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Welcome to Madison

We are delighted that you are interested in learning more about our Internal Medicine Residency Program. One of the great pleasures I have as chair is to work with the talented Internal Medicine residents who come to train at the University of Wisconsin-Madison. Dr. Vogelman and I partner to ensure that we have a great training environment for our postgraduates because our residency program in Internal Medicine is central to the Department of Medicine. I am fully supportive of our faculty members’ commitment to education, the successful education innovations of the program, and the learner-centered approach of our training programs.

Dr. Vogelman’s team and my office enjoy working together to offer the full spectrum of training opportunities; these include our core residency in internal medicine, all 16 subspecialty fellowships accredited by the ACGME, and additional training in research, other clinical specialties and medical education. Over the years, our education team has assembled a first-rate cadre of educators including talented Masters- and PhD-trained educators and outstanding associate program directors, chief residents and core faculty who have a wealth of experience and a love of learners and learning. Together we have enhanced our residency and fellowship programs to the point of having maximum ACGME accreditation cycles, high board pass rates and graduating generalists and subspecialists with widely recognized skills to obtain the next position they desire. I am especially proud of the board pass rate for our residency — among the highest in the nation.

Our training programs attract top-notch applicants. From among a pool of excellent candidates, we identify kind, caring and concerned professionals and future leaders who have a commitment to compassionate and high quality care to patients and their families. We are looking for individuals who enjoy being part of an integrated multidisciplinary health care team. Our fundamental commitment to each of our trainees is to provide a supportive environment where she/he will develop the skills and gain the knowledge required to become a first rate internist. We are dedicated to providing opportunities for our residents to tailor their training according to their interests; whether they want to pursue primary care, specialty care, hospitalist medicine, research or education.

We are proud that our department is recognized for its commitment to treating patients and families with kindness and respect, while providing the highest quality in clinical care and service. Professionalism is of paramount importance to us. Beneficence and preservation of autonomy and integrity define our approach to our patients and their families. Collegiality, mutual support and humor epitomize our relationships with our colleagues. It is our hope that all trainees in our programs will enhance these attributes and carry them forward in their lifelong practice of medicine.

Thank you again for your interest in our programs and the outstanding opportunities for training at the University of Wisconsin, Department of Medicine. Welcome to Madison!

Richard L. Page, MD
PROGRAM HIGHLIGHTS

- Outstanding fellowship and job placement (see page 28)
- Challenging and supportive academic environment with an emphasis on resident education as evidenced by active, experiential learning curriculum, one-on-one and small group mentoring and high boards pass rates. Three-year 99% Board pass rate
- Outstanding research opportunities – UW consistently ranked in top four in the U.S. for research expenditures and PhDs graduated (see list of over 150 resident publications and national or regional presentations in 2012–2015 on pages 29-33)
- Close contact with all the general medical and subspecialty divisions, allowing for early introduction to research mentors, research opportunities and clinical electives
- Cutting edge education and mentorship (one of 17 ACGME approved Education Innovation Project sites in the U.S.)
- Residents have unparalleled personal contact and access to engaged, concerned and experienced leadership
- Individualized career planning with enormous flexibility in schedule, along with specific counseling on how to succeed in the fellowship and practice application and interview process
- Friendly supportive environment among residents and faculty and great camaraderie among residents
- Comprehensive training with a very heterogeneous and diverse patient mix in three hospitals including a large primary care practice and the patient population of a regional tertiary care center. University of Wisconsin Hospital and Clinics ranks in the top five university hospitals in the U.S. for quality of care and it is the number one ranked hospital in Wisconsin. The Madison VA is one of the top ranked VA hospitals in the US for quality of care and patient satisfaction.
- Madison, a great place to learn, work, socialize and live.
Department of Medicine Residency Education Team
Faculty

I have had the honor and privilege of fostering the clinical skills, career and personal development of residents for over two decades and have learned so much working alongside the wonderful postgraduates who have come to UW to achieve their life’s goals.

Bennett Vogelman, MD
Program Director, Vice Chair for Education for the Department of Medicine

I enjoy the practice of medicine both for its intellectual challenge and for the opportunity it affords to communicate and care for patients and their families. Being able to teach residents the many skills required to address illness and health is a great honor and one from which I continue to learn.

