent practicing outpatient medicine, but you will also admit and care for patients in the hospital. You will have an average of one night call per week, during which time you will experience some emergency medicine. You will receive hands-on training in all of the procedures which general internists perform in rural practice including upper and lower GI endoscopy, exercise treadmill testing, and 2D echocardiography. Some weekends are free to enjoy the wide variety of outdoor activities that Livingston provides (it is only 30 minutes from the Bridger Bowl ski area, an hour from Yellowstone National Park, and minutes from national forest areas which provide opportunities for hiking, fly-fishing, white-water rafting, etc.)

Missoula, Montana

- Availability: All year
- Community: Mid-size (57,000)

Missoula is a mid-sized community in western Montana which also serves much of northern Idaho. Residents coming to Missoula will experience a mixture of primary care and subspecialty medicine, and will get a sense of the role of the general internist in a mid-sized community. Missoula is home to the University of Montana, and convenient to Glacier National Park; Yellowstone National Park is a few hours' drive away.

Montesano, Washington

- Availability: September, December, March, June
- Community: Rural (3,300)
- Housing: 3 bedroom house available - fully furnished; e-mail and web-journal available both at the clinic and the apartment
- Partner and Family Accompaniment Options: Can be arranged
- Transportation: Need own car

You will be working in a two-physician internal medicine practice located in Montesano, which has a population of approximately 3500. The resident will work in both inpatient and outpatient settings. Inpatient care is provided at Grays Harbor Community Hospital in Aberdeen, which is about ten miles west of Montesano. There will be plenty of hands-on experience in acute cardiac and ICU care. In addition, opportunities for minor surgery, exercise tolerance test, and flexible sigmoidoscopy are available in the outpatient clinic. The call schedule is approximately every 7-10 days. The preceptors, Drs. Y. Ki Shin and Clara C. Shin, are former UW internal medicine residents. Montesano is one one-half hours southwest of Seattle and about 45 minutes east of Ocean Shores. There are great opportunities for fishing, hiking, and camping along the Pacific Coast and Olympic National Park on weekends.

Cody, Wyoming

- Availability: September – May
- Community: Rural (8,000)
- Housing: Provided
- Transportation: Resident must have their own vehicle

Cody, Wyoming serves 16/000 residents in the Park county area. West Park Hospital and the Cody Clinic are located just 50 miles from Yellowstone National Park East entrance. Residents

work with Dr. Stephen Mainini who is the primary preceptor. Residents can also see patients along with another board certified internal medicine physician, Dr. Neil Louwrens. The residents will see patients in parallel with Dr. Mainini who uses 2 to 3 exam rooms for himself and the resident. He does not change his clinic schedule per se, but decides which patients the resident will see. In addition, the resident will see “walk-in” patients for acute illnesses or urgent needs. The resident will be “on-call” every 4th evening and every 4th weekend for the emergency room, which includes coverage for the other three internal medicine specialists in town. The resident and Dr. Mainini cover their own clinic patients on a daily basis from 7am to 5pm for any possible hospital admissions. Once weekly the resident will travel with Dr. Mainini to satellite pulmonary clinics at outlying hospitals that are anywhere from 30 to 90 miles away from the Cody Clinic. At these satellite clinics the resident will also see pulmonary patients along with Dr. Mainini. Procedures (sigmoidoscopies, exercise treadmill testing) are scheduled as needed. Other experiences for the resident will include nursing home visits, home visits, and observation of bronchoscopies. The resident is responsible for patient dictations, laboratory follow-up, and telephone follow-up as well as emergency room and clinic triage.

The resident will have his or her own office approximately 75% of the time, as they would share this with visiting subspecialists from the Billings, MT area. When this office is not available, the resident can utilize a dual-purpose “sleep lab” desk. Residents will have their own Dictaphone and usually their own telephone. Literature searches are available.

Various outdoor activities such as fishing, hiking, mountain biking, and skiing are readily available with only a 15-20 minute drive to the local mountains.

Jackson, Wyoming

- Availability: July, October, and April
- Community: Rural (8,000)
- Housing: Housing is a bedroom in a 3 bedroom condominium 2 blocks from the clinic and 4-5 blocks from shopping and the local “Sno-King” ski area.
- Partner and Family Accompaniment Options: None provided
- Transportation: Delta Airlines flies into Jackson Hole daily via Salt Lake City. A car would not be needed for the rotation, but if you wish to see Yellowstone, or ski at Jackson Hole, it might be advisable to drive (a two day drive from Seattle).

The primary preceptor, Dr. Michael Menolascino, is a previous UW medicine resident and an avid outdoorsman. The internal medicine group consists of four internists with a busy but relaxed practice, which includes wellness care to ICU care. Residents will have the opportunity to follow inpatients at the adjoining St. John’s Hospital and nursing home, do treadmills and other procedures, do housecalls, work with the ER physicians, and if desired may work out time with a cardiologist, one of many world class orthopedic surgeons, or infectious disease specialist. Mixture of inpatient (admissions, rounds, consultations) and outpatient activities. Usual schedule is clinic 4 days/week and call every fourth weekend. Call is usually light and rarely requires after hours hospital visits.

Jackson is located at the foot of the Grand Tetons and is 2 hours from Yellowstone Park. Jackson Hole ski area is several miles away.

Sheridan, Wyoming

- Availability: July, October, January, April
- Community: Rural
- Housing: Provided

The Sheridan VA Medical Center, once a frontier cavalry fort (Fort Mackenzie), offers state of the art health care with new or newly remodeled facilities to veterans throughout a large rural area. The Medical Center is recognized as an up-to-date neuro-psychiatric, medical, and nursing home care facility with staff specialties in Psychiatry, Acute and subacute Medicine, Substance Abuse Treatment, and a full range of ancillary services including diagnostic laboratory, echocardiography, radiology, respiratory therapy, and physical and occupational therapy. The rotation will consist of working in parallel with a friendly group of 5 Internists and 3 Family Practitioners in a community setting in a busy outpatient clinic where pathology abounds. This is primary care at its best, as the resident will learn to take care of the whole patient, often from start to finish, as specialists are not always readily available in this rural setting. The rotation would allow for some inpatient care as the patients are admitted to the hospital, as well as exposure to important procedures including exercise treadmill tests, and upper and lower endoscopies. Some call would be available, but not necessary.

