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**Introductory Information**

**Rotation Dates**
The R2/R3 2018-19 rotation dates are as follows:

- June 28, 2018
- July 30, 2018
- August 27, 2018
- September 24, 2017
- October 22, 2018
- November 19, 2018
- December 17, 2018
- January 14, 2019
- February 11, 2019
- March 11, 2019
- April 8, 2019
- May 6, 2019
- June 3, 2019
- June 30, 2019 (start of 2019-2020 year)

**Vacation Preferences**
Each resident will have three weeks of vacation. Vacations may be taken during elective blocks, excluding during pathway blocks. One week vacations may be taken during 4 week elective rotations. Two week vacations may be taken during an 8 week elective, coupled with Risk/Scholarship, or coupled with a consult rotation. If you need specific vacation dates, be sure to explain the circumstances on the preference form. Every attempt will be made to accommodate your request.

**Paid Personal Holiday**
Each resident will receive one paid personal holiday to use over a calendar year (i.e. available to use January 1 – December 31). You will have the opportunity to indicate when you would like to schedule your paid personal holiday on your preference form. Every attempt will be made to accommodate your request.

**Clinical, Independent, and Research Electives**
All clinical, independent, and research elective applications were due in February and all applicants have been notified if their proposal was accepted. You are limited to a maximum of four non-clinical rotations training during three years of residency. Clinical time is defined by the American Board of Internal Medicine (ABIM) as providing direct patient care.

**Washington, Wyoming, Alaska, Montana & Idaho (WWAMI)**
As part of the School of Medicine's commitment to regional medical education, the Department of Medicine has established a number of WWAMI electives. Residents who are able to leave Seattle for four weeks are encouraged to consider taking advantage of rotations available in the WWAMI region. These rotations provide opportunities to experience an active practice and to work closely with excellent role models.

Some of the sites offer a broad spectrum of subspecialty experiences as well as general internal medicine. If you are not clear about your ultimate career goals, a WWAMI rotation may provide an experience that will help you better understand and evaluate whether community or rural practice would be an appropriate choice for you. Dr. Chris Knight (cknight@uw.edu) or residents who have participated in WWAMI rotations (schedule available on www.amion.com) can provide further information about the various sites.

**Deadline**
All forms are due by **March 5, 2018, 12:00pm (PDST)**. You will receive a unique url from Catalyst that will contain your survey link. If you fail to return the form by **March 5, 2018, 12:00pm (PDST)**, you will jeopardize your chance to influence your schedule. If you foresee problems meeting this deadline, contact schedim@uw.edu immediately.


R2 Rotation Schedules
Each R2 will have the following admitting rotations HMC ER, HMC Med, UW Cards A, VA Med, and two weeks Scholarship/Risk. Most R2s will be assigned an admitting rotation block 13. In addition…

Primary Care COE R2s will have:

• GIM Your Panel (Block 5) (no vacation allowed)
• GIM Clinic QI (Block 10 or 11; ambulatory)
• Community Health or WWAMI elective (ambulatory)
• Geriatric Medicine (ambulatory)
• Musculoskeletal (ambulatory)
• Eight weeks of COE ambulatory electives (2 blocks)
• Six weeks of electives (1.5 blocks)

Primary Care (non-COE) R2s will have:

• GIM Your Panel (Block 5 - no vacation allowed)
• GIM Clinic QI (Block 10 or 11)
• Community Health or WWAMI elective (ambulatory)
• Geriatric Medicine (ambulatory)
• Musculoskeletal (ambulatory)
• Fourteen weeks of other electives (3 blocks)

Seattle Categorical R2s will have:

• UW or VA MICU (admitting)
• Day/Night Medicine or during 13, will have H Cards, H Geri, H MICU or U Heme/Onc (admitting)
• Twelve weeks of ambulatory electives (3 blocks)
• Fourteen weeks of other electives (3.5 blocks)

R3 Rotation Schedule
R3s will have the following rotations HMC Cards, HMC MICU, UW Heme/Onc, and two weeks Scholarship/Risk. In addition…

Primary Care COE R3s will have:

• UW Medicine (admitting)
• GIM The Population (block 8 – no vacation allowed)
• Eight weeks of COE ambulatory electives (2 blocks)
• Eight weeks of ambulatory electives (2 blocks)
• Fourteen weeks of other electives (3.5 blocks)

Primary Care (non-COE) R3s will have:

• HMC Medicine (admitting)
• Day Medicine (admitting)
• GIM The Population (block 8 – no vacation allowed)
• GIM Clinician/Educator (block 1, 2 or 3)
• Eight weeks of ambulatory electives (2 blocks)
• Fourteen weeks of other electives (3.5)

Seattle Categorical R3s will have*:

• HMC Geri (admitting)
• UW Medicine (admitting)
• Day Medicine (admitting)
• Twelve weeks of ambulatory electives (3 blocks)
• Fourteen weeks of other electives (3.5 blocks)

*Those who completed H Cards, H Geri, H MICU or U Heme/Onc in 2017-18, will not repeat the experience but rather will be assigned other rotations as needed (H Med, V Night Med, V MICU, etc).
**Ambulatory Medicine - Thematic**

**Addiction Medicine**
- Length: 4 weeks
This 1-month rotation is designed for residents who are considering a career working in Addiction Medicine or who want to improve their approach to patients who have problems with substance abuse. They will be trained in a variety of techniques for assessing and treating substance addicted patients. This training will take place by working in a variety of settings, including the in-patient Addiction Treatment Center (ATC) at the VA, the Suboxone Clinic at Harborview, the Madison Clinic, and a methadone maintenance program (Evergreen Treatment Services). Additional didactic experiences will expose residents to ongoing research into addiction at the UW, groups of recovering patients in the community, and motivational interviewing techniques.

