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Sandpoint, Idaho
Dillon, Montana
Livingston, Montana
Missoula, Montana
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# Schedule Information for AY 2021-22

## Rotation Dates

The R2/R3 Rotation Dates for AY 2021-2022 are as follows:

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## Vacation

Each resident will receive **four weeks** (20 weekdays and 8 weekend days) of vacation. Vacations may be taken during elective blocks, excluding pathway blocks. One-week vacations may be taken during 4-week elective rotations. Two-week vacations may be coupled with Risk or with a consult rotation. You will have the opportunity to request specific vacation days on your schedule preference form; every attempt will be made to accommodate your request.

## Personal Holiday – Paid

Each resident receives **one** paid personal holiday to use each calendar year of residency (i.e. January 1 – December 31). You will have the opportunity to request a specific paid personal holiday on your schedule preference form; every attempt will be made to accommodate your request.

## Non-Standard Electives (Clinical, Independent, QI, and Research)

All electives that require an application form were due February 1. Residents are limited to a maximum of **four** non-clinical electives during residency. Clinical time is defined by the American Board of Internal Medicine (ABIM) as providing direct patient care.

## Away Rotations, Including WWAMI

WWAMI rotations will begin resuming in Block 3, and will be scheduled based on which sites are available and ready to resume taking our residents. Rotation descriptions for these experiences are available in this catalog.

International away rotation scan resume in Block 8. Only one international rotation is permitted per resident in AY 2021-22.

## R2 Rotation Information

Each R2 will have the following admitting rotations: **Emergency Medicine, HMC Medicine, HMC Neurology, UW Cards A, VA Medicine, and Risk (2 weeks)**. R2s should anticipate having an admitting rotation in block 13. Specific information by track is listed below.

### Categorical

- UW or VA MICU
  - R2s pursuing the ABIM Research Pathway (Fast Track) might be scheduled for an R3 admitting rotation in Block 12 in lieu of VA Night Medicine.
- Twelve weeks ambulatory elective (3 blocks)
- Ten weeks other electives (2.5 blocks)
Primary Care - COE

- PC Panel (Block 5) – no vacation allowed on didactic days
- PC QI (Block 9, 10, or 11)
- Community Health – ambulatory
- Geriatric Medicine – ambulatory
- Musculoskeletal – ambulatory
- Eight weeks COE ambulatory elective (2 blocks)
- Two weeks elective (.5 block)

Primary Care – non-COE

- PC Panel (Block 5) – no vacation allowed on didactic days
- PC QI (Block 9, 10, or 11)
- Community Health – ambulatory
- Geriatric Medicine – ambulatory
- Musculoskeletal – ambulatory
- Ten weeks other electives (2.5 blocks)

R3 Rotation Information
Each R3 will have the following admitting rotations: Day Medicine, HMC Cards, HMC MICU, UW Heme/Onc, UW Medicine*, and Risk (2 weeks). Specific information by track is listed below.

*Residents who did one of these rotations in block 13 of the R2 year will likely have either VA Night Medicine or HMC Medicine in lieu of repeating the experience they completed.

Categorical

- HMC Geri (admitting)
- Twelve weeks ambulatory electives (3 blocks)
- Fourteen weeks other electives (3.5 blocks)

Primary Care – COE

- COE Clinician Teacher (block 1, 2, or 3)
- PC Population (block 9) – no vacation on scheduled didactic days
- Four weeks COE elective – ambulatory
- Eight weeks ambulatory elective (2 blocks)
- Ten weeks other elective (2.5 blocks)

Primary Care – COE

- PC Clinician Educator (block 1, 2, or 3)
- PC Population (block 9) – no vacation on scheduled didactic days
- Four weeks COE elective – ambulatory
- Eight weeks ambulatory elective (2 blocks)
- Ten weeks other elective (3.5 blocks)
Ambulatory Electives (Thematic Blocks)

All thematic blocks listed are 4-week rotations. **One** week long (5 weekdays) vacation will be allowed per thematic block.

**Addiction Medicine**
**Available: All blocks**

This 1-month rotation is designed for all residents who are interested in improving their ability to diagnose and treat substance use disorders as well as explore a career in Addiction Medicine. The goals of this course are to expose residents to various substance use treatment settings and modalities, empower trainees to initiate treatment for SUD in both the inpatient and outpatient settings and bolster interest and knowledge in the field of Addiction Medicine. This elective will encompass a variety of experiences, including the Addiction Treatment Center (ATC) at the VA, the Suboxone Clinic at HMC, an Office Based Opiate Treatment (OBOT) program, a methadone maintenance program at Evergreen Treatment Services (ETS), and time on the inpatient Addiction Medicine Consult Service at HMC. The course will be composed of two weeks of outpatient-based experiences coupled with two weeks on the inpatient Consult Service for intensive training in suboxone induction in medically complex patients. The course will also include weekly didactics teaching and weekly sessions on motivational interviewing techniques.

**Ambulatory Block (“Cafeteria Style”)**
**Available: All blocks**

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.

**Autoimmune Disorders**
**Available: All blocks**

The autoimmune block includes experiences in Rheumatology, Dermatology, Nephrology, and Pulmonary medicine. Residents will review and update their knowledge of immune system function and malfunction through self-directed readings. In the course of patient care, residents will learn about immune mediated diseases and the use of immune modulating and suppressing therapies.

**Cardiology**
**Available: All blocks except block 7**

The ambulatory cardiology elective concentrates on the outpatient management of general cardiology. With its generalized focus, it is targeted to all IM residents, particularly those who wish to strengthen their fundamental knowledge and experience in cardiology. It is primarily based at Harborview, but one day per week will be spent at the UW Medicine Eastside Specialty Center in order to gain a more diverse patient and practitioner experience. The clinical experience will consist of seeing patients with an array of commonly encountered issues, including arrhythmias, stable angina, heart failure, and valvular disease. In addition, there will be optional time to see diagnostic procedures, including echocardiograms, stress tests, and coronary angiography.

**CardioRespiratory – PacMed**
**Available: All blocks except block 7**
This rotation combines complimentary specialties to provide opportunities to learn more about the outpatient management of cardiorespiratory conditions. Three terrific Swedish-affiliated cardiologists (Phil Massey, John Olsen & John Petersen II) offer experiences in clinical cardiology unlike those you have had on the wards. These clinics are matched with Pulmonary (Dr. Hina Sahi, plus Drs Sam Nadler and Charlie Lee from the Polyclinic) and Allergy (Dr. John Yuen). This is a great opportunity to see how the full range of cardiorespiratory conditions are evaluated and managed in the outpatient setting.

**Community Medicine – Community Health Ctr of Snohomish County**
**Available: TBD Past years in blocks 4-6, 8 & 12**

This 1-month rotation is designed for residents who are considering a career working at a community health center or in an underserved setting. They will be trained in caring for an adult medicine population who face challenges including poverty, lack of insurance, language barriers, chronic mental illness, homelessness, and substance abuse. Residents will work with primary care internists, family physicians who provide obstetrics services, pediatricians, and midlevel practitioners, and get exposure to women’s health, dermatology, orthopedics, behavioral health, and treatment of HIV and Hepatitis C in the outpatient setting.

**Dermatology: General & Cutaneous Oncology**
**Available: All blocks**

A broad-based dermatology experience that takes advantage of the variety of clinic experience throughout UW Medicine, including clinics at the Seattle Cancer Care Alliance, Telederm with Dr. Raugi and general dermatology clinics at UW and Harborview. Conferences include clinical dermatology conference and dermatology grand rounds on Wednesday mornings at Roosevelt Clinic.

**Dermatology – HMC**
**Available: All blocks**

During the rotation, you will become familiar with routine dermatologic diseases and have the opportunity to perform numerous procedures. This rotation is spent in general dermatology clinics primarily at HMC with Dr. Colven. Conferences include clinical dermatology conference and dermatology grand rounds on Wednesday mornings at Roosevelt Clinic.

**Dermatology – Roosevelt**
**Available: All blocks**

During the rotation, you will become familiar with routine dermatologic diseases and have the opportunity to perform numerous procedures. This rotation is spent in general dermatology clinics at UW, including Telederm with Dr. Compton. Conferences include clinical dermatology conference and dermatology grand rounds on Wednesday mornings at Roosevelt Clinic.

**Dermatology – VA**
**Available: All blocks**

During the rotation, you will become familiar with routine dermatologic diseases and have the opportunity to perform numerous procedures. Dermatology inpatient rounds occur Monday-Friday as needed for patient care and teaching conferences are Tuesday and Wednesday after clinic and Friday afternoons at the VA. Conferences include clinical dermatology conference and dermatology grand rounds on Wednesday mornings at Roosevelt Clinic.
Diabetes Care
Available: Blocks 2-9, 11-13; Up to 2 residents per block

Participants in this block will have an opportunity to delve in-depth into the care of new on-set and chronic diabetes care. Designed with the primary care practitioner in mind, residents will spend five half days in the Diabetes Care Center, a half day in a general endocrine clinic and then a full day in their own continuity clinic, applying their new skills and info to their own patient panel.