Joan Addington-White, MD
Associate Program Director for Ambulatory and Primary Care
Director, Primary Care Track

I view my contribution to medicine as a leader involved in the development of physicians ready to meet their patients’ “whole person” needs with emphasis on implementing quality and proven care.

Christopher Hildebrand, MD
Senior Associate Program Director, Associate Chief of Staff for Education and Ambulatory Care, VA Hospital

At a time when the need for well-trained internal medicine physicians has never been higher, it is rewarding to see engaged residents grow into physician leaders. Working with an exciting group of faculty and residents, I am reminded daily of how wonderful it is to be with people that continually achieve excellence in healthcare and education, at an institution that embraces innovation and new ideas to allow all of us to reach our full potential.

Robert Holland, MD
Associate Program Director
Director of Resident Performance Improvement, QI and Systematic Literature Review Projects

As a graduate of this program, my personal practice was shaped by the innovative, supportive, and patient-centered culture here at UW and it is a distinct honor to care for patients while also being able to impact the growth and professional development of each resident.

Sean O’Neill, MD
Associate Program Director
Director of Evidence Based Medicine Curriculum

Medical residency is a time of incredible personal and professional growth; it can be transformative. To contribute in a meaningful and positive way to this experience for our residents through mentoring, direct teaching, and thoughtful curriculum design is an opportunity for which I am enormously grateful.

Mariah Quinn, MD, MPH
Associate Program Director and Director of Humanism in Medicine Curriculum

As an educator, I am exhilarated by the complex challenges inherent in teaching and learning in a healthcare setting. My research focuses on teaching physicians how to engage in empathic behaviors with their patients, learners, and interprofessional colleagues. This ability has been proven to increase the quality of patient care; and to also decrease burnout and personal distress for healthcare providers.

Amy Zelenski, PhD
Director, Medical Education

Faculty
Director of Resident Performance Improvement, QI and Systematic Literature Review Projects
Department of Medicine Residency Education Team

Chief Residents

Sharen Azar, MD
Trowbridge Endowed Primary Care Chief Resident
Medical school: Oregon Health & Sciences University

My time as a resident at UW was transformative, largely in part due to the incredible support of my colleagues as well as the encouragement provided by my mentors. I am thrilled at the opportunity to be the primary care track chief resident, where I can share my passion for outpatient medicine with the housestaff and provide them with the same kindness, support, and encouragement that helped make residency such a rich experience.

Lindsay Voss, MD
Bridges Family Endowed Chief Resident
Medical school: Georgetown University

It has been a privilege to train at a program that puts such effort into creating a rigorous educational and clinical experience while also fostering humanism and community. The guidance and teaching I’ve received from prior chief residents has been formative for me in shaping the physician I strive to be. I feel so honored to continue this work with my fellow chiefs, helping our housestaff meet their personal and professional goals.

Andrew Vreede, MD
Page Family Endowed Chief Resident
Medical school: University of Michigan

During the past three years I have been consistently impressed by the focus of the residency program towards providing a rigorous and personalized approach to resident education while maintaining a culture of collegiality and humility. This guidance has profoundly shaped me and provided me with the essential foundation and tools to continue my clinical and personal development. As a chief resident I am excited to play a part in this culture and to assist the house staff to achieve their professional goals.

Jill Zabih, MD
Vogelman/Carnes Family Endowed Chief Resident
Medical school: University of Nebraska

During my residency at UW I was surrounded by a community of intelligent and thoughtful colleagues which nurtured my personal and professional growth into a young physician. I benefitted tremendously from the teaching, leadership, and advice of the chief residents before me. I hope to continue this tradition by helping to foster an environment of scholarship and community during my chief year.

Staff

Michelle Kipp, MS in Student Affairs Administration
Residency Program Coordinator

I enjoy watching young professionals find their voices, carve out their passions, and grow into strong, intelligent practitioners. I consider it an honor to be involved in your life for the time that you’re with us - and for many years after - and I look forward to helping you make the most of your Wisconsin Experience.

Vonnie Schoenleber
Residency Project Manager, Assistant to Dr. Vogelman

I enjoy working in a program filled with so many talented and interesting people. Working with residents helps me to remember how important it is to keep learning, to enjoy challenges; and that we create our own opportunities.