**Ambulatory Block (“Cafeteria Style”)**
- Length: 4 weeks
Cafeteria-style clinic blocks provide an opportunity for senior residents to tailor an ambulatory experience to their specific educational goals. Clinics are requested following the release of the annual block rotation schedule to allow residents the opportunity to select clinical experiences that they feel will fill gaps in their education. Early this spring, a separate preference form will be sent to all residents assigned a cafeteria style block. Clinic requests within cafeteria blocks are preferentially assigned to R3s.

**Autoimmune Disorders**
- Length: 4 weeks
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.

**Ambulatory Cardiology**
- Length: 4 weeks
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 and perform diagnostic procedures, including echocardiograms, stress tests, and coronary angiography.

**CardioRespiratory**
- Length: 4 weeks
This rotation combines complimentary specialties to create opportunities to learn more about the outpatient management of cardiorespiratory conditions. Two terrific cardiologists (Phil Massey and John Olsen) offer experiences in clinical cardiology unlike those you have had on the wards. These clinics are matched with Pulmonary and Sleep Medicine, Allergy (Dr Yuen) and Otolaryngology. This is a great opportunity to see how the full range of cardiorespiratory conditions are evaluated and managed in the outpatient setting.

**Community Medicine**
- Length: 4 weeks
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**
- **Length:** 4 weeks
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 - UW**
- **Length:** 4 weeks
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**
- **Length:** 4 weeks
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**
- **Length:** 4 weeks
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**
- **Length:** 4 weeks
It seems like an odd combination, but this rotation offers a successful blend of enthusiastic and well-regarded teachers who will provide a wonderful clinical experience. Dr. Joseph Saitta loves to teach endocrinology at PMC, and there are weekly Dermatology sessions at Harborview (Dr. Colven) and the Puget Sound VA (Drs. Compton & Raugi) that nicely complement the dermatology experience at PMC.

**Gastroenterology**
- **Length:** 4 weeks
This rotation includes general GI and hepatology clinics at UWMC and the Eastside Specialty Clinic. 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 Clinics/Swedish**
- **Length:** 4 weeks
Residents work with a select group of Heme/Onc specialists at Pacific Medical Centers and the Swedish Cancer Institute during this four week rotation, 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**
- **Availability:** Jan-June only
- **Capacity:** 2 residents
- **Length:** 4 weeks
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**
- **Call:** None
The resident attends one to two weekly Hepatology clinics, one to two weekly liver transplant clinics, and an optional weekly liver tumor clinic, depending on the continuity clinic schedule. The resident attends a weekly pathology conference as well as the weekly liver transplant Selection Committee meeting (if not in continuity clinic). This is a 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. Rounds are held daily for patients on the Consult Service.

**HIV Medicine**
- **Availability:** Blocks 2-13 (reserved for HIV Pathway participants block 1)
- **Length:** 4 weeks
This rotation is designed for residents who are interested in HIV medicine, may want to include the care of HIV infected patients in their medicine practice, or are considering more advanced HIV training such as an infectious diseases fellowship. Each week residents will spend 4-5 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 HIV infected inmates, 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 complete a web-based HIV case curriculum (http://depts.washington.edu/hivaids/) developed by David Spach to augment their clinical experiences.

**Homeless Health Care**
- **Length:** 4 weeks
This rotation is designed to supplement resident training in primary care for vulnerable populations, with particular emphasis on care of the homeless patient. Residents will gain awareness of the social, psychological, and medical issues pertaining to homelessness, and become more comfortable with the unique health-related needs and challenges of the population. Disease processes seen will vary from urgent or semi-urgent in nature to chronic medical and mental illnesses, with clinical experiences at sites such as Pioneer Square Clinic, Third Avenue Center, Pike Market Medical Clinic, Harborview Adult Medicine Clinic, and the DESC shelter. Residents will have supplemental training in podiatry (including podiatry outreach in a local housing project), and will also have the opportunity to participate in the education of medical students during the rotation. The clinical experiences will be complemented by a didactic series on pertinent topics in homeless health care. Two continuity clinic half-days per week will be available for those who choose this rotation.

**Homeless Health Care for the Veteran**
- **Availability:** Priority given to Primary Care Center of Excellence pathway
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. In addition to your clinical experiences, you will be expected to perform a small project of your choice (examples include keeping a journal, learning to use panel management tools for quality improvement, or leading an educational discussion at a shelter).

**Infectious Diseases**
- **Length:** 4 weeks
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 infectious diseases that are commonly managed in the outpatient environment.

**Medical Genetics**
- **Length:** 4 weeks
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**
- **Length:** 4 weeks
This ambulatory patient care experience is designed to provide in depth exposure to patients with diabetes mellitus and thyroid disorders - the most common metabolic diseases encountered by endocrinologists. Residents will also work with patients having fascinating but less frequent pituitary, adrenal, gonadal, parathyroid and multi-glandular diseases. The rotation will be based largely at Harborview Medical Center 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**
- **Capacity:** 2 residents, note this is a required experience for Primary Care R2s
- **Length:** 4 weeks
This ambulatory rotation is designed as an elective in musculoskeletal medicine. It consists of a core group of clinics in rheumatology at the 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.

**Nephrology**
- **Capacity:** 2 residents
- **Length:** 4 weeks
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 hemodialysis 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
- Length: 4 weeks
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. This rotation is specifically designed for residents who are planning a career in primary care, or plan on practicing in a rural area.

Neuromusculoskeletal
- Length: 4 weeks
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.

Primary Care Immersion – PacMed
- Availability: 1 block in Fall, 1 in Spring (2 residents total/year)
- Length: 4 weeks
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 interest, you’ll have the option of accompanying one of us on rounds at skilled nursing facilities and/or home visits. 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**
- Length: 4 weeks
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 UWMC and HMC and specialty clinics for patients with asthma and allergies, interstitial lung diseases and sleep-related breathing disorders. Residents will also participate in TB case review, PFT and exercise test interpretation, and weekly Seattle Area Chest Grand Rounds. Ample time is spared for two resident continuity clinics and administrative time.