Endocrine/Dermatology – PacMed
Available: All blocks except block 7

It seems like an odd combination, but this rotation offers a successful blend of enthusiastic and well-regarded teachers who will provide a great balance of outpatient clinical experiences. Dr Samer Hafi (Swedish Issaquah) and Dr Michael Williams (Polyclinic) are experienced endocrinologists who enjoy teaching and hosting senior residents in their clinics. While working with them you will have a great opportunity to explore the management of diabetes and thyroid disorders. Weekly Dermatology sessions at Harborview (Dr. Colven) nicely complement the dermatology experience at PacMed with Drs. Susan Leu and Tien Nguyen. They love to teach and offer great insights to the internist who wants to improve their dermatology skills.

Gastroenterology
Available: All blocks

This rotation includes general GI and hepatology clinics at UWMC and at the VA. The focus is outpatient diagnosis and management of gastrointestinal and liver conditions. As with other specialty ambulatory electives residents have two half days of continuity clinic, a half day of conferences, and a half day of panel management.

Hematology/Oncology – PacMed & Swedish
Available: All blocks except block 7

Residents work with a select group of Heme/Onc specialists at Pacific Medical Centers during this four-week rotation, learning how ambulatory patients with cancer are evaluated and treated in different settings. The structure of this rotation allows for generous exposure to a wide variety of clinical problems and practice styles. There is also scheduled time to work with Dr. David Corwin at Cellnetix for one on one training in Heme Pathology.

Hematology/Oncology – Seattle Cancer Care Alliance
Available: Blocks 8-13; Up to 2 residents per block

The goal of this rotation is for residents to learn about the evaluation, management and long-term follow-up of patients with common hematologic conditions and solid tumors such as breast, colon, lung and prostate cancer. Most clinics will be based out of the SCCA. Residents planning generalist careers in primary care or hospitalist medicine as well as those contemplating fellowship in hematology-oncology may find this block especially helpful.

Hepatology
Available: All blocks

The resident participates in 1-2 weekly Hepatology Clinics and 1-2 weekly Liver Transplant Clinics, depending on the continuity clinic schedule. The resident has the option of attending the weekly liver tumor conference, weekly liver transplant pathology conference, and weekly Liver Transplant Selection
Committee conference, when not in continuity clinic. This is a busy service with both inpatient and outpatient responsibilities, working together with GI fellows on rotation. Inpatient consultations are variable, from 0-3 new consults a day. The resident will be exposed to patients with elevated liver tests, acute and chronic liver diseases, compensated and decompensated cirrhosis, and pre and post liver transplant, in both the inpatient and outpatient setting. Rounds are held daily for patients on the Consult Service.

**HIV Medicine**  
**Available: Blocks 2-13**

This rotation is designed for residents who are interested in HIV medicine, may want to include the care of patients with HIV in their medicine practice, or are considering more advanced HIV training such as an infectious diseases fellowship. Each week residents will spend 4-5 half-days at the Madison Clinic (inclusive of 1 full day at one of the Madison satellite clinics in Kitsap and/or Snohomish counties), 1 full day of prison outreach with Dr. Lara Strick seeing inmates with HIV, 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. Residents are also encouraged to access the National HIV Curriculum (https://www.hiv.uw.edu) developed by David Spach to augment their clinical experiences.

**Homeless Health Care – HMC**  
**Available: Blocks 1-12**

This rotation is designed to supplement resident training in primary care for vulnerable populations, with particular emphasis on care of patients who are unhoused. 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 Third Avenue Center, Pike Market Medical Clinic, DESC Housing, and the DESC shelter. Residents will have the opportunity to participate in the education of medical students during the rotation at the DESC shelter. A half day a week residents will have exposure to community resources such as Robert Lewis Center (Needle Exchange), Jefferson Terrace Respite, and 1811 Housing unit. Two continuity clinic half-days per week will be available for those who choose this rotation.

**Homeless Health Care for the Veteran**  
**Available: All blocks**

Those experiencing homelessness have unique medical needs, with barriers to traditional health care and increased rates of both physical and mental health concerns. Your primary goal during the VA Homeless Health rotation will be to better understand the experience of homeless Veterans, and how to “meet people where they’re at” both figuratively and literally. This will be accomplished through a combination of time in clinic and performing outreach to various shelters, transitional houses, and hygiene centers. You will work closely with the Seattle VA Homeless Patient Aligned Care Team, which serves as a medical home for homeless Veterans, and is comprised of a physician, nurse and social worker. We will also focus on understanding the structural reasons for homelessness, including systemic racism, the effects of the incarceral system, and other local and federal policies.

**Infectious Diseases**  
**Available: All blocks**

Residents have an opportunity to spend time in several clinics that are otherwise not available to our trainees including UW and Harborview ID clinics and the Harborview STD clinic. The purpose of this
experience is to provide exposure to a variety of infectious diseases that are commonly managed in the outpatient environment.

**Medical Genetics**  
**Available: Blocks 1-3, 5, 7-8, 10-13**

Residents attend the bi-weekly UWMC Adult Genetics clinic on Tuesday and Thursday, Journal Club and Case Conference on Wednesday morning, and the weekly Grand Rounds seminar on Friday. Subspecialty clinics include Neurogenetics, Cancer Genetics, Inherited Skin Disorders, Connective Tissue Disorders, and Cardiovascular Genetics. Residents also participate in the UWMC inpatient consultation service. Other members of the clinical team may include a medical student, a Medical Genetics resident, licensed genetic counselor, and attending physician.

**Metabolic Disorders**  
**Available: All blocks**

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 and will include the following clinics Diabetes Recent Discharge, Lipid/Atherosclerosis, General Endocrinology. Half day clinics held at other sites will include the Thyroid Cancer Clinic at SCCA, the General Endocrinology and Diabetes Clinics at UWMC. Residents will attend the Division’s weekly Journal Club and Teaching Seminar on Tuesday afternoons. The remaining time will be filled with Thursday morning educational activities at UWMC and the resident’s Continuity Clinic.

**Musculoskeletal**  
**Available: All blocks**

This ambulatory rotation is designed as an elective in musculoskeletal medicine. It consists of a core group of clinics in rheumatology at the Seattle VA & Harborview and Sports Medicine with Greg Nakamoto. The goal of the rotation will be to emphasize the musculoskeletal examination as well as diagnosis, including imaging, and treatment of common musculoskeletal/rheumatologic problems. We anticipate that there will be ample opportunities for the resident to do musculoskeletal procedures.

**Musculoskeletal/Sports Medicine – PacMed**  
**Available: All blocks except block 7**

This rotation provides a unique opportunity to learn about the outpatient management of the entire spectrum of neuromusculoskeletal diseases. We have combined several excellent clinical experiences into one thematically congruent rotation. Rheumatology with Dr Mary Wemple is combined with clinics in the complimentary fields of Neurology, Sports Medicine, Orthopedics, Physical Medicine and Rehab. This rotation is particularly designed for residents who anticipate a career in Primary Care, Rheumatology or PM&R. The diverse variety of conditions seen at this site coupled with excellent teachers make for a superb learning environment.

**Nephrology**  
**Available: All blocks; Up to 2 residents per block**

The Nephrology clinic block rotation will provide residents with a broad exposure to outpatient general nephrology. There will be opportunities to gain proficiency in the common nephrology problems that internists will encounter in their practice: acute deterioration in kidney function, nephrolithiasis, difficult
to control hypertension, electrolyte derangements, proteinuria, hematuria, glomerular disease, and the management of chronic kidney disease. There will be ample opportunity to also interpret urine sediment findings.

The resident will gain knowledge in the timing of nephrology referral, dialysis modality selection, and the important aspects of the care of patient on both hemo- and peritoneal dialysis. The resident will learn about the work-up prior to transplantation and the important aspects of immunosuppressive therapy and post-transplant care.

The curriculum will include a review of pertinent nephrology and hypertension articles. Residents will participate in relevant and practical conferences geared toward their level of experience if they are so inclined to participate.

The rotation will include clinics at HMC, UW and the VA. Brief lectures will be given each week at the three sites (approximately 15 minutes) to lay a strong foundation in the basic principles. The resident will have an opportunity to write a case report from an existing case of interest seen by a nephrology team during or prior to the rotation. This is self-initiated but support will be provided by any of the attendings.