Sheridan is a historic town in the heart of the Old West in Northern Wyoming at the foot of the majestic Big Horn Mountains. These mountains begin with green rolling foothills which ascend over 13,000 feet to the top of the majestic Clouds Peak. The mountains are beautiful and undiscovered gems which offer unprecedented vistas of breathtaking canyons, wild flowered meadows, alpine lakes and peaks. Weekend activities might include nearby hiking, backpacking in the Wilderness Area, mountain biking, fascinating geological formations, fly fishing, snowmobiling, downhill and cross county skiing. If none of the above suits you, one can attend the local theater, play at one of three first class golf courses, catch a Polo match at the local Equestrian Center, or explore one of the local battlefields including Little Big Horn Battle Field.

CARDIOLOGY

Advanced Introduction to Diagnostic Tests & Consultant Decision Making – University of Washington

- Call: None
- Availability: All year

During the rotation, the resident will be based on the UWMC Cardiology consult rotation, and will round with the consult team (which comprises a Cardiology fellow, medical students and the Cardiology attending). Specific resident activities will include consultative services, core Cardiology conference attendance and at least one ambulatory clinic. Additional opportunities, based on resident interest, can include time blocks in ambulatory clinics, and echocardiography, cardiac catheterization, and electrophysiology clinics. Time blocks within this rotation to work on Cardiovascular based research are available, but a faculty mentor and research project should be established prior to starting the rotation. Research planned during this rotation should be in compliance with the requirements of the Internal Medicine residency.

Cardiology Consultation – Harborview

- Call: None
- Availability: All year

The Cardiology consult service at Harborview provides Cardiology consults throughout the hospital. Residents will work closely with a cardiology fellow and faculty. This service provides Internal Medicine residents with a broad exposure to basic cardiology including the conventional and fundamental cardiac problems Internists need to know.

Cardiology Consultation – VA Puget Sound

- Call: None
- Availability: Must fill all year

The resident performs approximately 20-25 consultations per week with daily attending rounds. There is a twice weekly clinical conference, experience in exercise testing ECG and ECHO interpretation. There are usually 2-4 fourth year medical students on the consult service.

Heart Failure – University of Washington

- Call: None
- Availability: All year

Residents spend four weeks caring for a wide variety of patients with congestive heart failure who are admitted to this service. In general, the patients admitted are those that have been followed by the heart failure team in the past or who are referred specifically to us. The patients have heart failure of diverse etiologies, with the majority having ischemic heart disease or idiopathic dilated cardiomyopathy. They may be admitted for a heart failure exacerbation or for any other reason, including those not directly related to their cardiac condition. Patients who have undergone cardiac transplantation are frequently admitted to our service as well, both for transplant related issues such as rejection or infection, and for medical conditions not directly related to transplantation. Patients are cared for by the cardiothoracic (CT) surgery team immediately following transplant surgery, but are transferred to the Cardiology B service two or three days following transplantation, once chest tubes have been removed.

In addition to work on the in-patient service, the resident will have the opportunity to observe diagnostic right heart catheterizations and cardiac biopsies, thus having an opportunity to more fully understand the intricacies of invasive hemodynamic monitoring. Attendance at the weekly cardiac transplant meeting will serve as an introduction to the out-patient evaluation of patients with end-stage cardiac disease being considered for therapies such as cardiac transplantation and ventricular assist device implantation. Exposure to an out-patient heart failure clinic will broaden the exposure to a wide range of patients with heart failure.

Inpatient Cardiology – Harborview

- Call: In-house
- Availability: Must fill all year

The General Cardiology service at Harborview includes wards, ICU care, outpatient clinics, and diagnostic cardiology. The service admits and cares for all patients with a primary cardiac problem, either to telemetry, the ward, or the ICU. Residents rotate through a Cardiology clinic one half-day per week and follow patients to diagnostic studies such as cardiac catheterization and treadmill testing. Residents are exposed to echocardiography and EKG interpretation. This service provides Internal Medicine residents with a broad exposure to basic cardiology including the conventional and fundamental cardiac problems Internists need to know. Patients can be followed by the same team from the time of admission with chest pain or an acute myocardial infarction through risk stratification, diagnostic studies including cardiac catheterization, nuclear cardiology, echocardiography, and treadmill testing, then discharge planning, and follow up care in clinic.

Inpatient CCU – VA Puget Sound

- Call: In-house
- Availability: Must fill all year

There are four senior residents on this team working directly with the attending covering cardiology admission to the CCU, the telemetry unit, and the ward. There are daily CCU rounds, twice weekly clinical cardiology conferences, daily ECG readings and experience in exercise testing. Call is every fourth night. There is close interaction/exposure to cardiac surgery and interventional cardiology.

DERMATOLOGY

Dermatology – VA Puget Sound

- Call: None
- Availability: All year, must fill 9 months

The resident will have four half-day ambulatory clinics - Monday morning with Dr. Newman, Tuesday morning with Dr. Raugi, Wednesday afternoon with Dr. Raugi and members of the clinical faculty, and Friday morning with Dr. Raugi and members of the clinical faculty. The remainder of the time on this rotation will be in support of the inpatient consultation service at the VA, where the resident will work the dermatology resident and rotating students. Dermatology rounds and teaching conferences are Tuesday and Friday afternoons at the VA. Conferences include clinical dermatology conference on Wednesday mornings at UW.

ENDOCRINOLOGY

Endocrinology – University of Washington

- Call: None
- Availability: All year

During this rotation, residents participate in outpatient subspecialty clinics at UWMC, HMC and the VAPSHCS, and inpatient consultation services at UWMC and HMC. The resident provides consultations for inpatients with a variety of endocrine, metabolic and nutritional disorders, attends consult rounds, participates in the subspecialty clinics, and attends subspecialty conferences. Subspecialty clinics include general endocrinology/metabolism, diabetes and lipid and nutrition clinics. Active participation in post-clinic conferences is anticipated. Attendance at endocrine teaching conferences and other divisional seminars and conferences is encouraged. A team approach to patient care and close interaction with faculty and senior fellows characterize this rotation. Time is available to further research recent literature on-line through the Health Sciences Library.