**Women’s Health**
- Availability: Blocks 2-13 (reserved for Women’s Health Pathway block 1)
- Length: 4 weeks
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.
**Community Based Training/WWAMI**

**Ketchikan, Alaska**
- **Availability:** mid-October through June
- **Capacity:** 2 resident per year, R3 preferred
- **Community:** Rural (12,000), catchment (20,000)
- **Housing, travel and car provided**
- **Resident Costs:** Airfare to and from Ketchikan, AK Resident License ($50 plus $60 verification of licensure from WA state)

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 22 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, 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 practice is a combination of inpatient and outpatient; we cover the hospital service by the week, as well as covering night and weekend call. 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 echocardiography. You will be working with internists Peter Rice (former WWAMI and UW IM resident), Cheryl Collier-Brown, and various hospitalists.

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](http://www.peacehealth.org) or [http://www.peacehealth.org/careers/spirit-of-peacehealth/Pages/Default.aspx](http://www.peacehealth.org/careers/spirit-of-peacehealth/Pages/Default.aspx) (video on history of PeaceHealth). For more information contact Peter Rice ([price@peacehealth.org](mailto:price@peacehealth.org)).

**Soldotna, Alaska**
- **Availability:** September – May
- **Capacity:** 9 residents maximum for year
- **Community:** Rural (5,750), Catchment (15,000 -20,000)
- **Housing:** Provided, including car
- **Resident Costs:** Airfare to and from Soldotna, AK Resident License ($50 plus $60 verification of licensure from WA state)

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 (both former UW Medicine residents), Bill Kelley, Jeff McDonald, 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**
- Availability: Blocks 1-6, 8-13, coordinated with Boise IM Residency office so there is no overlap with their trainees.
- Capacity: 1 resident per year
- Resident Costs: Transportation to and from Boise; Idaho registration ($10 plus $60 WA state medical license verification)

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**
- Availability: Blocks 1-6, 8-13, coordinated with Boise IM Residency office so there is no overlap with their trainees.
- Capacity: 1 resident per year
- Resident Costs: Transportation to and from Coeur d’Alene; Idaho registration ($10 plus $60 WA state medical license verification)

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). Subspeciality options include Rheumatology (outpatient), Neurology (outpatient/inpatient), Pulmonary (outpatient/inpatient), Cardiology (inpatient/outpatient), and GI (outpatient/inpatient).
Sandpoint, Idaho

- Availability: All year
- Community: Rural (pop 7,000)
- Housing: Provided
- Resident Costs: Transportation to and from Sand Point; Idaho registration ($10 plus $60 WA state medical license verification)

Sandpoint is the gem of Northern Idaho. Located on the shore of Lake Pend Oreille and directly beneath the slopes of Schweitzer ski resort, Sandpoint capitalizes on its stunning setting to attract a diverse population of nature enthusiasts, farmers, and off-the-gridders. The summers are warm and clear with average temperatures in the 70s and the winters are known for snow, making cross country and downhill skiing favorite pastimes. The people are friendly and engaging and are excited to welcome a resident into their community.

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

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

Dillon, Montana

- Availability: Blocks 3, 4, & 11
- Capacity: 2 residents max/year
- Community: Rural 5,500
- Housing: A furnished apartment is provided.
- Partner and Family Accompaniment Options: Welcome
- Transportation: The resident will need to provide their own transportation to get here. The clinic is adjacent the hospital and the 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, (otorhinolaryngologists) and podiatrists.
Dillon is best suited to residents committed to a career in primary care; preference will be given to R2s. R3s interested in rural practice should also consider this rotation.

**Livingston, Montana**
- Availability: TBD
- Community: Rural (7,044)
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, three family practitioners with OB, three nurse practitioners, and two 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 physical and occupational therapy. Your activities will parallel those of the general internists with whom you are working. The majority of the time is spent practicing outpatient medicine, but you will also admit and care for patients in the hospital and ICU. You will have an average of 2 call nights during the rotation, during which time you will work in the emergency room. 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, 2D echocardiography, and minor office procedures such as joint injections and dermatologic procedures. Some weekends are free to enjoy the wide variety of outdoor activities that Livingston provides (it is only 30 minutes from the Bridger Bowl ski area, an hour from Yellowstone National Park, and minutes from national forest areas which provide opportunities for hiking, fly-fishing, white-water rafting, etc.).

**Missoula, Montana**
- Availability: All year
- Community: Mid-size (70,000)
Missoula is a mid-sized community which serves a referral area of ~250,000 people in western Montana. We have 2 hospitals of 150 beds each and the highest acuity patients in the state with tertiary care capabilities. Residents coming to Missoula may work in an outpatient primary care practice or a subspecialty practice, whichever they choose. This opportunity will help IM residents become acquainted with the opportunities that are available to internists in a mid-sized community.

There is a vibrant teaching program for WWAMI medical students in Missoula and the resident will be encouraged to participate in teaching rounds and present at grand rounds while they are in Missoula.

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**
- Availability: All year
- Community: Rural (3,300)
- Housing: 3 bedroom house available - fully furnished; e-mail and web-journal available both at the clinic and the apartment
- Partner and Family Accompaniment Options: Can be arranged
- Transportation: Need own car
You will be working in a two-physician internal medicine practice located in Montesano, which has a population of approximately 3,500. This is a predominantly ambulatory rotation, although resident will have an opportunity to work with area hospitalists if interested. 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**
- Availability: TBD
- Community: Mid-Sized (150,000)
- Housing: Provided
- Partner and Family Accompaniment Options: May be arranged
- Transportation: Need own car

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.

**Cardiology**

**Cardiology Consultation – Harborview**
- Call: None
- Availability: All year

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 – University of Washington**
- Call: None
- Availability: All year

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 both general cardiology and heart failure (Cards B) patients requiring high acute care.