**Neurology**

**Available: All blocks**

This elective rotation is designed to provide residents an opportunity to care for common neurologic diseases in the ambulatory setting. Residents will have the opportunity to further develop their neurologic exam skills as they care for patients in MS, Epilepsy, Movement Disorder, Dementia, Neuromuscular and general Neurology clinics. Procedural opportunities include botulinum toxin, sphenopalatine ganglion, and occipital nerve injections for headaches. This rotation is specifically designed for residents who are planning a career in primary care, or plan on practicing in a rural area.

**Primary Care Elective- PacMed**

**Available: All blocks but block 7; 8 residents total & up to 2 residents per block**

For 2nd or 3rd year residents with a strong interest in exploring the post-residency practice of primary care, we are excited to offer a 4-week outpatient internal medicine immersion experience. You will be paired with two primary care internists at one of our central clinic sites (First Hill, Northgate or Beacon Hill) where you will join us to see patients 6 half days each week. We are a not for profit ambulatory care clinic system known for a diverse patient population, high provider satisfaction, and excellence in care delivery. You would also work one full day at your regular continuity clinic and attend Thursday Grand Rounds/didactic sessions.

Depending on your particular interests, you’ll have the option of accompanying us on rounds at skilled nursing facilities or meetings with the medical director and Population Health team of our health plan serving the retired military. You would also attend our weekly primary care clinic meeting and the monthly meeting of the PacMed Quality and Care Coordination Committee. At the completion of your month in primary care, you will prepare a brief case presentation or talk on the topic of your choosing.

**Respiratory Medicine**

**Available: All blocks**

This rotation is designed for residents who are interested in a comprehensive ambulatory pulmonary medicine experience. It is appropriate for those who are planning a career in primary care as well as those planning to pursue specialty training. This rotation includes general pulmonary medicine clinics at HMC and specialty clinics for patients with asthma and allergies, interstitial lung diseases, cystic fibrosis and sleep-related breathing disorders. Residents will also participate in post-clinic conferences, sleep
conference and weekly Seattle Area Chest Grand Rounds. Ample time is spared for tworesident continuity clinics and administrative time.

Sleep Medicine *New for 2021-22*
Available: All blocks
This rotation is designed for residents who are interested in a comprehensive ambulatory sleep medicine experience. It is highly relevant for those planning a career in primary care, hospital medicine, or further subspecialty training given the prevalence and impact of sleep disorders. This rotation includes general sleep clinics at UW, HMC, and VA along with exposure to sleep surgery evaluation at ENT clinic at HMC and insomnia treatment at HMC Behavioral Health Clinic. Furthermore, exposure to sleep studies and interpretation are provided. Residents will participate in post-clinic sleep medicine conferences at HMC and VA. Remainder of time is reserved for two resident continuity clinics and panel management/administrative time weekly.

Transgender Health
Available: Blocks 1, 4-5, 8-13
This rotation is designed for residents who are interested in the care for transgender and non-binary individuals in the outpatient setting. Residents will learn how to conduct visits in a gender affirming manner, to discuss hormone replacement therapy, to discuss non-surgical and non-hormonal options for gender affirming care, and to counsel gender diverse patients regarding appropriate preventative health screenings. Clinics are located throughout the Seattle area, at HMC, Belltown, the Polyclinic, Swedish, and the VA. There is also time reserved for self-directed learning specifically for elective participants.

Women’s Health
Available: Blocks 1-7, 9-13
This elective is designed to teach internal medicine residents the skills needed to care for women of all ages in the outpatient setting. Residents will work with faculty in the internal medicine and gynecology departments at the UW Women’s Health Care Center (WHCC) and Harborview Medical Center. At the end of the month, residents should be able to provide women patients with age appropriate preventive health care and anticipatory guidance, evaluate commonly presenting breast and gynecologic complaints, apply cervical cancer screening guidelines, counsel women on contraception and hormone therapy, and guide a woman to an appropriate and effective contraceptive or hormonal therapy method to fit her needs. To meet these goals, residents will rotate in gynecology clinics at both WHCC and HMC, dysplasia clinic at WHCC, breast clinic at WHCC and the ‘preventive health’ clinic at WHCC. There will also be time reserved for self-directed learning using online and video modules and curated literature created specifically for elective participants.
WWAMI Rotations

Ketchikan, Alaska

This is a non-SOM funded rotation and is considered an outpatient rotation.
Available: TBD, typically mid-October – June; 2 residents total (R3s preferred)
Community: Rural (13,000), catchment (20,000).
Resident Costs: Airfare to and from & AK Resident License ($100 plus $60 verification fee)

Ketchikan is the most southernmost city in southeast Alaska, and serves as a referral center for the southern half of the Alaskan panhandle. It is accessed by Alaska Airlines approximately 90 minute nonstop flights, 3 a day in winter and 5 a day in summer, or Alaska ferry from Bellingham. The climate and lifestyle is maritime, similar to the coast of British Columbia, with temperate rain forests and an archipelago of islands and fjords. Hiking, kayaking, fishing, beachcombing, hunting are some of the most popular recreational activities.

Our medical community consists of a 25 bed critical access hospital, as well as a 25 provider medical group (PeaceHealth Ketchikan Medical Center and PeaceHealth Medical Group). We provide a fairly broad spectrum of services and diagnostic resources for our small size, since we serve a large geographic area, with the next available tertiary care referral being Seattle or Bellingham. In addition to Internal and Family Medicine, we have General Surgery, Orthopedics, OB/GYN, Pediatrics, Psychiatry, as well as 24/7 Emergency Medicine physicians. Visiting specialists include monthly Cardiology, Pulmonology, Oncology, GI, Urology, ENT.

PeaceHealth is a Catholic, not for profit mission based health system based in the northwest with national recognition for leadership in quality and safety. In November, 2011, our hospital was rated 6 out of 1325 critical access hospitals nationwide in a survey measuring financial stability, quality and patient satisfaction scores.

Our internal medicine opportunity includes general medicine clinic, hospitalist rotations, and working in our remote clinic in Craig Alaska. The nature of the practice is very broad given the lack of access to onsite specialists for consultation; we handle many procedures, including treadmills, cardioversions, chemotherapy, with some internists also performing upper and lower endoscopy and choardiography.
You will be working with internists Peter Rice (former WWAMI and UW IM resident), Cheryl Collier-Brown, and various other providers.

The primary goal of the elective is to allow you to experience the full scope of rural internal medicine and is especially suited for residents considering traditional IM practice. For more information on the web, see www.peacehealth.org. For more information contact Peter Rice (price@peacehealth.org)

Soldotna, Alaska

This rotation is SOM funded and is considered an outpatient rotation.
Availability: TBD, Typically September – May; Up to 9 residents total
Community: Rural (5,750), Catchment (15,000-20,000)
Resident Costs: Airfare to and from & AK Resident License ($100 plus $60 verification fee)

Soldotna is half way down the Kenai Peninsula in South Central Alaska, about a three-hour drive and a 30-minute 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 that 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, Nicholas Berlon, Megan Roosen-Runge (all former UW Medicine residents), Bill Kelley, Gail Pokorney, and two excellent nurse practitioners. The practice is office-based with an opportunity to work in the newly expanding hospitalist program at CPH, 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, transthoracic and transesophageal echocardiography, and sleep medicine.

The primary goal of the elective is to allow you to experience the full scope of rural internal medicine and is especially suited for residents considering rural 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**

This rotation is SOM funded.

Availability: TBD; 1 resident per year

**Resident Costs: Transportation to and from & ID Resident License ($10 plus $60 verification fee)**

St. Luke's Healthcare System has several rotation sites in Idaho available to UW Seattle residents. At each site the resident works one-on-one with a single preceptor. The sites are: 1) Twin Falls, ID - outpatient internal medicine and sleep medicine; 2) Hailey, ID - inpatient and outpatient internal medicine; 3) Boise, ID - outpatient medicine; and 4) Fruitland, ID - outpatient medicine with a slight focus on diabetes patient care.

**Coeur d’Alene, Idaho**

This rotation is SOM funded.

Availability: TBD; 1 resident per year

**Resident Costs: Transportation to and from & ID Resident License ($10 plus $60 verification fee)**

The Kootenai Healthcare System is based in Coeur D’Alene, Idaho, and provides care to persons in Northern Idaho and Western Washington. Residents on this rotation spend two weeks in Kootenai Clinic working one-on-one with an outpatient general internist in her vibrant Internal Medicine practice. The other two weeks of the rotation are spent working one-on-one with a Kootenai subspecialist of the resident’s choice (pending availability). Subspecialty options include Rheumatology (outpatient), Neurology (outpt/inpt), Pulmonary (outpt/inpt), Cardiology (outpt/inpt), and GI (outpt/inpt).

**Sandpoint, Idaho**

This rotation is SOM funded.

Availability: TBD, typically all year

**Community: Rural (population 7,000)**

**Resident Costs: Transportation to and from & ID Resident License ($10 plus $60 verification fee)**

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 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.