Audra Keith
Residency Assistant, Assistant to Dr. Addington-White

It is invigorating to work in a program that is so passionate about education. I look forward to contributing to this environment and helping the residents and interns reach their goals.

Audra Keith
Residency Assistant, Assistant to Dr. Addington-White

I am proud to be a part of a program that nurtures the growth and development of the future generation of superior care givers.

Patricia Rey
Residency & Fellowship Assistant, Assistant to Dr. Quinn

I am proud to be a part of a program that nurtures the growth and development of the future generation of superior care givers.
Summary of Goals and Objectives

The goal of the University of Wisconsin–Madison Internal Medicine Residency is to ensure our graduates attain the professional, interpersonal, cognitive, and technical skills necessary to provide their patients with kind, compassionate, and high quality care. Residents learn and practice patient-centered communication, shared decision making, and current evidence-based knowledge and work with patients to achieve the best possible outcome. Residents are given guidance and advice to develop their careers, achieve scholarship, and complete the prerequisites needed for the next steps of their professional development. Our house staff learn problem-solving skills and the process of self-directed, life-long learning. House staff are taught to assess patient outcomes in order to improve future decision-making and guide practice management. They acquire the ability to organize their workdays, as well as reflect upon and plan for professional-personal balance, stress reduction, and personal health. The competencies listed are achieved through a required set of rotations, a didactic and interactive curriculum, and a self-tailored set of electives. Our residents, faculty, and program are continuously evaluated to ensure success in achieving these competencies, goals, and objectives.

UW’s Version of National Requirements for Competencies

Below is a list of the competency areas to meet these Goals and Objectives:

1. Humanism and Professionalism
2. Effective Communication Skills
3. Clinical Ethics and Moral Reasoning
4. Medical Knowledge
5. Evidence-Based Clinical Reasoning
6. Life-Long Learning
7. Self-Awareness, Self-Care and Professional Identity Development
8. Management Skills for Clinical and Academic Practice
9. Social, Cultural and Community Context of Healthcare
10. Scholarship
11. Technical Skills
12. Career Development

To review each of these competencies in greater detail and the methods we use to assess outcomes and evaluate the program, please visit our website at: www2.medicine.wisc.edu/home/housestaff/corecompetencies

The above goals, objectives and competencies apply to the categorical, primary care, and research tracks. Please see our website for information specific to these tracks for more details.
UW-Madison Internal Medical Residents
CATEGORICAL, PRIMARY CARE AND RESEARCH PATHWAY PROGRAMS

Comprehensive Curriculum

Didactic/Case-Based Learning

• Special Lectures Series targeted to interns in July
• Internal Medicine Core Curriculum – 2 hr block once a week
• Morning Report – daily
• Medical Grand Rounds – weekly
• Intern Report with the Program Director – weekly
• Case-based primary care conference – weekly
• Advances (Resident Systematic Reviews) – weekly
• Tissue Conference [clinical, pathology and radiology]
• Systems-Based Practice Conference: Education Innovation QI Project summaries
• Journal Club/Critical Reading of Literature/Evidence Based Practice Presentations
• M&M Conference

Workshops

• Basic and Advanced Life Support
• Acute Situations Workshop Simulations
• Doctor/Patient Communication Workshops
• Critical Care Course [annual for interns]
• Pap and Pelvic Workshop [annual for interns]
• SWIFT (Speed Workshop for Interns and Faculty to Talk about research) [annual for interns]
• Clinical Research Workshop
• Mock Code Simulation
• Central line Simulation
• Interprofessional Mock Code

Education Innovation Project

• PG-1 Introduction to continuity clinic, patient panels and transitions in care
• PG-2 Systems-Based Practice (SBP) and Patient Safety Rotation
• PG-3 Quality Improvement Project Rotation
• Quality of work life and job satisfaction monitored on all rotations
• Mentorship for Individual Learning Plans and career development
• Evidence Based Medicine Program
• Continuity Clinic QI Program
• Intern year small groups for humanism, empathy and communication skills, and professional identity development