**Heart Failure (Cards B) – University of Washington**
- Call: None
- Availability: All year

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

In addition to work on the in-patient service, the resident will have the opportunity to observe diagnostic right heart catheterizations and cardiac biopsies, thus having an opportunity to more fully understand the intricacies of invasive hemodynamic monitoring. They will see (although not be directly responsible for the care of) patients with mechanical circulatory assist devices and may have the opportunity to observe surgery for implantation of these devices. They will have an opportunity to see patients with pacemakers and internal defibrillators and those being evaluated for such devices and will have an opportunity to learn about heart rhythm management. Attendance at the weekly cardiac transplant meeting will serve as an introduction to the out-patient evaluation of patients with end-stage cardiac disease being considered for therapies such as cardiac transplantation and ventricular assist device implantation. Exposure to an out-patient heart failure clinic will broaden the exposure to a wide range of patients with heart failure.

**Inpatient Cardiology – Harborview**
- Call: In-house overnight q4
• Availability: Must fill all year
The Inpatient Cardiology service at Harborview provides care for patients with acute cardiovascular illnesses, with concomitant extensive exposure to diagnostic cardiology. The service admits and cares for patients with a primary cardiac problem, either to telemetry, the ward, or the ICU. Utilizing four senior Medicine residents and one first year Emergency Medicine resident assigned every month a team concept is used to provide ongoing care, with regular review of diagnostic studies such as cardiac catheterization, echocardiograms and treadmill testing. A formal curriculum has been implemented including the presentation of 8 core cardiovascular topics plus opportunities for discussion of up to 8 alternative areas. This service provides Internal Medicine residents with a broad exposure to basic hospital cardiology including the fundamental cardiac problems Internists need to know. Although there is a separate Cardiology consultation service that is active from 8AM-5PM Monday through Friday, the inpatient cardiology residents are involved in providing consultations at night and on weekends. Inpatient cardiology service patients can be followed by the same team from the time of admission with chest pain or an acute myocardial infarction through risk stratification, diagnostic studies including cardiac catheterization, nuclear cardiology, echocardiography, and treadmill testing, through discharge. The team also works closely with Harborview’s ARNP Heart Failure Transition service to ensure the continued evolution of hospitalized patients with heart failure to successful ongoing outpatient management.

Inpatient Cardiology – University of Washington
• Call: In-house overnight q4
• Availability: Must fill all year
There are four senior residents on this team working directly with the fellow and attending covering cardiology admission to the Cards A service. Residents will attend cardiology discharge clinic once a block, and will supervise a preliminary R1. Call is every fourth night.

Emergency Medicine

Emergency Medicine – Harborview
• Call: 18 - 10 hour shifts
• Availability: all blocks
The Harborview ED provides care to critically ill patients from throughout the WWAMI region. The ER is the initial point of entry for problems such as cardiac arrest, intracranial hemorrhage, GI bleeding, sepsis, overdose and stroke. The Harborview ER also serves the less acute medical needs of many underserved populations including the uninsured, immigrants, homeless, incarcerated persons, the chronically mentally ill, and substance abusers. Residents will encounter problems common in outpatient practice in addition to the more familiar inpatient and ICU conditions.

Residents who serve as Medic One Doc work in a fast-paced environment where they are the first person to evaluate patients exhibiting a wide spectrum of undifferentiated symptoms. In addition, the Medic One Doc serves as medical control for Seattle’s Paramedics and Airlift Northwest’s critical care nurses.

Residents in the ED work one-on-one with attending physicians 24/7, providing opportunities for immediate, patient-specific bedside teaching and feedback. There is also a morning teaching session for residents on the trauma and medical sides of the ED, led by an attending.

Endocrinology

Endocrinology – University of Washington
• Call: None
• Availability: All Year
During this rotation, residents participate in outpatient subspecialty clinics at UWMC and HMC, 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 Puget Sound**

- **Call:** None
- **Availability:** All year

The Endocrinology rotation at VA Puget Sound provides a combination of both inpatient and outpatient experiences, particularly since Endocrinology is primarily an outpatient specialty. 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 as well as recognizing when to consult Endocrinology for further assistance. Endocrine topics reviewed during their rotation and not limited to: hypogonadism, hypo and hyperthyroidism, bone and calcium metabolism, transgender, Diabetes type 1 and 2, lipids, adrenal and pituitary disorders.

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 of Outpatient Experience, the Resident attends Friday VA Outpatient Endocrinology at the VA 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 Attendings, 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 pumps, Continuous Glucose Monitors (CGM) or complex multiple daily insulin injection regimens. It is also possible to obtain experience doing thyroid biopsies 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 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– Harborview**

- **Call:** None
- **Availability:** All year

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

1. To gain experience in the diagnosis and management of acute and chronic GI and liver disorders. Common problems include GI bleeding, complications of chronic liver disease, HIV-related GI and liver disorders, inflammatory bowel disease (IBD), pancreatitis and cholangitis. Residents will learn how to evaluate and manage these disorders from the perspective of a GI/Hepatology
consultant, using an evidence-based approach where appropriate. Ten to fifteen consults are seen per week.

2. To gain experience in outpatient Gastroenterology and Hepatology. The Hepatology Clinic meets mornings 5 days a week Monday thru Friday and sees patients with hepatitis B and C, Hepatitis C and HIV coinfection, and other liver disease. The GI Clinic meets Wednesday and Thursday afternoons. Common problems seen include GERD, ulcer disease, IBD, IBS, biliary and pancreatic disorders, alcoholic liver disease, and GI and hepatic malignancies. In addition, primary care issues such as screening for colorectal cancer are reinforced. Many residents use this experience as a springboard for successfully managing GI problems in their own clinic patients.

Gastroenterology Consultation – University of Washington

- Call: None
- Availability: All year

Residents consult on 10-20 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 and use the ISIS endoscopy simulator. 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. Residents 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 website www.uwgi.org.