Endocrinology – VA Puget Sound

- Call: None
- Availability: All year, must fill 9 months

Endocrinology is primarily an outpatient rotation. Endocrinology clinics are: Monday morning with Dr. Rodney Skoglund; Tuesday morning Lipid Clinic at Harborview; and Friday morning general endocrinology at the VA. In addition, the resident has the opportunity to participate in the Diabetes program at VA. The resident does inpatient consultations at the VA, sharing this responsibility with a fellow in Endocrinology. Rounds are held two or three times per week and there are usually two to five consults per week. It is possible to obtain experience doing thyroid biopsies. Conferences include Endocrine Teaching Conference on Tuesday afternoons and the Endocrine Post-clinic conference each Friday.

GASTROENTEROLOGY

Gastroenterology Consultation– Harborview

- Call: None
- Availability: All year

The main goals for residents on the GI elective at HMC are as follows:

1. To gain experience in the diagnosis and management of acute GI and liver disorders. Common problems include GI bleeding, complications of chronic liver disease, HIV-related GI and liver disorders, inflammatory bowel disease (IBD), pancreatitis and cholangitis. Residents will learn how to evaluate and manage these disorders from the perspective of a GI/Hepatology consultant, using an evidence-based approach where appropriate. Ten to fifteen consults are seen per week.
2. To gain experience in outpatient Gastroenterology and Hepatology. The Hepatology Clinic meets mornings 5 days a week Monday thru Friday and sees patients with hepatitis B and C, Hepatitis C and HIV coinfection, and other liver disease. The GI Clinic meets Wednesday afternoons. Common problems seen include GERD, ulcer disease, IBD, biliary and pancreatic disorders, alcoholic liver disease, and GI and hepatic malignancies. In addition, primary care issues such as screening for colorectal cancer are reinforced.

Many residents use this experience as a springboard for successfully managing GI problems in their own clinic patients.

Gastroenterology Consultation – University of Washington

- Call: None
- Availability: All year

Residents consult on 10-15 patients each week, including both inpatients and outpatients. There are daily rounds with an attending gastroenterologist and fellow where the resident presents cases for discussion. There is an opportunity to observe endoscopic procedures. Attendance is encouraged at joint meetings with surgery, radiology, and pathology, where patient management, imaging studies, and tissue biopsies are reviewed. The resident is also encouraged to attend the GI Division conferences: Journal Club, twice monthly; GI Grand Rounds, once monthly; Morbidity and Mortality, once monthly; Clinical Conference with Surgery, Pathology, and Radiology, twice monthly; GI teaching seminars, twice monthly. Residents have no night or weekend call responsibilities. Residents interested in the GI rotation should also check the GI Division web site www.uwgi.org <<http://www.uwgi.org>>.

Gastroenterology Consultation – VA Puget Sound

- Call: None
- Availability: Must fill all year

The responsibilities of the resident revolve around the inpatient consults evaluated by the GI service. Attending rounds are held daily and the resident is expected to participate. The consult service is busy, seeing 15 to 20 patients per week. The resident attends a weekly GI clinic (Tuesday morning), performs flexible sigmoidoscopy and observes endoscopic procedures. Essential to the rotation are joint meetings with surgery, radiology, and pathology, where patient management, imaging studies, and tissue biopsies are reviewed. The resident is also encouraged to attend VA conferences relevant to his/her other patients (e.g. Chief of Medicine Rounds, Tumor Board). Weekly university-wide Friday morning conferences (2 hrs) include GI Grand Rounds, journal club, pathology conference, research in progress, M&M, special lectures, and fellow didactic seminars.

Hepatology – University of Washington

- Call: None
- Availability: All year

The resident attends two weekly Hepatology clinics, three weekly liver transplant clinics, and an optional weekly liver cancer/tumor clinic. The resident attends a weekly pathology conference as well as the weekly liver transplant Selection Committee meeting (if not in continuity clinic). This is a very busy service with 30+ outpatients weekly and an average of 2-4 liver transplants per month. Inpatient consultations are variable, from 2-3 a day to 2-3 a week. Rounds are held daily for patients on the Consult Service. Rounds are held daily on the liver transplant service and resident is welcome, but not required, to attend.

GENERAL MEDICINE: CONSULTATION

Medicine Consultation- Harborview

- Call: None
- Availability: All year

The medicine consult elective is strongly recommended for all medical residents interested in careers in hospital medicine, subspecialties and primary care. During this rotation, residents work directly with the consult service attending to provide inpatient and outpatient consultations for surgical and psychiatric patients. Mastering the preoperative medicine evaluation is one unique feature of this rotation. Residents have the opportunity to practice the preoperative medical evaluation in the Medicine Operative Consult Clinic. Additionally, residents gain exposure to patients with non-medical primary illness and experience managing medical conditions in these settings. Residents will work closely with their colleagues in surgical and psychiatric specialties. Other benefits include practicing the art of consultative medicine, didactics, and protected conference time.

Medicine Consultation – University of Washington

- Call: None
- Availability: All year

This is an elective strongly recommended for all medical residents. Medicine consultation is an essential area of expertise for both specialists and general Internists. During this rotation the resident will learn the "art" of effective consultation while working directly with the consult service attendings. The consult resident will assist physicians from other services in managing their patient's acute and chronic medical problems. The resident will learn pre-operative assessment by assisting the surgeons and anesthesiologists in evaluating medically ill patients in need of surgical procedures. The resident will also follow these patients in the post-operative period and assist with their medical management.

Many of the patients followed by the consult service are seriously ill, and as a result, the service is generally busy. The resident will, however, have a major impact on the care of these patients, and most residents find this a very rewarding rotation. There is no call or weekend obligation, and there are ample opportunities to attend conferences and Residents' Report. Attending rounds are held on a daily basis and didactic sessions are held throughout the month.