Electives

• Women’s Health Rotation
• Hospice
• Palliative Care Service
• Anesthesiology
• Bone Marrow Transplant
• Heart Failure
• University Student Health Service
• Hepatology
• Hospitalist Medicine
• Neurology ICU
• Neurostroke
• Transplant Infectious Disease
• Transplant Nephrology
• Exercise Treadmill
• Echocardiography
• International Elective Opportunities
• Subspecialty (Infectious Disease, Gastroenterology, Cardiology, Rheumatology, Endocrine, Pulmonary, Allergy, Hematology, Geriatrics) and General Medicine Clinics
• Renal Procedures
• Oncology Clinics, Consults, Ward
• Other customized electives available

Special Seminars

• Career Week annually to assist house staff in career choices
• Domestic Violence Training Course [annual]
• PG-1 Retreat at year end to learn leadership, teaching and PG-2 skills
• PG-2 retreat: professionalism, leadership and PG-3 skills
• PG-3 retreat to prepare for next position and to garner feedback about the program from those who know it best
• EBM Seminar to provide basis for application in year-round Journal Club presentations
• Mock interviews for fellowship and jobs
• Empathy Course

Research/Scholarly Opportunities

• 8-12 weeks of elective time in the PG-2 & 3 year to pursue research
• Advances: scholarly presentations during the PG-2 & 3 year to residents and faculty are capstones for EBM training and an opportunity to publish
• Research mentors across campus in patient-oriented, epidemiology, public health and basic science research fields
• Individualized training in evidence-based practice skills & presentations
Excellent Work Environment

- Educational Innovation Project—one of 17 Internal Medicine programs selected nationally to participate in a 10-year project with a 10-year ACGME accreditation cycle to improve medical resident education
- Individualized scheduling to meet career needs
- A variety of rotations from which to select at a university-based hospital, Veterans Hospital, private hospital and community clinics
- Congenial and educationally conducive atmosphere attentive to house staff personal needs
- Modern well-staffed facilities and ancillary services
- Book fund ($300 per year), plus a 10% discount at the University Book Store
- Free computerized literature review services
- 24-hour online access to full text key journals, Micromedex, E-textbooks, MD Consult and Up-to-Date
- Full electronic medical record and digital radiology on wards, in clinics, and from home
- Extensive web based curriculum with links to key articles, guidelines and protocols
- Maternity/paternity leave policy
- Funding for presentations at regional and national meetings
- Computer access with medical education programs and internet on wards, in clinics and from home
- Choice of faculty advisor for career counseling
- Wide selection of elective rotations to meet individual career needs
- Lighter rotations without overnight call are scheduled to break up ward months

Benefits for Internal Medicine Residents

- Competitive salaries in low cost-of-living state
- On-call meals and evening snacks
- Outstanding disability policy with life-long continuation
- Family or individual medical insurance
- Embroidered lab coats
- Family and personal leave policies
- Three week vacation and, for PG-2/3, one week conference or interviewing time
- Lockers available
- Free yearly citywide bus pass
- DEA and initial license fees covered
- ACLS and CPR certification and re-certification costs covered
- Employee Assistance Program (confidential service to help with financial, legal, or mental health concerns)
- Malpractice insurance with tail

Madison and the University of Wisconsin

- Top-ranked by National Research Council for research in the United States
- Big 10 campus recreational activities and facilities
- Sailing, camping, biking on and off road bike trails, cross-country skiing, fishing, skating, golf
- Arboretum, many beautiful parks, five lakes
- Excellent child care and school system
- Overture Center for Performing Arts and campus cultural events
- First rate restaurants (American and international cuisine)
- Top rated city in United States overall for children’s education, employment, bike trails, working parents, canoeing, women’s and men’s health and safety
- Excellent public health and government-funded programs for citizens in need
- Largest producer-only farmers’ market in the country
Affiliated NIH/NCI/PHS Funded Research Centers and Programs