Gastroenterology Consultation – VA Puget Sound

- Call: None
- Availability: All year

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- Harborview

- Call: None
- Weekends: None
- Availability: All year

The Medicine Consult Service (MCS) at HMC aims to provide expert medical opinion regarding the care of hospitalized patients or serve as consultants for patients under the care of other medical and surgical services. MCS may provide opinions and recommendations or actively manage the patient’s hospital care.
Effective and frequent communication between the MCS and the requesting physician ensures safe and quality 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 Hypoxia
7. Electrolyte Disturbances

The MCS team typically consists of a Hospitalist attending, a preliminary year intern and an OMFS intern. 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. The senior resident on Medicine Consults serves as the “face” of medicine at Harborview Medical Center. Resident autonomy and daily teaching are integral to the rotation.

Beginning in 2014, residents on the MCS will also have the opportunity to expand their role. The MCS at HMC will also function in the role of Medical Triage. Medical triage serves to assess and distribute patients to both the Hospitalist services and the Resident Teaching services. This role includes receiving calls from the ED and clinics for new admissions, or from other services requesting transfer of a patient’s primary inpatient cares. As part of this new role, residents may choose to work modified shifts in the morning (6AM to 2PM) or evening (12PM to 8PM) rather than the traditional (8AM to 5PM).

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

**Medicine Consultation – University of Washington**
- Call: None
- Availability: All year

This is an elective strongly recommended for all medical residents. Medicine consultation is an essential area of expertise for both specialists and general Internists. During this rotation the resident will learn the "art" of effective consultation while working directly with the consult service attendings. The consult resident will advise and teach physicians from other services in how to manage their patient's acute and chronic medical problems. The resident will learn pre-operative risk stratification of medically complex patients in need of surgical procedures. Most initial consultations are done as an outpatient. The resident will then follow these patients as inpatients in the post-operative period to advise and teach optimal medical management to the primary surgical team. Residents will also be involved with inpatient medical consultations on non-surgical as well as surgical patients for a wide variety of medical problems.

Most of the patients followed by the consult service have major medical problems, and as a result, the service is generally very 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 obligation, and there are ample opportunities to attend conferences and Residents' Report.

One on one teaching opportunities with the attending occur on a daily basis and didactic sessions are held throughout the month.
General Medicine: Hospital Medicine

Alaska Native Medical Center - Anchorage, AK (WWAMI)

- Availability: Year round
- Community: Urban (350,000)
- Housing: Provided; no overnight guests permitted including partners/families
- Resident Costs: Airfare to and from Anchorage, AK, verification of licensure from WA state

The Anchorage rotation is based at Alaska Native Medical Center (ANMC), a 150 bed tertiary referral center dedicated to the care of Native Alaskans. There are ten internal medicine physicians/hospitalists who provide 24hr/7 days inpatient coverage. A variety of subspecialty services are included within the Department of Internal Medicine, including Pulmonary and Critical Care, Cardiology, Nephrology, Dermatology, Rheumatology, Neurology, and Hematology and Oncology. Gastroenterology is split between the general internists (EGD’s) and the general surgeons (colonoscopies and ERCP’s). There are also two Hepatologists on staff.

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

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

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

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

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

Harborview Medical Center – Seattle, WA

- Call: None
- Availability: All year (please see below for optimal times to schedule), up to two residents per rotation
- Days off: “Week on, Week off” model. On service is 7 days from 7AM to 7PM.
Hospital Medicine has become a viable and common career path for many residents who enjoy acute care general medicine. The goal of this rotation is to provide a true-to-life hospital medicine experience. The structure of the elective will attempt to mimic that of HMC hospital medicine faculty. As a resident on the hospital medicine elective, you will be scheduled in a Week-On/Week-Off fashion on the Hospital Medicine Service (HMS).

During your “Week-On,” you will be a member of the HMS team with direct patient care responsibilities. Your average patient census will be 4-6. You will work collaboratively with the HMS attendings (who carry their own patient panel) to provide critical inpatient care to Harborview patients. You will take overnight admissions from the nocturnist and admit new patients independently during the day. The week typically starts on a Saturday and ends on a Friday. The day starts with a morning huddle at 7:30 with transfer of care from the nocturnist.

This rotation offers significant autonomy with collegial attending oversight. Residents may also be given opportunities to participate in medicine consults and triage depending on patient flow and work coverage.

The “Week-Off” structure will again mimic the work schedule of the academic hospitalist at HMC, incorporating administrative as well as ambulatory responsibilities. You will spend time learning about and participating in quality, patient safety and systems improvements at HMC and across UW Medicine. You will have the opportunity to attend several key meetings, learn how quality improvement initiatives are developed, implemented and measured.

This rotation provides real life exposure to the Hospital Medicine lifestyle at Harborview. If you are interested in a career in hospital medicine, this is a must-do elective.

**Scheduling Note**
Because of the Week-On/Week-Off nature of this rotation certain scheduling parameters must be taken into account. 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.

Please email dancab@uw.edu with questions regarding this rotation.

**Swedish Medical Center – Seattle, WA**
- Call: None
- Availability: All year

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 increasing 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 nocturist and are interested in being scheduled for night shifts, this can often be accommodated.

University of Washington Medical Center – Seattle, WA
- Call: None
- Availability: All year
The UWMC Hospitalist Rotation is available to one second or third year resident per month. 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 E) service. The patient population is similar to that of the other medicine services; care is focused on efficient, effective, and personalized care. We have close relationships with subspecialists, surgical consult services, nursing, and a very effective social worker and pharmacist. Residents will have one day off per week, no call, and will follow no more than 8 patients, working with the attending to identify those patients that offer the best opportunities for learning. The Hospitalist team rounds daily at 7:30 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.