**Dillon, Montana**

This rotation is SOM funded and is considered an outpatient rotation.  
**Availability:** TBD, typically blocks 3, 4, 11; 2 residents max/year  
**Community:** Rural (population 5,500)  
**Resident Costs:** Transportation to and from. The clinic is adjacent to the hospital and the fully furnished apartment is only one block away.

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 Barrett Hospital and Health Care Clinic 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. Dillon recently instituted a modified hospitalist program. The majority of patient contact will be in the outpatient setting in the clinic. Residents will have the opportunity to work with the hospitalist and the internists in the hospital following patients as well. There remains opportunity to do hospital procedures. This is an exciting time for the community! 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, gynecology, 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**

This rotation is SOM funded and is considered an outpatient rotation.  
**Availability:** TBD; 3-5 residents max/year  
**Community:** Rural (population 7,500)  

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 Dr. Doug Wadle, a
Board-certified general internist who is part of a multi-specialty clinic which also includes an OB/gynecologist, a general surgeon, an orthopedic surgeon, family practitioners, nurse practitioners, and physician assistants. 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, imaging, respiratory therapy, and therapies. 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 spend 1 week admitting and caring for patients in the hospital and ICU. 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 minor office procedures such as joint injections, bone marrow biopsies, and dermatological procedures. Most 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
This rotation is SOM funded.
Availability: TBD
Specialties available: ICU
Community: Mid-size (70,000)

Missoula is a mid-sized community which serves a referral area of ~250,000 people in western Montana. Residents coming to Missoula may work in the Intensive Care Unit at Providence St. Patrick Hospital, which has a robust mix of clinical presentations, involving medical, cardiac, and trauma patients. Residents work 1:1 with attendings (no fellows, so opportunities for procedures). There is usually a family medicine resident on service also, so there is opportunity for teaching. Residents will get to practice their ICU skills in a busy regional ICU, and also gain exposure to the practice of medicine in a small community, hundreds of miles away from any major academic medical centers.

There is a vibrant teaching program for WWAMI medical students in Missoula, as well as a family medicine residency, and the resident will be encouraged to participate in teaching rounds and present at journal club.

Missoula is home to the University of Montana, and convenient to Glacier National Park; Yellowstone National Park is a few hours’ drive away. Recreational activities abound!!

Montesano, Washington
This rotation is SOM funded and is considered an outpatient rotation
Availability: TBD; Up to 3 residents per year
Residents will need their own car. Housing is provided, but may be shared with medical students and/or MEDEX PAs.
Community: Rural (4,000)

You will be working in a two-physician internal medicine practice located in Montesano, which has a population of approximately 4,000. This is a predominantly ambulatory rotation, although residents will have an opportunity to work with Grays Harbor County Jail inmate population. In addition, opportunities for minor surgery, and exercise tolerance test are available. The preceptors, Drs. Y. Ki Shin and Clara C. Shin, are former UW internal medicine residents. Montesano is one and a 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.
Wenatchee, Washington
These are non-SOM funded rotations and are considered outpatient rotations.
Availability: TBD; 2-3 residents per specialty
Residents will need their own car. Housing is provided.
Community: Mid-Sized (150,000)

Nestled in the stunning valley where rivers meet at the foothills of the Cascades, the Wenatchee Valley Medical Center is a national leader in rural healthcare delivery. With satellite clinics covering 12,000 square miles, we employ nearly 300 practitioners recruited from some of the nation’s best medical training programs. Patient service is our organization’s reason for being, and our greatest asset is our 1,300 member staff. They come - and stay - for the quality of life, the beauty of the land, 300 days of sunshine, and the professionalism that fosters our patient-centered values.

Community Based Hematology/Oncology
The Medical Oncology Department of Wenatchee Valley Medical Center is offering a one month rotation to residents in Internal Medicine from the UWSOM to learn about the delivery of Medical Oncology care in the community as it differs from a university clinic.

Goals of the rotation:
- Able to identify the role of the oncologist in cancer patients' care and make appropriate referrals
- Able to recognize signs/symptoms of common cancers and begin a diagnostic workup
- Able to recognize signs/symptoms of common hematologic disorders and begin a diagnostic workup
- Able to manage primary care follow-up for patients after treatment of common cancers
- Able to explain to patients the role of Tumor Board in management of their cancer
- Able to modify treatment plans appropriately for patients in rural settings

Structure:
- You will have one primary Medical Oncologist, but will receive didactics from other members of the department.
- You will be expected to do inpatient hematology/oncology consultations.
- You will be expected to accompany a Medical Oncologist to outreach clinics in rural settings.
- You will be expected to attend Tumor Board on a weekly basis and present cases.

Community Based Rheumatology
The Rheumatology Department of Wenatchee Valley Medical Center is offering a one month rotation to residents in Internal Medicine from the UWSOM to learn about the practice of Rheumatology in the community as it differs from a university clinic.

Goals of the rotation:
- Able to identify the role of the rheumatologist in patients with rheumatologic disease and make appropriate referrals
- Able to recognize signs/symptoms of common rheumatologic disorders and begin a diagnostic workup
- Able to manage primary care follow-up for patients with common rheumatologic disorders
- Able to demonstrate key musculoskeletal exam findings for common rheumatologic disorders
- Able to interpret relevant radiologic and laboratory studies for establishing a diagnosis of common rheumatologic disorders
- Able to perform aspiration and injection of joints
- Able to modify rheumatologic treatment plans appropriately for patients in rural settings

Structure:
- You will work with both of our rheumatologists.
• You will receive didactic lectures in addition to bedside teaching.
• You will be expected to accompany one or both of our rheumatologists to outreach clinics in rural settings.

Shiprock, New Mexico
This is a SOM funded rotation, and is considered an outpatient rotation.
Availability: Spring 2022; 4 residents total
Community: Rural

The Shiprock rotation takes place at the Northern Navajo Medical Center (NNMC), and Indian Health service hospital in rural northwestern New Mexico on the Navajo Nation reservation. It is a mixture of outpatient and inpatient medicine in an underserved setting, with the two mixing on any given day. Residents will participate in specialty clinics such as TB, ID/HIV, uranium, neurology, and rheumatology, as well as in primary care clinic (seeing both walk-in and scheduled patients. Residents will also follow patients in the inpatient setting during the majority of the block, and will sometimes go back and forth between the two settings within the same day (all patients in the same building). There is small ICU at NNMC as well.

Residents will have many opportunities for procedures, particularly in the outpatient setting, including paracentesis, trigger point injections, central and arterial lines (for ICU admissions), joint injections, abscess I&D, and Botox injections (through neurology).
All Other Electives – By Specialty

These include inpatient consults, mixture of inpatient/outpatient rotations, and non-clinical rotations. Unless specifically noted, elective rotations do not have call responsibilities.

Cardiology

Cardiology Consultation – HMC

**Availability: All year, 1 senior resident per block.**

The cardiology consult service at Harborview provides cardiology consults throughout the hospital. Residents who choose this elective will work closely with medical students, a first year Anesthesia resident, a cardiology fellow and faculty. This service provides Internal Medicine residents with a broad exposure to basic cardiology, encompassing the fundamental cardiac problems internists need to know, including ECG interpretation and arrhythmia management, cardiac risk stratification in the acute care setting, assessment for ischemia, compensation for heart failure and assessment of cardiac issues in patients with primary surgery, neurologic and trauma diagnoses.

CCU – UW Montlake

**Availability: All year, 1 senior resident per block.**

Residents will spend time working directly with cardiology faculty in the UW CCU. Opened in fall 2015 as part of the UW Medicine strategic plan, this service is staff with a dedicated team of faculty and advanced practitioners who provide care for general cardiology and heart failure patients requiring very high-acuity cardiac care, including temporary mechanical circulatory support, hemodynamics management and interpretation of pulmonary artery catheters.

Heart Failure (Cards B) – UW Montlake

**Availability: All year, 1 senior resident per block.**

The Cards B service provides a comprehensive, non-ICU inpatient management of patients with complex advanced heart failure and pre/post cardiac transplantation. The objective of the elective is to gain exposure to patients with advanced heart failure. By the end of the rotation, each resident, through the primary management of patients (no more than 4 patients including new admissions), will be confident in assessing fluid status, understand how to initiate and continue with guideline-directed HF therapy, appreciate the management of cardiorenal syndrome, understand the various types of inotropic therapy and indications for initiation, and recognize when patients are going to need advanced therapies (i.e. LVAD, transplantation). The resident will also understand the basics of post-transplant management.