UW School of Medicine and Public Health — www.med.wisc.edu
UW Institute for Clinical & Translational Research — ictr.wisc.edu
UW Carbone Cancer Center — www.uwhealth.org/cancer-for-researchers/uwccc/28373
Alzheimer’s Disease Research Center — www.adrc.wisc.edu
Center for Tobacco Research and Intervention — www.ctri.wisc.edu
Cardiovascular Research Center — cvrc.wisc.edu
Asthma, Allergy & Pulmonary Research Center — www2.medicine.wisc.edu/home/asthma/asthmamain
Center for Women’s Health — www.womenshealth.wisc.edu
Center for Neuroscience — www.neuro.wisc.edu/
Geriatric Research Education and Clinical Centers — www1.va.gov/grecc
Institute on Aging — www.aging.wisc.edu
Institute for Research on Poverty — www.irp.wisc.edu
McArdle Laboratory for Cancer Research — www.mcardle.wisc.edu
Population Health Sciences — www.pophealth.wisc.edu
Primate Research Center — www.primate.wisc.edu
Wisconsin Alzheimer’s Institute — www.wai.wisc.edu
Women in Science & Engineering Leadership Institute — wiseli.engr.wisc.edu/
Wisconsin Institutes for Discovery — www.discovery.wisc.edu/
Faculty members in the Department of Medicine conduct basic, translational, and clinical research within the 11 clinical divisions, and they interact with scientists throughout the 27 departments and 32 institutions and centers in the medical school as well as the university at large. The University of Wisconsin-Madison ranks amongst the top four institutions for research expenditures. The UW School of Medicine and Public Health and the Department of Medicine rank in the top quarter in NIH funding among US medical schools and is one of the US medical schools which have received $40 million from NIH for the Clinical and Translational Science Award (CTSA). Residents and fellows actively participate in research electives, and they are eligible for extended training and support on more than 25 institutional research training grants in the medical school; 7 of these training grants are headed by Department of Medicine (DOM) faculty in Allergy/Pulmonary, Cardiovascular Medicine, Geriatrics, Hematology, Infectious Diseases, Oncology, and Women’s Health (R25). Residents on our Research Pathway and all postgraduates in our residency and fellowship programs are eligible to spend additional years with salary coverage for 80% protected research time on these grants. Many have tuition covered for graduate school and are eligible to compete for the NIH loan forgiveness program. Fellows in our department also have access to institutional K-award grants that offer young investigators funding into their faculty years. Special research strengths of the Department of Medicine include:

- Asthma and sleep disorders research in Allergy, Pulmonary/Critical Care Medicine
- Ion channels, heart failure & transplantation, stem cell biology, preventive cardiology and imaging in Cardiovascular Medicine
- Osteoporosis, metabolic bone disease, diabetes metabolism and breast cancer in Endocrinology
- Smoking cessation, Health Services Research, HIV, Health Disparities Research and EBM in General Internal Medicine
- Research in dementia and Alzheimer’s disease, basic biology of aging, osteoporosis, falls, and transition in care in our Geriatric Division
- Hepatitis C, mycology, viral oncogenesis, clinical pharmacology, epidemiology to search for new antibiotics in Infectious Diseases and a new CETR grant
- Stem cell transplantation, clotting disorders and treatment of lymphomas in Hematology
- Basic immunology, bone health, mind-body interactions and destructive arthritis in Rheumatology
- Renal transplant biology and to determine the role of the immune system and oxidative stress in fibrogenesis in Nephrology
- Women’s Health is an area in which our department and UW is a national leader with a Center of Excellence in Women’s Health and NSF funded Women in Science and Engineering Leadership Institute. They study gender issues in medical education and career advancement
- The Oncology division has abundant and wide-ranging interests and postgraduates have opportunities in our renowned UW Paul P. Carbone Comprehensive Cancer Center, the McArdle laboratory, and the Department of Human Oncology. The opportunities are too numerous to list. (See website – www.uwhealth.org/cancer-for-researchers/uwccc/28373)
- The UW Center for Tobacco Research and Intervention establishes national guidelines for treatment of tobacco dependence and is a leader in developing policies and advancing science in this field

The Institute for Clinical and Translational Research provides an impressive array of resources, personalized mentoring and career guidance and positions for training of physician-scientists that includes a curriculum for residents, fellows, and junior faculty. Graduate school opportunities provide our postgraduates with education in research methodology, writing skills, ethics and statistics. Several of our trainees have obtained a masters in Population Health or Public Health in a department with world-class researchers in public health and health policy.