VA Puget Sound –Seattle, WA
- Call: None
- Availability: All year
The Hospital Medicine Service at the Puget Sound VA consists of 2 daytime hospitalists, a swing shift hospitalist, and a nocturnist. Together, they are responsible for staffing an inpatient service (Medicine Purple) and the medicine consult service, and for coordinating interfacility transfers (from local hospitals and from other VA hospitals in our catchment area). Our case load is varied ranging from “bread-and-butter” cases to more complicated specialty cases referred to us from centers throughout the WWAMI region. Residents work closely with the daytime and swing shift hospitalists; admitting patients and responding to consults Monday through Saturday from 7:30 am to around 3:30 pm. In addition, residents choose 1 day a week (Tuesday, Wednesday, or Thursday) to come in later, at 9:00 am, and admit patients with the swing shift hospitalist until 9:00 pm. Residents don’t come in on their clinic days and are off on Sundays and Holidays. They usually carry a census of up to 8 patients including consults and are not responsible for coordinating interfacility transfers.

General Medicine: Inpatient Wards

Day Medicine – Harborview
- Call: 7am-7pm 4-5 days on alternating with days off and clinics
- Availability: Must fill all year
A senior resident round with the post-call team and will advance care with the assigned attending after the post-call team has gone home. In addition to two days of continuity clinic, residents will participate in the Harborview Aftercare Clinic and attend Thursday morning program didactics.

Day Medicine – University of Washington
- Call: 7am-7pm 4-5 days on alternating with days off and clinics
- Availability: Must fill all year
A senior resident round with the post-call team and will advance care with the assigned attending after the post-call team has gone home. In addition to two days of continuity clinic, once opened residents will participate in the UW Post-Discharge Clinic and attend Thursday morning program didactics.

**Inpatient General Medicine – Harborview**
- Call: Q5 overnight
- Availability: Must fill all year

There are five general medicine teams at HMC; each team has two R1s and one R2/R3. Admitting cycle is q 5 days: Accept day #1 (transfer of care of 2-3 patients admitted overnight by Night Medicine), Early Admit (team 4 patients), Accept, Late Admit (team 6 patients), Post-call. The resident gains a broad diagnostic and therapeutic experience with a wide variety of acutely ill patients. There is a mix of patients admitted from the Emergency Department, from clinic, the MICU and transfers from other services.

**Inpatient General Medicine – University of Washington**
- Call: Q45 overnight
- Availability: Must fill all year

There is one Medicine R1, one senior (usually R3, sometimes R2), and up to two MS3s on each of the four teams. Teaching is a priority for all team members. Teams will care for a wide variety of acutely ill patients including individuals referred for specialty care. No ICU care involved (closed unit).

**Inpatient Medicine – VA Puget Sound**
- Call: q4 overnight call
- Availability: Must fill all year

There are four general medicine teams at the VA. The teams consist of two R1s and one R2. There are 1-2 MS3s and occasionally one MS4 sub-intern assigned to each team. One team may also have a family medicine R2. Short-call admit days are 0900-1300 (including up to four overflow patients from night medicine) and long call admit days are 1300-1800. Teams cover patients on the Medicine wards. There is no ICU coverage on VA inpatient medicine.

**Night Medicine – VA Puget Sound**
- Call: 4-5 nights on alternating with 4-5 nights off
- Availability: Must fill all year

A resident and intern will spend five days in a row admitting up to 4 patients per night to the medicine service and providing cross-coverage for the Medicine Service and ICU patients. The night float senior resident can take up to an additional 4 admissions. Full-time, active nocturnists are available for back-up and overflow.

**Geriatric Medicine**

**Gerontology Co-Management & Consultation – Harborview**
- Call: None
- Availability: Must fill all year; (required Categorical R3); elective for R1/R2 when fewer than 3 residents.

This rotation has 2-3 medicine R3s. The rotation provides training in the management of medical, social, psychological, rehabilitative, and ethical issues related to the care of hospitalized elderly patients. Emphasis is placed on the (1) diagnosis and treatment of acute exacerbations of chronic health problems in older adults, (2) preoperative and postoperative medical management of the surgical patients including cardiac risk stratification (3) impact of the comprehensive geriatric assessment to a patient’s disposition, (4) co-management of patients with surgical colleagues, (5) necessary skills for effective consultative medicine, and (6) practice of safe and thoughtful transitions of care. The team provides co-management and consultation to medical and surgical services, including psychiatry with a strong emphasis on orthopedic and trauma patients. Residents also have the opportunity to manage hospitalized elderly patients.
patients as the primary provider/team. Residents provide day to day management of patients and participate in regularly scheduled geriatric attending rounds and weekly conferences.

R3s are responsible for triaging consults and evaluating patients for admission to the geriatric service, day to day care of consult and primary patients. Residents will have opportunities to participate in outpatient/long term care geriatric experiences as their schedule allows. A rehab medicine R1 may be present to assist with consults and management of inpatients under the supervision of the R3s. In addition to the residents, other team members may include a geriatric fellow, clinical pharmacist, and medical students.

Global Health

Global Health Leadership – Harborview

- Availability: Block 4 only
- Capacity: 3-5 R2/R3s

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 Systems & Quality Improvement

Quality Improvement Immersion Block, Harborview

- Availability: Block 4 only
- Capacity: Required for R2 Health Systems pathway participants; elective for up to 8 total R2/R3s

The Quality Improvement Immersion Block is a month-long experience designed to provide the senior resident with foundational knowledge in quality improvement and patient safety (including IHI Open School Basic Certification), as well as hands-on experience participating in a collaborative project. Curriculum will be delivered online (IHI Open School) with accompanying readings and speakers.

The capstone activity of the rotation is a hospital-based quality improvement project, with a theme identified in conjunction with Harborview Leadership. This rotation provides an outstanding opportunity to meet personally with hospital leaders and better understand the workings of a complex medical center. Please note that this is a collaborative project: if you would like to pursue a QI project of your own design, apply for an independent elective QI block.

Hematology/Oncology

Bone Marrow Transplant – Seattle Cancer Care Alliance

- Call: None
- Available: Block 8, 10, 12

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– Harborview**
- Call: None
- Availability: All year
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 3rd Thursday of the month, and a weekly HIV Hematology-Oncology Clinic in the Madison Clinic on Tuesday afternoons. A fellow's course on topics in Hematology is held every Friday morning at the Seattle Cancer Care Alliance and is optional for residents.