GENERAL MEDICINE: HOSPITAL MEDICINE

Alaska Native Medical Center - Anchorage, AK (WWAMI)

- Availability: Year round
- Community: Urban (260,000)
- Housing: Provided
- Resident Costs: Airfare to and from Anchorage, AK, verification of licensure from WA state

The Anchorage rotation is based at Alaska Native Medical Center (ANMC), a 150 bed tertiary referral center dedicated to the care of Native Alaskans. There are ten internal medicine physicians /hospitalists who provide 24hr/7 days inpatient coverage. A variety of subspecialty services are included within the Department of Internal Medicine, including Pulmonary and

Critical Care, Cardiology, Nephrology, Dermatology, Rheumatology, Neurology, and Hematology and Oncology. Gastroenterology is split between the general internists (EGD's) and the general surgeons (colonoscopies and ERCP's). There are also two Hepatologists on staff.

Our service provides ample opportunity for residents to enrich their knowledge and gain experience in ICU skills, endoscopy procedures and other procedures. Residents are autonomous in assessing patients and devising diagnostic and treatment plans but are supervised by attending physicians with whom they discuss daily patient care. They admit daily and on average carry a load of 5 to 10 patients per day. Depending on individual interests, we can try to accommodate time spent on our service to be geared towards future fellowships (i.e. more ICU time, endoscopy experience, cardiology exposure etc).

The broad range of conditions in our patient population is representative of a general medical population, but with some unique conditions seen in the Alaska Native population such as cases of paralytic shellfish poisoning and botulism related to dietary factors. We encounter a large number of alcohol related problems that are frequently coupled with underlying liver conditions (such as frequently present HCV, HBV and NASH) leading to end stage liver disease in relatively young patients.

Various infectious diseases including HIV and tuberculosis, botulism and infective endocarditis are very frequently seen on our inpatient service. MRSA is endemic among villages in rural Alaska and this is at least in part related to the life style (frequent bathing in steam baths shared by all the village). Hence, we have encountered many cases of frequently fatal MRSA necrotizing pneumonia and sepsis in otherwise healthy young people.

Two other areas where we see an increase in morbidity and mortality of Alaska Natives are oncology and cardiovascular diseases. There have been many changes in culture of Alaska Natives as they opened themselves to western life style. The introduction of *western* foods and disappearance of hunting and fishing as ways of gathering food has led to health problems including obesity and an increase in cardiovascular diseases, and cancers (especially if GI tract). Suicide rates are unfortunately high due to cultural disruptions and other factors.

Many of our patients present in the later stages of diseases with clinical manifestations not frequently encountered in other settings. We have an abundance of interesting cases which makes for an exciting medical experience.

Harborview Medical Center – Seattle, WA

- Call: None
- Availability: all year, one resident per month
- Days off: Minimum of 5 (including at least one 1 golden weekend)

This rotation affords the independent senior resident an opportunity to refine skills in hospital medicine by working side-by-side with practicing hospitalists at HMC. Residents will autonomously care for a wide variety of inpatients – those typically admitted to ward medicine, as well as perioperative patients with active medical issues. Prior to the start of the rotation, the

resident will be asked to select a clinical or academic practice track, depending on his or her career goals. Resident responsibilities will vary based on the track selected. All residents will participate in daily bedside teaching rounds on newly admitted patients and scheduled educational sessions related to the care of hospitalized patients. Special topics will include documentation and billing, hospital costs, quality improvement and care of vulnerable patients. Most residents will be asked to present with an attending at HMC's monthly Consultative and Hospital Medicine Journal Club. Additionally, this rotation offers the unique (optional) opportunity to see one's discharged patients in ambulatory follow up in the Aftercare Clinic. We look forward to working with you to provide a rotation that meets your educational needs!

Olympic Medical Center - Port Angeles, WA (WWAMI)

- Availability: All year
- Community: Mid-Sized (50,000)
- Housing: available
- Partner and Family Accompaniment Options: Can be arranged
- Transportation: Need own car

Available to 2nd and 3rd year residents interested in exposure to community hospitalist medical practice. Residents will work with one experienced hospitalist 5 days a week with weekends off. Overnight call is optional and can be arranged according to resident interests. The work day begins at 7 am. Resident will be the primary hospitalist for patients and will present and review all cases with the hospitalist on duty. Efforts will be made to select patients and a work load appropriate to resident level and individual goals. The attending hospitalist will provide case based teaching, teaching about hospitalist medicine, and evaluation. The attending will be available at all times.

Swedish Medical Center – Seattle, WA

- Call: None
- Availability: All year

Available to senior level Internal Medicine residents (R2 and R3 years), this four week elective rotation is offered to one resident per block. As a member of the Swedish Hospital Medicine group, residents will be expected to build and care for a limited panel of inpatients (six to eight) as determined by patient complexity and resident ability and interest. Residents will admit patients to the ICU and medicine wards, and manage their care during the hospitalization until discharge. Efforts will be made to select the patients who offer the greatest learning opportunity. Residents will function autonomously by writing all notes and orders, and performing all activities of patient care. Oversight will be provided by Hospitalists, but the primary patient care will be provided by the Resident.

Especially designed for those with Hospital Medicine career goals, we hope to provide a mini-Hospitalist career experience for Residents. To accomplish this, Residents will follow our seven day on, seven day off schedule. Residents will start their week on Tuesdays and work through Monday evening. They will spend the entire week with one supervising attending, allowing for more patient and attending continuity. Day shifts start at 7am and end at 7pm, but Residents can expect to leave earlier most days of the week. Since Resident obligations exist outside of

Swedish for clinic and didactics. Residents will be expected to spend two of their days on their "off week" on a swing shift. This will allow for more new patient contacts, as day shifts are largely spent assuming overnight admissions and rounding on existing patients. Swing shifts start at 5pm and end at 1am. Swing shifts can be spent on the days of the Residents' choice. There is no night call nor night shifts on this rotation. Overall, we hope to provide an experience of both the rigors as well as the benefits of the Hospitalist shift model.