Learning goals:

1. Understand the role of vasodilator and inotropic therapy in management of advance heart failure
2. Become an expert at assessing volume status in patients with heart failure, both by clinical exam, and by non-invasive evaluation with jugular vein ultrasonography.
3. Formulate a treatment plan for acute and chronic heart failure.
4. Interpret invasive hemodynamic data and utilize the data to develop a treatment plan for your patient. Understand and be able to calculate a Fick cardiac output and gain additional familiarity with manipulation of systemic and pulmonary vascular resistance. Gain familiarity with intravenous inotropic therapy.
5. Learn to recognize when a patient is in cardiogenic shock and apply appropriate acute management of the condition
6. Gain experience in caring for patients following cardiac transplantation including such factors as
   a. Induction and maintenance immunosuppressive regimens
b. Surveillance for rejection
c. Surveillance and treatment of common and uncommon infections

7. Opportunity to attend various conferences in cardiology and advanced heart failure/transplantation
   a. Transplant/MCS Journal Club 1st Wednesday every month RR 110, 5-6 pm (encouraged)
   b. HF grand rounds last Wednesday every month, CT surgery conference room AA-115, 430-530pm (encouraged)
   c. Fellow tutorials on HF topics, every Friday from 130-230pm in CT surgery conference room, AA115 (encouraged)
   d. Transplant selection meeting (discuss patients who are being evaluated for cardiac transplantation—Every Thursday from 8-9am (EE202 or RR110) (encouraged)
   e. Cardiology Grand Rounds—every Friday 730-830am (encouraged)

Endocrinology
Endocrinology – UW Montlake
Availability: All year, 2 residents per block (blocks 11 & 13 only 1 resident per block)

During this rotation, residents participate in outpatient subspecialty clinics at The Diabetes Institute at South Lake Union, and inpatient consultation services at UWMC. The resident provides consultations in conjunction with guidance from endocrine fellows for inpatients with a variety of endocrine, metabolic and nutritional disorders, attends consult rounds, participates in the subspecialty clinics, and attends subspecialty teaching conferences. Residents work closely with fellows in training on the inpatient service. Subspecialty clinics include general endocrinology/metabolism, diabetes, and lipid clinics, and frequently allow for patient case review and management on a one to one with attending staff. Active participation in post-clinic conferences and weekly endocrine teaching conference is anticipated and 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
Availability: All year, 1 senior resident per block.

The Endocrinology rotation at VA Puget Sound provides a combination of both inpatient and outpatient experiences for learning and education. We hope by the end of their rotation, residents feel more comfortable and knowledgeable in diagnosis, evaluation and initial management of patients with endocrine disorders such as adrenal insufficiency, hypercalcemia, hypogonadism, pituitary tumors, gynecomastia, thyroid disorders and so much more. We also serve our transgender veterans in Puget Sound and provide a great opportunity to be exposed to hormone management.

The resident does inpatient consultations at the VA, sharing this responsibility with an Endocrinology fellow. There are typically 2-5 inpatient consultations per week. In addition, the resident and fellow will work together review, discuss, and triage consults for the VA Endocrine Clinic as well as provide non-visit (or E-Consult) consultations. Rounds with the Endocrine Attending are held three to four times per week based on fellow and Attending schedules and generally involve case-based teaching reviewing pathophysiology, hormone pathways, management and treatment of various endocrine disorders.

In regards to the Outpatient Experience, the Resident attends Friday VA Outpatient Endocrinology and sees patients in the outpatient setting with our various Endocrinology Attendings. Residents have several additional teaching opportunities available depending on their interest. Wednesday mornings we have Osteoporosis Clinic through GRECC/Geriatrics and this is a multidisciplinary clinic with Attendants, Physical therapy and Occupational therapy assessing fall risk and Osteoporosis Management and Treatment for Veterans. House staff can also attend Thursday morning Intensive Insulin Management
Clinic which focuses on patients using Insulin pump technology, Continuous Glucose Monitors (CGM) or complex multiple daily insulin injection regimens. It is also possible to obtain experience doing Thyroid Nodule Fine Needle Aspirations during the Tuesday or Thursday afternoon Thyroid Fine Needle Aspiration (FNA) Clinic. Conferences include Endocrine Teaching Conference on Thursday afternoons at 3:30pm (at UW) and the VA Endocrine Post-clinic conference each Friday at 12:15pm (at VA). Residents on the rotation will be expected to give a talk on a clinical endocrine topic of their interest for the Friday VA Post-Clinic conference.

Gastroenterology

Gastroenterology Consultation – HMC
Availability: All year, 1 senior resident per block.

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 and chronic GI and liver disorders. Common problems include GI bleeding, complications of chronic liver disease, acute liver injury, 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 twenty five consults are seen per week. New consults will be shared among the resident and two GI fellows.

2. To gain exposure to gastrointestinal endoscopy. There will be outpatient and inpatient endoscopies including EGDs, colonoscopies, ERCPs, endoscopic ultrasounds and PEGs scheduled throughout the day. The inpatient procedures generally take place after the morning outpatient schedule. Residents are encouraged to observe some of these procedures particularly for those patients on the inpatient service.

3. To gain exposure to outpatient Gastroenterology and Hepatology. This is an inpatient consult service. However, if the inpatient service is light and you have approval of the service attending, you may be able to participate in some outpatient GI clinics.

Gastroenterology Consultation – UW Montlake
Availability: All year, 1 senior resident per block.

Residents consult on 10-20 patients each week, including both inpatients and outpatients. There are daily rounds with an attending gastroenterologist and fellows where the resident presents cases for discussion. There is an opportunity to observe endoscopic procedures. Residents will gain experience in diagnosis and management of acute and chronic GI disorders, including GI bleeding, inflammatory bowel disease (IBD). They will also gain experience in evaluation of common GI disorders, including abdominal pain, constipation, diarrhea, nausea, and GERD. These patients will be seen and evaluated with the perspective of a gastroenterology consultant. Resident are also encouraged to attend the weekly 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.

Gastroenterology – VA
Availability: All year, 1 senior resident per block.

The responsibilities of the resident revolve around managing inpatient GI consults. The resident works closely with the GI fellows and attending to provide management for veterans with GI disorders. 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) where he/she sees GI new patients and staffs them with the attending. The resident may also perform flexible
sigmoidoscopy if interested, and will have the opportunity to observe endoscopic procedures, including advanced endoscopic procedures (stent placement, ERCPs, EUS). Essential to the rotation is a weekly joint meeting with surgery, radiology, and GI, where patient management and imaging studies 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 (1.5-2.5 hrs) include GI Grand Rounds, journal club, pathology conference, research in progress, M&M, special lectures, and fellow didactic seminars.

**General Medicine: Consultation**

**Medicine Consultation – HMC**

**Availability: All year, 2 total residents per block (including preliminary R1s and Psych R1s)**

The Medicine Consult Service (MCS) at HMC aims to provide expert medical opinion regarding the care patients under the care of other medical and surgical services. MCS may provide recommendations or actively co-manage the patient’s hospital care. The MCS focuses on promoting communication between services to improve the care of the hospitalized patient, optimize resource utilization, and enhance patient safety.

Common consult questions include:

1. Perioperative Cardiac and Pulmonary Risk Assessment
2. Management of chronic conditions including diabetes, CHF, COPD and cirrhosis
3. Recurrent Fevers
4. Unexplained Leukocytosis
5. Changes in Hemodynamics
6. Respiratory Distress and/or Hypoxemia
7. Electrolyte Disturbances

The MCS team typically consists of a Hospitalist attending, a preliminary year intern, and sometimes a medical student. When on the service, medical residents (R2 and R3) typically serve as “junior attending” handling the role of triaging incoming consults and being the first person to staff with interns and students, providing significant autonomy. We make every effort for residents to attend resident teaching conferences (ex. morning report and lunch conference).

The medicine consult elective is strongly recommended for all medical residents interested in careers in hospital medicine or other medicine subspecialties. Please email annafahy@uw.edu with questions regarding this rotation.

**Medicine Consultation – UW Montlake**

**Availability: All year, 2 total residents per block (including primary care R1s)**

This elective is strongly recommended for all medical residents. Medicine consultation is an essential area of expertise for both specialists and general internists to learn the “art” of effective consultation. Additionally, patients of increasing age and all types of end organ dysfunction are undergoing elective and non-elective surgeries. The resident will have exposure to perioperative care including pre-operative risk stratification for medically complex patients and the management of post-operative complications. This will primarily be an inpatient rotation with also opportunities to see patients in the preoperative clinic. Most of the patients followed by the consult service have major medical problems, and as a result, the service is generally active. The resident will 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 obligations. There are ample opportunities to attend conferences and Residents’ Report in addition to one on one teaching from attendings.
General Medicine – Hospital Medicine
Hospital Medicine – HMC
Availability: All year, 2 total residents per block

As a resident on the Harborview Hospital Medicine elective, you will be scheduled in a Week-On/Week-Off fashion, on the Hospital Medicine Service (HMS). The goal of this rotation is to provide a true-to-life hospital medicine experience, offering significant autonomy with collegial attending oversight. During your “Week-On,” (which will run from Wednesday-Tuesday) you will be working directly with one of the hospitalists to care for a panel of patients. You will take overnight admissions from the nocturnist and admit new patients independently during the day. The day starts with a morning huddle at 7:30am. You will also be scheduled to do one additional “Triage” shift during your rotation, where you will work with the triage hospitalist to receive calls from the ED, transfer center, ICU, etc. and distribute patients to the medicine services. Please email annafahy@uw.edu with questions regarding this rotation.