A masters and PhD in Clinical Research and graduate certificates in Fundamentals of Clinical Research, Patient Safety and Clinical Investigation are also offered. Department of Medicine faculty members encourage our residents to join their programs and pursue research. Participation in research is facilitated, and many clinical trainees participate in research in both short (1-3 months) and more extended (> 9 months) periods, either as elective periods or more formal research fellowships. Every resident is allowed three months, the maximum research time permitted by the American Board of Internal Medicine in the categorical or primary care programs.
Intern Year Experience

Beginning with intern orientation, we guide interns through exercises designed to:

• Enhance their awareness of their own and others’ learning-style preferences
• Assist them in finding value in their previous significant learning experiences
• Help them engage in critical self-reflection and examine their current assumptions
• Have them take initial and follow-up steps in developing an independent learner plan for their upcoming rotations and professional development

Empathy Course: Communication, Empathy and Humanism Curriculum

• At the core of medical practice are the relationships that are formed between physicians and their patients. There are a number of skills that help lay the groundwork for relationships that will help make correct diagnosis and effective treatment more likely.

• We have designed a curriculum that aims to support our residents in increasing their relationship skills such as sensing emotion, communicating empathically, and managing their own emotion as it arises in the care of patients; and to foster their ability to care for themselves. Using innovative techniques, including art and theatre, we guide our residents through experiences designed to build their capacity for empathy with others and engage in relationships that are restorative rather than draining.

Innovations Throughout Residency

Annual Chart Audit for Practice-Based Learning and Improvement

• Residents reflect on their most recent chart audit from their continuity practice, decide which outcomes they wish to improve, declare in the Commitment to Change Goals Report the actions they will take to improve a selected parameter, and predict what measured improvements will improve and they expect to see as outcomes in their annual self-audit

• Residents also participate in rapid redesign cycles (Plan Do Study Act – PDSA - Cycles) by working collaboratively in multidisciplinary teams to identify ways to improve processes of outpatient care and initiating new strategies to improve patient care outcomes

Meriter Hospital Systems-Based Practice Rotation

PG2s participate in a two-week safety/Quality Improvement (QI)rotation that includes: training in Root Cause Analysis (RCA), human factors engineering and crew resource management; attending peer review meetings and developing a QI project. PG-2s develop and author their own projects and state a Commitment to Change. PG-2s share their project and receive feedback from peers, APDs, chiefs and educators. This reinforces learning and program leaders witness what is learned and areas of need. Four QI projects have been honored by the Chief Medical Officer and presented to the Board of Directors.

The EIP curriculum focuses on a team work approach to communication and patient safety, an increase in time on QI ownership, learning the IHI curriculum and business management lectures. In addition, to emphasize the importance of communication and teamwork, we include a case study activity: Communication for Patient Safety. The purpose is to improve care by enhancing the participant’s understanding of a systems approach to communication breakdowns and error prevention. Learning objectives include:

• Identify the circumstances and actions that contributed to a chaotic patient resuscitation
• Identify communications systems, processes and conditions that contribute to errors or delays in treatment in clinical environments.

Evidence Based Medicine (EBM)

• EBM workshops
• PG-1 Journal Club to apply and practice the workshop skills
• Advances project, systematic reviews and evidence-based prescriptions to demonstrate mastery of EBM skills in PG-2 and PG-3 years

Improvement in Patient Outcome Core Measures

• During the PG-3 VA rotation, two residents participate each month in a patient care process improvement project. Residents will go through a PDSA cycle and rapidly redesign patient care processes so as to improve selected core measures in VA inpatient or outpatient care
• Residents present their project to residents and faculty for review and discussion to demonstrate mastery of QI skills

Commitment to Change (CTC)

• Residents develop skills in self-reflection, setting their own professional goals and tracking them over time, promoting life-long learning
• Program directors guide residents through a process of critical reflection by analyzing their portfolio and helping them set individualized goals
• The CTC process runs through all three years of residency and check-ins are conducted every six months to coach residents and help them achieve their objectives
Typical Schedules

Below is a breakdown of the typical rotations for each of the PG years. Residents have the opportunity to choose from a variety of selective and elective experiences and thereby build their own schedule and orient their training towards future career goals. Chief residents work individually to help residents create their schedules.