Learning objectives will be met during exposure to all the activities of a busy hospitalist service caring for inpatients at a large, nonacademic tertiary care hospital. Informal teaching and emphasis will be placed on topics described in the Core Competencies of the Society of Hospital Medicine. Residents will encounter a wide breadth of medical pathology, but they will also be exposed to issues of resource utilization, effective triage, end of life care, communication, and coordination of multidisciplinary care.

University of Washington Medical Center – Seattle, WA

- Call: None
- Availability: All year

The UWMC Hospitalist Rotation is available to one second or third year resident per month, and offers the opportunity to work one on one with the outstanding teachers on the Medicine M service. The patient population is similar to that of the other medicine services; care is focused on efficient, effective, and personalized care. We have close relationships with subspecialists, surgical consult services, nursing, and a very effective social worker and pharmacist. Residents will have one day off per week, no call, and will follow no more than 8 patients, working with the attending to identify those patients that offer the best opportunities for learning. The Hospitalist team rounds daily at 7:30 with the Night Float team; rounds emphasize bedside teaching and clinical reasoning. Additional teaching sessions will focus on common inpatient problems, quality improvement/patient safety, effective handoffs, efficient discharge planning, and consult skills.

VA Puget Sound –Seattle, WA

- Call: None
- Availability: All year

Medicine Hospitalist Service takes short call from Monday through Friday (excluding holidays) from 8AM until 3PM except on Friday from 8AM until 12Noon. Hospitalist admission caps are as follows:

- Monday 3 admissions, Tuesday through Thursday 2 admissions, and Friday 1 admission per day.
- Hospitalist resident (R2/R3) also serves as the supervising resident for the on-call interns for non-MICU admissions from 8AM until 11AM.
- If the Medicine Hospitalist Service reaches short-call cap prior to 3PM (Mon-Thu), then the hospitalist resident will supervise admissions to the on-call medicine team with the on-call interns until 11AM when the on-call senior resident will take over admissions.
- On federal holidays, there are no admissions to the Medicine Hospitalist Service. The hospitalist resident will continue caring for existing patients on the service.

- Patients transferred to the MICU or CCU from the Medicine Hospitalist Service will go to the on-call medicine or cardiology team respectively and remain on that service until hospital discharge.
- Hospitalist resident will have the opportunity to teach 3rd year medical students on the team.
- Hospitalist resident will have two weekends (4 days) off per four week rotation.

The Hospitalist team may do some ad hoc medical consultations. Additionally, the hospitalist resident has the opportunity to take part in the preoperative medicine clinic one-half day during the month. The Hospitalist attending will cover the team on that morning.

GENERAL MEDICINE: INPATIENT WARDS

Inpatient General Medicine – Harborview

- Call: In-house
- Availability: Must fill all year

There are five general medicine teams at HMC; each team has two R1s and one R2/R3. Call is every fifth night with short call on day 3. The resident gains a broad diagnostic and therapeutic experience with a wide variety of acutely ill patients; 90% are admitted from the Emergency Services.

Inpatient General Medicine – University of Washington

- Call: In-house
- Availability: Must fill all year

There is one Medicine R1, one R3, and one MS3 on each of the four teams. A subintern and/or a second MS3 may also be assigned to a team. Residents will care for a wide variety of acutely ill patients, including individuals referred for tertiary care

Inpatient Medicine – VA Puget Sound

- Call: In-house
- Availability: Must fill all year

There are four general medicine teams at the VA. The teams consist of two R1s and one R2. There are 1-2 MS3s and occasionally one MS4 sub-intern assigned to each team. The first six months of the year one team also has a family medicine senior resident. Call is every fourth night. Teams cover patients on the Medicine wards and in the MICU.

Night Float – Harborview

- Call: 9pm-9am Sunday –Friday including holidays
- Availability: Must fill all year

A senior resident will spend two weeks on the medicine float service. Each Saturday night a resident will be pulled from a non-call service to cover the overnight float.

Night Float – University of Washington

- Call: Saturday-Thursday 8pm-8am (including holidays)
- Availability: Must fill all year

R1 responsibilities include cross-cover of Medicine patients and admission of Medicine patients over the cap. R3 responsibilities include supervision of the Medicine float R1 with cross-cover issues and with Medicine patient admissions over the cap. In addition, the R3 provides assistance to the on-call Heme/Onc R1 with cross-cover issues and with any Heme/Onc admissions from 8pm to 8am. The Float team meets with the Medicine M attending in the morning at 7am for teaching rounds and to transfer care of new patients to the appropriate team. The Float team is encouraged to attend Residents' Report, Grand Rounds, and Residents' Teaching Conference, if time allows.

Night Float – VA Puget Sound

- Call: 7:30pm-8:00am Monday-Friday
- Availability: Must fill all year

A resident will spend Monday through Friday providing cross-cover for the Medicine Service and ICU patients. The night float resident also takes up to two overflow admissions from the Medicine and CCU services as needed.

GERIATRIC MEDICINE

Gerontology – Harborview

- Call: None
- Availability: Must fill all year; (Required Primary Care R2)

This rotation has a medicine R1 and one R2/R3. The rotation provides training in the management of medical, social, psychological, rehabilitative, and ethical issues related to the care of elderly patients. Emphasis is placed on the diagnosis and treatment of subacute and chronic health problems. In addition to the residents, other team members include a geriatric fellow, nurses, social worker, physical therapist, occupational therapist, recreational therapist, clinical pharmacist, dietician, a medical attending, and a geropsychiatrist. The team provides consultation to other services with particular emphasis on pre- and post-operative management of elderly patients. Residents provide day to day management of patients and participate in regularly scheduled geriatric attending rounds and conferences. The R1 is involved with the primary care of ward patients. The R2/R3 is responsible for geriatric consults and the evaluation of patients for admission to the geriatric unit. Residents also participate in SeniorCare clinics. The residents share call responsibilities with the fellow, from home

HEMATOLOGY/ONCOLOGY

Bone Marrow Transplant – Seattle Cancer Care Alliance

- Call: In-house
- Available: All year by request

The FHCRC/SCCA is an international center devoted to the care of patients undergoing blood and marrow transplantation for a variety of conditions, primarily hematologic malignancies. Ninety percent of the patients are referred from outside the state of Washington. The patients present with a broad spectrum of internal medicine problems. The ward provides in-depth experience in hematopoietic cell transplantation including intensive care. Emphasis is placed on basic principles of intensive chemoradiotherapy. The care of immunocompromised patients is emphasized.