**Hematology/Oncology Consultation – VA Puget Sound**
- Call: From home
- Availability: All year
This rotation is geared toward presenting an overview of the practice of hematology and oncology for the general internist. Emphasis is placed on how to evaluate patients with hematologic and neoplastic disorders. The resident runs an active consultation service that evaluates between 10 and 20 patients per week. The resident attends a weekly interdisciplinary tumor board and Monday, Tuesday and Friday afternoon clinics in which new patients will be assigned for their teaching value. There is a post-clinic conference with patient discussion. Residents obtain experience with bone marrow aspiration and biopsy and participate in marrow evaluation and interpretation along with a formal marrow conference held weekly. Hematology attending rounds are made two to three times per week. Residents can round on BMT patients, and may, if they so desire, be assigned to a BMT patient during their month. There are at least two Hematology-Oncology fellow on the service.

**Hematology/Oncology Inpatient – University of Washington**
- Three R3s with no overnight call.
- Three R1s working days will have no overnight call
- Three day resident teams will admit up to 4 patients every three days and take up to two overnight patients on none admit day. Total single team census will not exceed 10 patients.
- Two R1s will only work at night. Night time activities includes (1) admitting up to 2 patients (2) cross covering for the 3 resident oncology teams (3) supervision and didactics with nocturnal hospitalist (4) morning didactics and staffing with oncologists.
- Availability: Must fill all year
Staffing consists of five R1s, two R3s, one leukemia fellow, one oncology consult fellow, and two attendings (one solid tumor attending and one leukemia attending). The combined daily census on Oncology ranges from 24 to 32. Housestaff are involved with the management of patients with hematologic malignancies and solid tumors as well as complications of therapy and terminal care issues.

**Independently Arranged Clinical Elective**
Applications for independently arranged clinical electives were due February 12th. All independent elective requests have been reviewed by a committee and have been awarded an educational merit score.

**Infectious Diseases**

**Infectious Disease – Harborview**
- Call: From home
• Availability: All year
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/.

Infectious Disease – University of Washington Medical Center
• Call: Weekdays, no home call. No weekend duties except in unusual circumstances
• Availability: All year
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 Puget Sound
• Call: From home
• Availability: All year
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 – Harborview
• Call: None
• Weekend: None
• Availability: All year
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 1/2 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 HMC.

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

**Nephrology – UWMC**

- **Call:** None
- **Availability:** All year

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 HMC 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 Puget Sound**

- **Call:** None
- **Availability:** All year

The resident is an intricate part of the renal team which consists of the attending, renal fellow and occasional medical students. Care is provided to patients with a wide variety of interesting acute and chronic renal diseases, electrolyte and acid-base disturbances, hypertension and fluid problems. Consults are seen from the MICU, SICU, bone marrow transplant unit, and the medicine and surgical services. The team follows about 6-10 patients, and sees new consults daily. Didactic sessions are held daily along with a weekly clinical case conference. The resident may request additional outpatient clinic experience during this rotation.

**Neurology**

**Neurology Consultation – VA Puget Sound**

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

**Stroke Neurology – Harborview**

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

The HMC Vascular Neurology elective will provide the medicine resident with exposure to a broad range of urgent issues related to the diagnosis and management of acute stroke. The rotating resident will work closely with the Vascular Neurology fellow and faculty, participating daily in post-call rounds on new stroke admissions. He or she will function in a consultative role, evaluating suspected and confirmed stroke cases in the ER, on the wards and in Stroke Clinic.

Specific directed education and feedback will be provided regarding skills in neurologic history and examination. A key component of the educational experience is the weekly multidisciplinary stroke conference, which encompasses didactics, Journal Club, Stroke QI report and case review. The rotating resident is asked to present one 30-minute didactic session, on the stroke related topic of his or her choice, towards the end of the rotation. Stroke Webinar (q week), Stroke Lunch Conference (q weeks), and Neurology Grand Rounds (q week) provide additional opportunities for education.

This elective may be of particular interest to residents considering a career in hospital medicine.

**Non-Clinical Electives**

**American Indian Health Block**

- **Call:** None
- **Availability:** TBD

This non-clinical block is designed for residents to learn about the rich history and culture of indigenous people in our region via meeting and talking with American Indian/Alaska Native providers, patients, and speakers, going on site visits, readings, films, and attending community events. This block is meant to provide time for personal reflection over the material for discussion and reflection with your colleagues on what it means to work in underserved communities, what it means to be a healer, and to consider what decolonization of medicine and medical practice in these settings may look like. Our hope is that this block can provide the space for learning and reflection and to start/continue the process of learning to better care for indigenous patients and to work for equity in medicine.

**Teaching Elective**

- **Call:** None
- **Availability:** Blocks 5, 11, & 13

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.

**Palliative Care**

**Palliative Care – Harborview**

- **Call:** None, weekends and holidays off
- **Availability:** All year

Palliative Care: Palliative care is an interdisciplinary team approach to improve the quality of life and relieve suffering for patients and families with serious illness. Our primary goal is to treat 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. 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, interns and 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
- Available on requests, individual experiences can be arranged with home hospice and our outpatient palliative care practice.

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 – University of Washington**

- **Call:** None
- **Availability:** Block 2-6, 8-9, 11-13

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 Puget Sound

- Call: None
- Availability: Blocks 8-13
- Length: Two Weeks

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 procedure hospitalist. We anticipate the primary procedures to include: paracentesis, thoracentesis, central line placement, lumbar punctures, peripheral lines, and arthrocentesis. 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.

As procedure volume can be inconsistent at times, we have also produced a complimentary Back to the Bedside curriculum which will focus on additional common diagnostic techniques including: blood smears, gram stains, and microscopic urinalysis to enable residents to become more confident in independent interpretation of these results.