**Scheduling Note**

Because of the Week-On/Week-Off nature of this rotation certain scheduling parameters must be considered. 4 weeks is the ideal time for this rotation. Vacation time and fellowship/job interviews have often resulted in an inability to schedule the rotation into 7 days on and 7 days off. In these cases, the rotation would revert back to the older model of working 6 of 7 days in a week from 7AM to 5PM.

Hospital Medicine – Swedish Medical Center
Availability: All year, 2 total residents per block

The four-week Swedish Hospital Medicine elective is open to all senior Internal Medicine residents (R2 and R3 years) and can accommodate two residents per block. It is ideal for residents who are pursuing a career in hospital medicine or interested in practicing medicine outside an academic setting. Most hospitalists provide direct patient care without a housestaff team. In addition, hospitalists are increasingly expected to provide high value care, improving the quality of care while managing throughput and controlling cost. This elective is designed to foster the skills necessary to practice in a typical non-academic hospital setting. These responsibilities include: providing high value care, safely managing care transitions, managing end of life care, and co-managing patients alongside subspecialty providers.

Swedish Medical Center operates five hospital campuses and is the largest nonprofit healthcare provider in the greater Seattle area. Residents work with the Swedish Hospital Medicine team at our First Hill campus. They are responsible for all patient care activities for a panel of 6-8 patients. Residents are expected to function relatively autonomously with oversight by the attending physician. Residents admit 1-2 patients per day and may also pick up patients admitted overnight. They see patients on the general medicine floors, telemetry floors, and the Intermediate Intensive Care Unit (IMCU). Our diverse patient population provides ample learning opportunities for residents, and effort is made to select patients who offer the greatest educational value.

Residents are scheduled for 16 day shifts per block. Day shifts are 7am-7pm, but residents may be able to leave earlier some days. Shifts are scheduled in blocks of 3 or more days for patient continuity of care. We can often honor scheduling requests so long as the above requirements are met. If you are considering a career as a nocturnist and are interested in being scheduled for night shifts, this can often be accommodated.

Hospital Medicine – UW Montlake
Availability: All year, 1 resident per block

The UWMC Hospitalist Rotation is available to one second- or third-year resident per month. Residents may elect to be on service for two or four weeks. This rotation offers the opportunity to work one on one
with the outstanding teachers on the UWMC Hospitalist (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 10 patients, working with the attending to identify those patients that offer the best opportunities for learning. The Hospitalist team rounds daily at 7:30 utilizing a unique interdisciplinary rounding style with bedside nurses; 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.

**Hospital Medicine: Acute Care & Consultation – VA**

**Availability: All year, 1 resident per block**

The VA Hospitalist Rotation is intended to be an opportunity for residents interested in hospital medicine to be a hospitalist for a month. You will work directly with the hospitalist service for 14 days in a one-month period doing admissions, inpatient care, and medicine consults. The hours are generally 7:30am to 7:30pm on weekdays and 7:30am to 4pm on weekends, though many days you will leave earlier.

**Hospital Medicine: Triage, Teaching, & Leadership – VA *New for 2021-22***

**Availability: All year, 1 resident per block**

All year This rotation is designed for second- and third-year residents who are exploring careers as hospitalists. Residents will work with the VA hospitalist group and in close collaboration with the Triage Hospitalist to learn the process of triaging admissions to the acute medicine service. The triage-training component of this rotation will include initial didactics followed by experiential learning. Residents will triage patients referred to acute medicine by the emergency department, primary care and specialty clinics, other inpatient services, and non-VA hospitals. During this experience, residents will learn about systems-based thinking, effective inter-professional communication, and safe-transitions of care across multiple care settings. This rotation also provides daily opportunities for exposure to aspects of hospital medicine outside of direct patient care. Residents will be partnered with VA leaders and offered opportunities to observe and participate in administrative meetings, QI efforts, and teaching of trainees at various levels (experiences will be tailored to the resident’s areas of interest). This rotation runs from Monday to Friday 7:30am to 4pm for 4 weeks.

**Global Health**

**Global Health Leadership (Non-Clinical)**

**Available in block 4 only; up to 3-5 senior residents total. Required for R2s in Global Health Pathway.**

The Integrated Residency Global Health Leadership course is a 1-month course designed to teach residents interested in careers in Global Health (GH) skills necessary to become future leaders in this field. The course is comprised of several different components, including field visits to local GH organizations, lectures, case-studies and small group discussions, and focuses on three major areas:

- Global Health Knowledge
- Global Health Leadership Skills
- Clinical Skills in Resource-Limited Settings
Health Equity

Health Equity Immersion (Non-Clinical) *New for 2021-22*
Available in block 4 only; up to 4 senior residents total. Required for R2s in Health Equity Pathway. This is a SOM funded block.

The Health Equity Immersion Block is a month-long experience designed to equip residents to be leaders in internal medicine with the knowledge, skills, and commitment to apply anti-oppression frameworks to combat the structural origins of health inequities as well as hands-on experience completing a mini-project related to health equity. The curriculum material will be delivered online via zoom with accompanying readings, didactic sessions, small group learning, and independent project time.

By the end of the block, residents will be able to analyze a health inequity using an existing framework (e.g. critical race theory, queer theory, etc), and consider an approach to disrupt oppression at the interpersonal, institutional, and/or societal levels through the completion of a collaborative mini-project. Residents will utilize frameworks to critically examine health inequities and develop the skills to pursue mentored scholarship in a sensitive and accountable way. Residents will also have the opportunity to learn from and network with health equity experts.

Hematology/Oncology

Bone Marrow Transplant – SCCA
Available: Blocks 8, 10, & 12; 1 resident per block.

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. The vast majority of the patients are referred from within the WWAMI region. 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 – HMC
Available: All year; 1 resident per block.

In conjunction with the hematology/oncology fellow, the resident sees 8-10 consults 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, coagulopathies and thrombosis, and the interpretation of blood smears. Attending rounds are held 4-5 times per week. The resident attends the Harborview Tumor Board noon-1 on the 4th Thursday of the month, and a weekly HIV Hematology-Oncology Clinic in the Madison Clinic on Thursday mornings. A fellow's course on topics in Hematology is held every Friday morning at the Fred Hutchinson Cancer Research Center (although at present, these are held virtually) and is optional for residents.

Hematology/Oncology Consultation – VA
Available: All year; 1 resident per block.

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 and manage complications of cancer treatment. The resident works closely with 2 fellows and runs an active consultation service that evaluates between 10 and 20 patients per week. The resident attends a weekly interdisciplinary tumor board and Monday, Tuesday, Friday afternoon clinics and a Wednesday morning clinic in which patients will be assigned for their teaching value. There is a post-
clinic conference with patient discussion. Residents obtain experience with bone marrow aspiration and biopsy and participate in marrow evaluation and interpretation along with a formal marrow conference held weekly. Attending rounds are made two to three times per week. Residents can round on BMT patients, and may, if they so desire, be assigned to a BMT patient during their month.

**Infectious Diseases**

**Infectious Disease – HMC**

**Availability:** All year, 1 resident per block.

**Call from home**

The resident performs infectious disease consultations as part of a team (HMC ID team B) composed of the attending, 1 infectious disease fellow and, in most months, 1-2 medical students. Infectious disease fellows are present on the rotation every month. Residents do not take night or weekend call as this is provided by the infectious disease fellows. On average, 3 to 7 new consultations are seen each day 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 attending teaching rounds from 1:00 to 1:30pm (alternates between the ID (team B) and HIV (team A) attending), daily microbiology “plate rounds” (MWF), 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. The HMC ID section has also created a webpage that contains regularly updated educational content on the most common infections addressed by the team: [https://depts.washington.edu/idhmc/](https://depts.washington.edu/idhmc/).

**Infectious Disease – UW Montlake**

**Availability:** All year, 1 senior resident per block.

**Call:** Weekdays, no home call. No weekend duties except in unusual circumstances.

The UWMC Infectious Diseases consult elective offers the opportunity for the resident to work with an ID fellow, medical students, pharmacists, and an attending physician on a busy consultation service. The resident will play a major role in seeing inpatients with a wide variety of general ID issues. The rotation is primarily focused on inpatient consultations, but resident will also have the opportunity to see outpatient infectious disease problems in the ID/tropical medicine clinic. Rounds with the attending are held daily, and clinical microbiology round are held three times weekly. This elective is ideal not only for those considering a career in ID, but also for any internal medicine physician, because ID questions are so very common in general practice. Residents with an interest in solid organ transplantation may have the opportunity to consult on those patients by special arrangement. Please let us know of your interest in SOT prior to the start of your rotation.