Hematology/Oncology Consultation– Harborview

- Call: None
- Availability: All year

The resident sees 8-10 consultations per week, including patients with solid tumors, coagulopathies, HIV-associated disorders, and hematologic malignancies. This is a good way to learn about the initial diagnosis and management of common solid tumors, the evaluation of anemia, and the interpretation of blood smears. Attending rounds are held 3-5 times per week. The resident attends a clinical conference at the Puget Sound Blood Center on Monday mornings, the Harborview Tumor Board on the first and third Monday of the month, and a weekly Hematology-Oncology Clinic at Harborview on Thursday afternoons. Following the Thursday clinic, there is a post-clinic conference from 4:30-5:30 p.m., at which the new patients are discussed. The resident may also attend the Madison Clinic with Dr. Virginia Broudy on Tuesday afternoons to see HIV positive patients with Hematology/Oncology disorders. A fellow's course on topics in Hematology is held every Friday morning at the Seattle Cancer Care Alliance and is optional for residents.

Hematology/Oncology Consultation – VA Puget Sound

- Call: From home
- Availability: All year, must fill 9 months

This rotation is geared toward presenting an overview of the practice of hematology and oncology for the general internist. Emphasis is placed on how to evaluate patients with hematologic and neoplastic disorders. The resident runs an active consultation service that evaluates between 10 and 20 patients per week. The resident attends a weekly interdisciplinary tumor board and Tuesday and Friday afternoon clinics in which new patients will be assigned for their teaching value. There is a post-clinic conference with patient discussion and a 15-minute didactic presentation. The resident will give one such presentation on a topic of his or her choosing. Residents obtain experience with bone marrow aspiration and biopsy and participate in marrow evaluation and interpretation along with a formal marrow conference held weekly. Hematology attending rounds are made two to three times per week. Residents round on BMT patients, and may, if they so desire, be assigned to a BMT patient during their month. There is a Hematology fellow and an Oncology fellow on the service.

Hematology/Oncology Inpatient – University of Washington

- Call: In-house
- Availability: Must fill all year

Staffing consists of four R1s, two R3s, two fellows, and three attendings (two solid tumor attendings and one leukemia attending). The combined daily census on Oncology ranges from 24 to 35. Housestaff are involved with the management of patients with hematologic malignancies and solid tumors as well as complications of therapy and terminal care issues. The R3s may participate in weekly Hematology Clinic.

INDEPENDENTLY ARRANGED CLINICAL ELECTIVE

If you request an independently arranged clinical elective, you must submit the appropriate application form and rank the Independent Elective on your schedule planning sheets. All independent elective requests will be reviewed by a committee for educational merit and content prior to being assigned.

INFECTIOUS DISEASES

Infectious Disease – Harborview

- Call: From home
- Availability: All year

The resident performs infectious disease consultations as part of a team composed of the attending, infectious disease fellows (typically 2) and, in most months, 2-4 medical students (including an HIV medicine student). Infectious disease fellows are present on the rotation every month. Residents will typically alternate night (not in-house) and weekend call with the infectious disease fellows. On average, 3 to 5 new consultations are seen each day (inclusive of the HIV consult service) and the team follows patients with active ID issues throughout their hospital stay. If time permits, motivated residents may work in one of the HMC infectious disease clinics, including the ID, HIV (Madison), STD, TB and Hansen's Clinics, although separate rotations for most of these clinics already exist. Formal teaching activities include daily microbiology "plate rounds", Wednesday afternoon city-wide infectious disease conference, every other week HIV journal club, HIV noontime lecture series and the daily, noontime HMC resident teaching conferences.

Infectious Disease – University of Washington Medical Center

- Call: Home call shared with fellows on weekends
- Availability: All year

Infectious diseases offers the opportunity for the resident to work with an Infectious Disease fellow, several medical students and an attending physician on a busy consultation service. The resident will play a major role in seeing inpatients with a wide variety of infectious diseases. The resident will also have the opportunity to see outpatient infectious disease problems in the ID/tropical medicine clinic and in the HIV Clinic. Rounds with the attending are held daily, as are rounds with faculty and staff in the clinical microbiology laboratory.

Infectious Disease – VA Puget Sound

- Call: From home
- Availability: All year, must fill 9 months

The ID team, consisting of a student, resident, fellow and attending, is responsible for handling consults from the Patient Evaluation Center (PEC) and inpatient services. Attending rounds and microbiology briefings are held every weekday. ID Conference takes place weekly on Wednesday afternoon and there are microbiology teaching sessions 2 - 3 times per week.

NEPHROLOGY

Nephrology – Harborview

- Call: From home
- Availability: All year

There is an epidemic of chronic kidney disease in US, and all aspects of internal medicine will be affected. This is an exciting rotation where the major goal is to increase the residents' proficiency in the care of patients with kidney disease. The rotation will include both inpatient and outpatient opportunities to gain mastery in the diagnosis and treatment of chronic kidney disease, acid base disorders, fluid and electrolyte disturbances, toxic ingestions, and acute renal failure. In addition to developing a systematic approach to patients with renal disease, the resident will become proficient in the examination and interpretation of the urine sediment. The team is composed of 1-2 fellows, a resident and a medical student. Attending rounds are held 4-5 times per week. The resident shares weekend and night home-call coverage with the renal fellows (one weekend per month). A large aspect of the rotation will be the outpatient clinic, where all aspects of nephrology will be encountered. The resident will evaluate both new patients and follow-up patients. Topics of focus include refractory HTN, kidney transplants, glomerular disease, nephrolithiasis, and chronic kidney disease (including patients requiring dialysis). The teaching activities are integrated with those at the VA and UWMC. There are divisional conferences each week of interest to residents, and an additional weekly clinical case review conference at HMC.