Pulmonary & Critical Care Medicine

Medical Intensive Care Unit – Harborview

- Call: Overnight q4
- Availability: Must fill all year

Four R3s and five R1s are on the MICU rotation each month. On the service, the residents gain experience in the diagnosis and management of patients with a broad spectrum of critical illnesses. Common diagnoses include acute respiratory failure, ARDS, acute renal failure, sepsis and septic shock, gastrointestinal hemorrhage, drug overdose and toxicological emergencies, diabetic ketoacidosis, coma, and severe disturbances in fluid and electrolyte balance. Experience is also gained in mechanical ventilation, hemodynamic monitoring and support, resuscitation, renal replacement therapy, palliative care, management of sedation/delirium, and promoting physical rehabilitation early in critical illness. Procedures include arterial line placement, central venous line placement, paracentesis, thoracentesis and lumbar puncture. The residents will gain valuable experience working within a multi-disciplinary team including nurses, therapists, pharmacists, dieticians, and social workers.

Medical Intensive Care Unit – University of Washington

- Call: None (Shifts of varying length, not to exceed 16 hours)
- Availability: Must fill all year

Three R2s provide both direct patient care and supervision of interns during the one month rotation. R2s are responsible for accessing potential transfers to the ICU from the floor or ED, supervising the interns
with admissions and procedures, and assisting the PCCM fellow in establishing plans of care. A wide range of complex patients are cared for in the ICU, including referrals from outside hospitals around the Pacific Northwest. Common disorders seen include septic shock, acute respiratory failure, end-stage lung disease, fulminant hepatic failure, post-operative liver transplantation, and complications of solid organ transplant. R2s will be expected to perform and/or supervise arterial and central line placement as well as paracentesis and thoracentesis.

**Medical Intensive Care Unit – VA Puget Sound**
- **Call:** No overnight call
- **Availability:** Must fill all year

Duties of this rotation center on being the primary physician in the Medical Intensive Care Unit (MICU). The resident will be the first clinician on the team to see and evaluate the ICU patients, come up with care plans and then implement those plans under the supervision of the VA MICU fellow and VA MICU attending. Residents work closely with consult services, ICU nurses, nutritionists, pharmacists and respiratory therapists to coordinate patient care. The resident will be expected to communicate with families and discuss end-of-life decision making with the assistance of the fellow and attending, along with palliative care consultation if needed. This rotation allows the resident experience as the primary critical care provider in a community hospital environment, with emphasis on hands-on patient care, in the setting of excellent supervision and teaching from the fellow and attending. Residents on the service are expected to perform all necessary procedures on ICU patients under the supervision of either the fellow or attending. There are also 2-4 didactic sessions per week. All members of the team participate in teaching. Currently, residents alternate every other weekend off with the fellow. There are no overnight call responsibilities.

Rounds begin at 7:30 am daily, at which time the whole team will first round on overnight admissions, handed off by the night team, and then round on the rest of the MICU service. Following rounds, the team often reviews X-rays with staff radiologists. Generally residents have time to attend Morning Report, Resident Core Teaching Conferences (at noon), and Pathology/Autopsy conference every Friday. Sign-out to the night team is at 7:00 pm and is performed by either the resident, fellow, attending or NP/PA. The MICU team is made up of an attending, a Pulmonary/Critical Care fellow, the resident, a NP or PA, and occasionally a medical student/Sub-Intern.

**Pulmonary Consultation – Harborview**
- **Call:** From home
- **Availability:** All year

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 – University of Washington

- Call: None
- Availability: All year

The resident on the Pulmonary Consult Service at the UWMC will participate in the full range of inpatient and outpatient activities. Activities include consultations on inpatient services on a daily basis and occasional outpatient consultations and procedures. The resident will make daily rounds with the pulmonary consult attending and pulmonary consult fellow and contribute to the supervision and teaching of 1-2 fourth year elective students. He/she will participate in 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 Consultation – VA Puget Sound

- Call: None
- Availability: All year

This rotation will be staffed by the VA Pulmonary Faculty and a UW Pulmonary Fellow, both of whom will be dedicated to this service, without competing obligations in the ICU. The service (Attending, Fellow, Resident, and student(s)) will provide pulmonary consultation services to ward patients on the medical and surgical services, as well as same-day consults to outpatients in the primary care clinics. The resident on this rotation will also see patients in the VA Pulmonary Clinic every Tuesday afternoon. There will be opportunities to participate and learn about outpatient procedures including thoracenteses, pulmonary function testing, cardiopulmonary exercise testing, and methacholine challenge testing. A broad spectrum of disease is seen on this consult service and includes COPD (chronic bronchitis, emphysema, alpha-1-antitrypsin deficiency), asthma, interstitial lung disease, bronchiectasis, lung cancer, and pulmonary artery hypertension, pulmonary manifestations of neuromuscular disease (chronic spinal cord injury, ALS, multiple sclerosis), pulmonary complications of immunocompromised patients (bone marrow transplant and lung transplant) and sleep apnea.

Radiology

Radiology for the Internist – University of Washington

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

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.

Research

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

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

**Rheumatology**

**Rheumatology Consultation – Harborview**
- Call: None
- Availability: All year

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 – University of Washington**
- Call: Home Call – one weekend
- Availability: All year

This rotation provides residents with clinical experience in the diagnosis and management of rheumatic diseases. Residents participate in 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 Puget Sound**
- Call: Weekday from home
- Availability: All year

The resident attends 4 half-day Arthritis/Rheumatology clinics at the VA, on Monday morning and afternoon and Wednesday morning and Wednesday afternoon. The afternoon clinic is followed by a teaching conference on Wednesdays. In addition, the resident sees consults in Urgent Care, Primary Care Clinic, the inpatient wards, and sometimes does “nonvisit” consults. The Rheumatology Division Grand Rounds are held Tuesday mornings at the UWMC at 8:30 am in RR-110, and the Journal Club/Research Conference is held Friday mornings at the UWMC (for details, see http://depts.washington.edu/rheum/conferences/all.html).