**Infectious Disease – VA**

**Availability:** All year, 1 senior resident per block.

**Call:** One weekend per block.

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 4:30-5:30 at Harborview, and there are microbiology teaching sessions at the VA 3 times per week. Hours are standard during the week, and residents are expected to see patients one or two weekends out of the month (please coordinate with the ID fellow and attending on service).
Nephrology

Nephrology – HMC

Availability: All year, 1 senior resident per block.

There is an epidemic of chronic kidney disease in US, and all internal medicine practitioners will be affected. The major goal of this rotation is to increase the residents' proficiency in the care of patients with all varieties of kidney disease. The rotation will include both inpatient and outpatient opportunities to gain mastery in the diagnosis and treatment of acute kidney injury, chronic kidney disease, acid base disorders, fluid and electrolyte disturbances, and toxic ingestions. The resident will also gain confidence in writing dialysis orders, and managing patients treated with continuous renal replacement therapies. There will be ample opportunity to develop proficiency in the examination and interpretation of the urine sediment.

A significant aspect of the rotation will be the outpatient clinic (1-2 ½ day clinics per week, depending on resident preference), where the resident will evaluate both new and follow-up patients. Topics of focus in the clinic include the diagnosis and management of patients with chronic kidney disease (including patients requiring dialysis), kidney transplantation, refractory HTN, glomerular disease, and nephrolithiasis. The teaching activities are integrated with those at the VA and UWMC. There are divisional conferences each week of interest to residents, as well as additional weekly clinical case review conference and bimonthly journal clubs at UWMC Kidney Clinic.

The team is composed of an attending, 1-2 fellows, a resident and a medical student. Attending rounds are held daily.

Nephrology – UW Montlake

Availability: All year, 1 senior resident per block.

There is an epidemic of kidney disease in the US, and all internal medicine practitioners will be exposed. The major goal of this rotation is to increase each resident’s proficiency in the care of patients with kidney disease. The rotation will focus on inpatient consultations, but there will be an option to attend our UWMC Kidney Clinic. There will be exposure to a broad variety of renal problems including diagnosis and management of acute kidney injury, chronic kidney disease, acid base disorders, fluid and electrolyte disturbances, ICU Nephrology, toxin ingestions, and all forms of renal replacement therapy. The resident will gain confidence by writing dialysis orders, and managing patients treated with CVVH. There will be ample opportunity to develop proficiency in the examination and interpretation of the urine sediment. The resident will have the opportunity to observe renal biopsies and review the many forms of glomerular disease.

Residents attend weekly Nephrology Division conferences including Professor’s Rounds (review of challenging cases) and journal club. Renal Grand Rounds occurs on Friday mornings and often feature outside speakers or biopsy presentations by our experienced nephropathologists.

The team is typically composed of an attending, 1-2 fellows, a resident and a medical student. Attending rounds are held daily.

You will feel much more comfortable with nephrology after this rotation!

Nephrology – VA

Availability: All year except block 7; 1 senior resident per block.

The resident is an integral part of the renal team which consists of the attending, renal fellow and occasional medical students. Care is provided to patients with glomerular disorders, AKI, CKD, electrolyte and acid-base disturbances, and hypertension. 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.

**Transplant Nephrology – UW Montlake *New for 2021-22***

**Availability: All year; 1 senior resident per block.**

The UWMC Kidney and Pancreas Transplant Program is a national leader in quality outcomes and the largest in the Pacific Northwest.

With this elective we aim to allow medicine residents to take advantage of the unique experience in the continuum of caring for end-stage renal disease patients from pre-transplantation care, to the transplant procedure and inpatient recovery, to witnessing the healthier transformation in the post-transplant clinics.

The balanced approach between outpatient and inpatient care of this rotation allows residents to gain proficiency in issues related to pre-transplant evaluation and medical eligibility for transplant procedure, opportunity of observing a kidney transplant procedure and organ recovery, exposure to immunosuppression practice and medical management post kidney transplantation. Furthermore, there will be exposure to multidisciplinary approach to care in collaboration with transplant surgery as well as other services.

There will be opportunity to evaluate kidney living donors and observe them post donation. In addition to transplant specific management, this rotation will provide exposure to nephrology practice of managing AKI, acid-base disorders and fluid and electrolyte issues. There will be opportunities to participate in plasmapheresis and dialysis care and to observe kidney transplant biopsy procedures as well as their pathological interpretation.

Inpatient team consists of transplant nephrology attending, transplant nephrology subspecialty fellow, general nephrology fellow, and resident. For outpatient clinics, residents will be paired with a transplant nephrology attending. Clinical involvement will be balanced with more than adequate time to immerse themselves in diverse learning exposures.

There will be multiple educational conferences available: weekly Nephrology Professor Rounds, Renal Grand Rounds, and Transplant Grand Rounds and Renal Pathology conferences. Additionally, residents can participate in the weekly patient care conferences: Living Donor Conference and Pre-Transplant Selection Conference.

With this comprehensive rotation, residents will gain expertise in caring for transplant recipients and experience multi-disciplinary care in a very dynamic clinical context.

**Neurology**

**Neurology Consultation – VA**

**Availability: All year; 1 senior resident per block.**

**Call: From home, 0-4 times per block.**

The resident will take turns in a variety of Neurology subspecialty clinics which include Seizure Clinic, neuromuscular disorders, 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 no night call assigned to the elective residents.

**Palliative Care**

**Palliative Care – HMC**

**Availability: All year; 1 senior resident per block.**

Palliative Care: Palliative care is an interdisciplinary team approach to improve the quality of life and relieve suffering for patients with serious illness. Our primary goal is to appreciate the goals and values of our patients and their families in order to help our medical teams match treatment options to those goals and values. We promote treatment of the whole person by addressing their physical, emotional, psychological, social, spiritual, and cultural needs. This is accomplished by exploring healthcare goals, assisting with medical decision making, developing individualized care plans, providing pain and symptom relief, and offering spiritual, cultural and psychosocial support to both patients and their families. The palliative care team works alongside the primary team to provide these services. Palliative care is appropriate at any stage of illness, from the time of diagnosis through the end of life and bereavement. It can be provided in conjunction with curative and life prolonging treatments.

**Learning Opportunities:** During this rotation, under the supervision of the palliative care team, residents will be providing inpatient palliative care consultation services to patients and families facing serious illness in the following areas:

- Complex symptom management (pain, nausea/vomiting, constipation, anxiety, dyspnea etc.)
- Family and patient understanding of disease status, healthcare preferences, and hopes/concerns
- Assessment and communication of prognosis
- Discussions regarding code status, advance directives and advance care planning
- Religious/spiritual/cultural preferences and practices around serious illness and death
- Assessment of decisional capacity
- Emotional and psychological support
- Care of the imminently dying patient, including wishes for care before and at the time of death
- Discharge planning, including hospice eligibility and hospice referrals

**Patients Whom We Serve:** Palliative care is available to any patient with serious illness. It includes, but is not limited to, patients with cancer, chronic lung disease, chronic heart disease, chronic liver disease, chronic kidney disease, Alzheimer's and dementia. Additionally, due to the unique mission of Harborview Medical Center we work extensively with patients suffering from trauma, acute stroke/debilitating neurologic illness, and HIV/AIDS. We have special expertise with patients from a diverse range of cultural and religious backgrounds, as well as patients from vulnerable populations.

**Palliative Care – UW Montlake**

**Availability: Blocks 1-4, 7-9, 11-13; 1 senior resident per block.**

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:

- Disease status/treatment history
- Comorbid medical and psychiatric disorders
- Physical, psychological (including anticipatory grief) and spiritual symptoms and concerns
- Social situation
- Advance care planning preferences/surrogate decision maker(s)
- Communication Preferences
• Functional status and expected prognosis

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

Procedures

GIM Procedures and Simulation – VA
2-week rotation only; 1 resident per half-block
Availability: All year

This procedure elective has been created to provide residents with the opportunity to practice and perform invasive procedures common to the practice of General Internal Medicine. The goal of the rotation is to increase the resident's procedure confidence and independence, achieved through a combination of simulation and performing procedures through supervision by an expert procedural hospitalist. We anticipate the primary procedures to include: paracentesis, thoracentesis, lumbar punctures, peripheral lines, arthrocentesis, and skin biopsies. This VA-based rotation will source procedures from both inpatient and outpatient settings to achieve a sufficient procedure volume, a goal of at least three procedures per day.