Nephrology – UWMC

- Call: From home
- Availability: Must fill all year

The resident is an intricate part of the inpatient renal team with the attending, renal fellow and one or two students. Care is provided to patients with a wide variety of interesting acute and chronic renal diseases, electrolyte and acid-base disturbances, hypertension and fluid problems. The resident will be exposed to great inpatient teaching cases from the different ICU's, SCCA, and medicine and surgical services, and may also attend a weekly nephrology outpatient clinic. The rotation permits attendance at several excellent teaching conferences. There is ample opportunity for procedures, including placement of jugular and femoral dialysis catheters, plasma exchange and observation of renal biopsies. The resident typically follows about 5-6 patients, and sees 5-6 new consults per week. Exposure to transplantation medicine may be an additional option on this service. The resident shares nights (1 in 3) and weekend (only one weekend a month) call with the renal consult fellow and the nephrology transplant fellow, but only covers the nephrology consult service when on call. The resident shares responsibility for teaching the students with the attending and the fellow.

Nephrology – VA Puget Sound

- Call: From home
- Availability: All year, must fill 9 months

The resident is an intricate part of the renal team which consists of the attending, renal fellow and occasional medical students. Care is provided to patients with a wide variety of interesting acute and chronic renal diseases, electrolyte and acid-base disturbances, hypertension and fluid

problems. Consults are seen from the MICU, SICU, bone marrow transplant unit, and the medicine and surgical services. The team follows about 6-10 patients, and sees new consults daily. Didactic sessions are held daily along with a weekly clinical case conference. The resident shares nights (1 in 3) and weekend (only one weekend a month) call with the renal consult fellow. The resident also attends renal clinic on Thursday afternoons and occasional new outpatient consults are scheduled daily. The resident shares responsibility for teaching the students with the attending and the fellow.

NEUROLOGY

Neurology Consultation – VA Puget Sound

- Call: From home, 0-4 times per month
- Availability: All year

The resident will take turns in a variety of Neuro subspecialty clinics which include Seizure Clinic, MS, Movement Disorders and Parkinsons/Memory Disorders Clinics as well as General Neurology Clinic and an inpatient consultation service. There is an excellent diversified patient population that includes cerebral vascular disease, Alzheimer's disease, Parkinson's disease, multiple sclerosis, epilepsy, neuromuscular disease and neuro-oncology. The facilities include an up-to-date EEG laboratory with 24 hour EEG telemetry and monitoring and a Neuroradiology Unit that includes a state-of-the-art MRI scanner. Didactic clinical grand rounds and more basic neuroscience teaching exercises occur weekly in conjunction with the UWMC. There is also a weekly neuroradiology conference and a clinically based teaching conference every week. Please note that the Residents who elect this rotation will spend the bulk of their time in neurology subspecialty clinics and doing inpatient consults. There is usually no night call assigned to the elective residents but occasionally we will ask for up to two nights of call (which is taken from home) during the month long elective.

Vascular Neurology – Harborview

- Call: Home call optional, providing opportunity to be present for emergent interventional cases (generally a few calls per month)
- Weekends: none
- Availability: All year

The HMC Vascular Neurology elective will provide the medicine resident with exposure to a broad range of urgent issues related to the diagnosis and management of acute stroke. The rotating resident will work closely with the Vascular Neurology fellow and faculty, participating daily in post-call walk rounds on all new stroke admissions. He or she will function in a consultative role, evaluating suspected and confirmed stroke cases in the ER and on the wards, and if desired, will also have an opportunity to spend time in Stroke Clinic. Stroke Lunch Conference and Neurology Grand Rounds also provide opportunities for education. Specific directed education and feedback will be provided regarding skills in neurologic history and exam. A key component of the educational experience is the weekly multidisciplinary stroke conference, which encompasses didactics, Journal Club, Stroke QI report and case review. Additional related didactics will be delivered by the attending 1-2 times weekly. This elective may be of particular interest to residents considering a career in hospital medicine.

PAIN

Acute Pain Management - Harborview

- Call: One night home call/week
- Weekends: One/month. Rounding with Anesthesia Resident on call that week-end
- Availability: all year

The HMC Pain rotation will provide the Medicine resident with exposure to a broad range of acute pain problems in hospitalized patients. Some of the patients followed by the Pain Relief Service may have chronic pain and/or an addiction problem. The rotating resident will work closely with the Pain Service attending in charge, participating daily in walk rounds. He/she will be involved with the Anesthesia Resident(s) on service in managing complex pain problems with multiple approaches and will become familiar with regional analgesia techniques (epidural, peripheral nerve blocks/catheters). He/she will evaluate patients on the wards and in the ICU, and if desired, will also have an opportunity to spend time in the Pain Clinic. Morning Pain lectures for residents are held at the University of Washington Medical Center; a Pain Seminar Conference is also held every Tuesday at the UWMC. Specific directed education and feedback will be provided regarding skills in pain history and exam.

PALLIATIVE CARE

Palliative Care – Harborview

- Call: None
- Availability: All year

During this rotation residents will be providing palliative care consultation to patients and families in the both the inpatient and outpatient setting. Under the supervision of the primary palliative care team the resident will provide consultation to patients with a life-limiting or catastrophic illness and their families in the following areas:

- Symptom and side effect management
- Family and patient understanding of disease status, preferences regarding treatment goals, and hopes for medical care outcome
- DNAR status
- Advance directives
- Religious/cultural rituals preferences
- Wishes for care before and at the time of death
- Care setting (e.g., space for families, privacy, attention to the environment)
- Goals of medical care
- Decision-making needs and priorities
- Discharge options

In addition the resident will have the opportunity to attend the Outpatient Palliative Care Clinic and participate in palliative care home and nursing facility visits. While the Palliative Care Consult Service interacts with many other services, no other rotations deal solely with end-of-life issues.

Palliative Care – University of Washington

- Call: None
- Availability: 10 months

During this rotation interns/residents will be providing palliative care consultation to patients and families in the inpatient setting. Under the supervision of the palliative care team the intern/resident will provide consultation to patients with a life-limiting illness and their families in the following areas:

- Symptom and side effect management
- Family and patient understanding of disease status, preferences regarding treatment goals, hopes for medical care, and concerns about illness
- Code status
- Advance directives
- Religious/cultural ritual preferences
- Wishes for care before and at the time of death
- Discharge options

In addition the resident will have the opportunity to familiarize themselves with outpatient and inpatient hospice care.

PULMONARY & CRITICAL CARE MEDICINE

MICU – Harborview

- Call: In-house
- Availability: Must fill all year

Four R3s are on the MICU rotation each month. On the service, the residents gain experience in the diagnosis and management of patients with a broad spectrum of critical illness. Common diagnoses include acute respiratory failure, ARDS, acute renal failure, sepsis and septic shock, gastrointestinal hemorrhage, drug overdose and toxicological emergencies, diabetic ketoacidosis, and severe disturbances in fluid and electrolyte balance. Experience is also gained in mechanical ventilation, hemodynamic monitoring and support, renal replacement therapy, palliative care, and procedures such as arterial line placement, central venous line placement, and pulmonary artery catheterization.

Pulmonary Consultation – Harborview

- Call: From home
- Availability: All year

This rotation is open to second and third year residents. First year residents may occasionally be considered on an individual basis. The resident gains experience in the diagnosis and management of patients with a broad spectrum of pulmonary diseases and critical illnesses. The resident is primarily responsible for the inpatient ward consults. The resident begins the morning reviewing ICU x-rays with the fellow and attending physician, then spends the morning seeing new consults and making follow-up visits. The resident goes to post-call ward x-ray rounds and morning report where they may learn about new chest cases. The resident sees five to ten pulmonary consults per week and has the opportunity to supervise medical student work-ups. The afternoons are spent reviewing and staffing cases with the fellow and attending physician. Experience will be gained in interpreting pulmonary function tests, chest radiographs, and chest

CT scans. The resident may have the opportunity to perform thoracentesis, conduct cardiopulmonary exercise tests, and to observe and assist with fiberoptic bronchoscopy and pleural biopsy, all under the supervision of an attending physician. If time permits, the resident may attend morning rounds on mechanically ventilated ICU patients. Aspects of trauma, burn, and neurological intensive care that are relevant to Pulmonary Disease/Critical Care Medicine training are discussed. Experience is also gained in mechanical ventilation, hemodynamic monitoring and support, and nosocomial infectious diseases. The ambulatory experience provides the opportunity to evaluate patients with common problems such as dyspnea, chronic cough, hemoptysis, solitary pulmonary nodules, common pulmonary malignancies, outpatient management of TB and contact investigation, as well as management of patients with advanced or difficult to control asthma, COPD and various uncommon lung diseases

Pulmonary Consultation – University of Washington

- Call: None
- Availability: All year

The resident on the Pulmonary Consult Service at the UWMC will participate in the full range of inpatient and outpatient activities. Activities include consultations on inpatient services on a daily basis and occasional outpatient consultations and procedures. The resident will make daily rounds with the pulmonary consult attending and pulmonary consult fellow and contribute to the supervision and teaching of 1-2 fourth year elective students. He/she will participate in chest conference, reading pulmonary function tests, performing and interpreting cardiopulmonary exercise tests, interpreting chest radiographs and CT scans, and assisting and observing bronchoscopies.

Pulmonary Critical Care – VA Puget Sound

- Call: From home
- Availability: Must fill all year

The primary duties are to supervise and assist the ward team residents with their patients in the MICU, and to see and help coordinate the Pulmonary Consultation Service. Although the Pulmonary Resident takes call from home and divides call nights with the Pulmonary Fellow, all admissions are discussed with the on-call resident or fellow, and the on-call person may occasionally need to return to the hospital. Time away from the rotation (vacations, interview trips, etc.) should be minimized and coordinated with the Pulmonary Fellow to avoid absence of both of these critical team members.

There are ICU rounds and pulmonary rounds daily. The day usually begins at 7:30. The resident sees 15 to 20 consults per week. Residents attend the VA Pulmonary Specialty clinic on Tuesday afternoons from 12:30 to 4:30 and the post-clinic conference from 4:30 to 6:00. Other conferences include a pulmonary/thoracic surgery/oncology conference, pulmonary grand rounds and a critical care conference at HMC, and a physiology conference at UWMC. There is a fellow on the rotation, and often a 4th-year medical student.

RESEARCH

The goal of the Research Elective is for a resident to complete a significant hypothesis-driven investigational project under the close mentorship of a faculty member. Although these projects may lead to publication, the only requirement from the program is for the resident to present an abstract of the project to colleagues and faculty at a scheduled teaching conference during the academic year the research was performed.

The ABIM allows a maximum of three months of non-clinical training during three years of residency, including research time. Research Electives will be two blocks in length (largely contiguous unless otherwise requested). A third block maybe requested during the R3 year to complete work begun during the R2 year.

Residents requesting a research block, must complete a Research Application form and have their faculty mentor sign off on the viability of the proposed project. All applications will be reviewed for merit by a faculty committee prior to being assigned.

RHEUMATOLOGY

Rheumatology Consultation – University of Washington

- Call: Home Call – one weekend
- Availability: All year

This rotation provides residents with clinical experience in the diagnosis and management of rheumatic diseases. Residents participate in 4 half-day teaching clinics at UWMC and Harborview, while also serving as the initial contact for UWMC consultations. Residents are exposed to complex cases of autoimmune diseases such as systemic lupus erythematosus, rheumatoid arthritis and systemic vasculitis. Full participation in academic and research conferences complement the clinical experience.

Rheumatology Consultation – VA Puget Sound

- Call: Weekday from home
- Availability: All year, must fill 9 months

The resident attends 2 half-day Arthritis/Rheumatology clinics at the VA, on Wednesday mornings and Wednesday afternoons. The afternoon clinic is followed by a teaching conference. The resident will also go approximately every other Monday afternoon to the VA Neck & Back Clinic to see patients with chronic neck & back pain. In addition, the resident sees consults in Urgent Care, Primary Care Clinic, the inpatient wards, and sometimes does “nonvisit” consults. The Division Grand Rounds is held Tuesday mornings at the UWMC, and the Journal Club/Research Conference is held Friday mornings at the UWMC.