Pulmonary & Critical Care Medicine

OncBMT ICU – UW Montlake
Availability: All year; 2 residents per block

This rotation is open to second- and third-year residents. The purpose of this rotation is to acquire knowledge and clinical experience with inpatient and outpatient consultation of pulmonary problems occurring in patients receiving bone marrow transplantation and in patients with underlying malignancies.

Residents will learn consultation and primary care management of acute, severe (i.e., life threatening) medical problems occurring in patients receiving bone marrow transplantation or with malignancies in an intensive care unit setting. Residents will acquire knowledge and clinical experience in the evaluation, diagnosis and treatment of immunocompromised patients with pulmonary complications. Residents will learn principles of biomedical ethics and gain experience in medical ethical issues involving critically-ill patients, including withdrawing and withholding life support.

A wide spectrum of the clinical presentations related to the special problems of patients with malignancy and bone marrow transplantation are seen. Infectious diseases related to immunocompromise are a frequent problem. Bronchiolitis, idiopathic pulmonary disease, pulmonary vascular disease, interstitial lung disease, neoplasms of the lung and pleural diseases are also seen. In the intensive care unit, acute respiratory failure, cardiogenic and non-cardiogenic pulmonary edema, multiple organ failure, gastrointestinal bleeding and neurologic disease are the more common problems.

Pulmonary Consultation – HMC
Availability: All year; 2 residents per block
Call: from home

This rotation is open to second- and third-year residents. The resident gains experience in the diagnosis and management of patients with a broad spectrum of pulmonary diseases and some critical illnesses. The resident is primarily responsible for inpatient pulmonary consultations. The resident begins the morning reviewing radiographs with the fellow and attending physician, then seeing new consultations and making follow-up visits. They go to morning report and post-call radiology rounds where they may learn about new consultations. They will see five to ten pulmonary consultations per week and will gain experience interpreting pulmonary function tests, chest radiographs, and chest CT scans. They 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. The afternoons are spent reviewing and staffing cases with the fellow and attending physician. There may be experience with 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, as well as management of patients with advanced or difficult to control asthma, COPD and other less common lung diseases.

**Pulmonary Consultation – UW Montlake**
**Availability:** All year; 1 senior resident per block

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 Seattle-area Chest Grand Rounds, reading pulmonary function tests, performing and interpreting cardiopulmonary exercise tests, interpreting chest radiographs and CT scans, and observing and assisting bronchoscopies.

**Pulmonary & Critical Care Consultation – VA**
**Availability:** All year; 1 senior resident per block

This rotation is staffed by an attending pulmonologist, typically with a UW pulmonary fellow. The service (Attending, Fellow, Resident, and student(s)) provide pulmonary consultation services to ward patients on the medical and surgical services, as well as to outpatients. We have a half-day clinic every Tuesday afternoon but also see outpatients at other times as needed. We also provide non-visit consultation services (chart review-based recommendations) for veterans throughout the WWAMI region. There are opportunities learn about and participate in, if appropriate, pulmonary procedures including bronchoscopies and thoracenteses. Residents will interpret pulmonary function tests and may also learn about cardiopulmonary exercise tests, and methacholine challenges. A broad spectrum of disease is seen on this consult service including COPD, asthma, interstitial lung disease, bronchiectasis, lung cancer, pulmonary hypertension, pulmonary manifestations of neuromuscular disease (chronic spinal cord injury, ALS, multiple sclerosis), pulmonary complications in immunocompromised patients (bone marrow transplant and lung transplant) and sleep apnea.

**Radiology**

**Radiology: Body Imaging – UW Montalek**
**2-week rotation only; 1 resident per half-block**
**Availability:** Blocks 1, 2, 8-13

Residents will have the opportunity to attend multidisciplinary conferences and radiology resident conferences. Residents rotating during the months of August through October and January through March will also have the opportunity to attend a basic radiology lecture series. Please note that there is high demand from a number of different residencies for radiology rotations, and registering for the rotation requires a commitment of at least seven days or fourteen half days on service during the two weeks of the rotation, and time off will ordinarily be allowed only for continuity clinic and university holidays.

**Radiology for the Internist – UW Montlake**
**2-week rotation only; 1 resident per half-block**
**Availability:** Blocks 1, 2, 8-13
This rotation will provide the medicine resident with an opportunity to build or refine skills in basic radiologic interpretation and may be of particular interest to practitioners in settings without continuous radiologic support, prospective hospitalists or those planning fellowship. Residents will review films with attending radiologists and whenever possible, interpret and dictate chest radiographs independently. Areas of focus will include basic chest and abdominal radiography and computed tomography (CT) and possibly basic neuroradiology or ultrasound, though the experience will be adapted to a resident’s unique areas of interest. Residents will have the opportunity to attend multidisciplinary conferences and radiology resident conferences. Residents rotating during the months of August through October and January through March will also have the opportunity to attend a basic radiology lecture series. Please note that there is high demand from a number of different residencies for radiology rotations, and registering for the rotation requires a commitment of at least seven days or fourteen half days on service during the two weeks of the rotation, and time off will ordinarily be allowed only for continuity clinic and university holidays.

Rheumatology

Rheumatology Consultation – HMC
Availability: All year; 1 senior resident per block

Residents will join the inpatient consult team and actively participate in the care of hospitalized patients with rheumatic diseases. If time permits (i.e., consult service is light), residents are encouraged to participate in rheumatology outpatient clinics, working directly with one of several rheumatology faculty members. Residents will gain experience diagnosing and managing patients with variety of rheumatic/autoimmune illnesses including inflammatory arthritis, systemic vasculitis, systemic lupus erythematosus and autoimmune neurological syndromes. Residents will also gain experience in interpretation of immunologic lab tests, musculoskeletal physical examination, joint aspiration/injection and MSK ultrasound. The clinical experience is complemented by participation in Tuesday morning didactics at UW Medical Center/South Lake Union.

Rheumatology Consultation – UW Montlake
Availability: All year; 1 senior resident per block
Call: one weekend from home

This rotation provides residents with clinical experience in the diagnosis and management of rheumatic diseases. Residents participate in 2-3 half-day teaching clinics at UWMC plus the monthly Dermatology/Rheumatology clinic at Roosevelt and the weekly musculoskeletal ultrasound clinic at UWMC. Residents are exposed to complex cases of autoimmune diseases such as systemic lupus erythematosus, rheumatoid arthritis and systemic vasculitis. Participation in academic and research conferences complement the clinical experience.

Rheumatology Consultation – VA
Availability: All year; 1 senior resident per block
Call: weekdays with rheumatology fellow

The resident attends all teaching clinics at the VA (AM and PM on Mondays, Wednesdays, and Thursdays; PM on Tuesdays for Injection Clinic) unless there are IM program obligations or authorized absences. In addition, the resident sees consults on the inpatient wards, ER, and sometimes does “non-visit” consults. Rheumatology Division conferences occur on Tuesday mornings and occasional Fridays either at UWMC, South Lake Union, or Seattle Children's Hospital. Please refer to https://rheumatology.uw.edu/calendar for conference schedule topics, times, and locations.
Teaching
Teaching Elective (Non-Clinical)
Availability: Blocks 5, 9, 11 only; 2 residents per block

This elective is for residents who want more experience in teaching and an introduction to instructional design. Residents will teach small and large groups and in inpatient, outpatient, and non-clinical settings. They will utilize multiple teaching methods to expand their repertoire of skills. Other activities will include structured observation of peers and other educators, giving and receiving feedback, reflection with and coaching by the rotation director, and reading a broad syllabus of high-yield clinical teaching topics. By the end of the elective, residents will have gained competence and confidence in their teaching skills, and they will have developed a set of high-quality teaching sessions for a wide range of learners.

This elective is distinct from the Clinician Educator Pathway and is intended for residents not participating in the Pathway. One week of vacation is allowed in the 2nd or 3rd week of the elective.

Ultrasound
POCUS for the Hospitalist – UW Montlake
2-week rotation only; 4 residents per half block
Availability: TBD; offered two times per year

This rotation will be a 2-week intensive hands-on experience with didactics, simulation and live ultrasound scanning to develop and hone skills of point of care US focused on cardiac, pulmonary, vascular and abdominal studies. In addition to developing image acquisition and interpretation skills, we will investigate the evidence supporting exams and use in clinical decision making.

Women’s Health
Women’s Health Didactic Series
Available: Block 8 only as part of a cafeteria-style ambulatory rotation.

Participants will join the women’s health didactic sessions organized for the women's health pathway residents. These will take place on Mondays and Wednesdays, typically 4-8 hours total per week. Prior topics have included family planning and contraception, medical issues in pregnancy, management of menopause symptoms, gender affirming care, trauma informed care, gender-based violence, and gender specific endocrine and metabolic diseases, as well as 1-2 sessions on professional development. Topics are taught by faculty from general internal medicine, OB/GYN and the pathway residents.