**PG-1 YEAR**

[Total ward time about 28-32 weeks]

- Wards: four week general medicine blocks at UW and VA Hospitals, four week cardiology/CCU block at UW Hospital and four week ICU blocks at UW and Meriter Hospitals. Interns do day or night admission shifts and keep admissions on their team.
- Non-ward rotations: These include ER, clinic blocks (including geriatrics and general medicine) and electives in consults or clinics in their field of interest
- Subspecialty clinic month with weekends free to provide early exposure for outpatient specialties
- Lighter rotations interspersed with wards & ICU
- Vacation: three weeks [need not be taken in a block], coordinated with partners and life events
- PG-1’s will have about 40-45 overnight call shifts of 14–15 hours duration for the year
- Night float cross-coverage experience for two to four weeks (4:00pm to 7:00am with 33 hours off in between shifts)
- ER day and evening shifts, no overnight call
- Coverage arranged to minimize clinic conflicts and all clinics cancelled pre and post overnight shifts

**PG-2 YEAR**

[Total ward time 20-24 weeks]

- Wards: four week general medicine blocks at UW and VA Hospitals, four week cardiology/CCU block at UW or VA Hospital and four week ICU blocks at UW and Meriter Hospitals.
- Consult Services: three four-week blocks
- Specialty wards, clinics and consults in resident’s field of choice are prioritized early in the year
- Outpatient Service: one or two four-week blocks, including geriatrics, primary care, neurology, dermatology and medical subspecialty
- Research: four to eight week block
- Additional electives in bone marrow and solid organ transplant, heart failure service, hepatology, subspecialty consults, Treadmill/Echo rotation, general and subspecialty clinics available
- Educational Innovation Project (EIP) Rotation (Patient safety, quality improvement, human factors engineering and systems based practice): two weeks
- PG-2s will have 15-20 24-hour + 4-hour calls and 10-15 overnight shifts (≤16 hours). All clinics cancelled post call.
**PG-3 YEAR**

[Total ward time 16-20 weeks]

- Wards: four week general medicine blocks at UW and VA Hospitals with the option of a UW inpatient hematology ward. Additional blocks in ICU and Cardiology/CCU may be elected.
- Consult Services: three four-week blocks
- Outpatient Service: one to three four-week blocks
- Research: one four to eight week block
- Vacation: three weeks [need not be taken in a block], plus one week meeting or interview time of the residents choice, coordinated with partners and life events
- EIP Rotation (Applying PG-2 rotation QI skills to create projects that improve care processes and outcomes on resident run rotations): four weeks
- PG-3’s average 10-15 24-hour + 4-hour calls and 10-15 overnight shifts (≤16 hours). Post call forgiveness for all clinics AM and PM

**Call frequency while on wards/unit are:**

- UW General Medicine: every 6th night
- VA General Medicine: every 5th night

- UW ICU: Every fourth night for residents 24-hour + 4-hour call, interns every fourth night 16-hour shift
- Community hospital: Seven 13- to 16-hour overnight call shifts per month
- UW Cardiology/CCU: No resident overnight call, interns have approximately seven 13-hour overnight shifts per month
- UW Hematology: No resident or intern overnight call
- VA Cardiology: No resident overnight call

All ward unit/teams take shifts per ACGME rules (minus 1-2 hours for leeway) and admitted patients stay on their team for continuity of care. Cross coverage at night is done by a traditional night-float system.

Starting in mid-July of the PG-1 year, all residents have a weekly general medicine clinic which they keep for three years. The primary care track has a two-month outpatient block and categorical track a one-month block. During the PG-2 and 3 years, all residents continue their weekly continuity general medicine clinic and add their choice of an additional weekly general medical or subspecialty clinic. The primary care track residents have two general medicine clinics per week in the PG-2 and 3 years and two three-month blocks in subspecialty and general medicine clinics.

**Very Popular Offering:**

During the PG-2 and 3 years, all residents continue their weekly continuity general medicine clinic and add their choice of an additional weekly general medical or subspecialty clinic.
Welcome to our Primary Care Training Program. I consider it a great honor and privilege to supervise residents and share with them the joy of providing longitudinal care to the diverse community of patients we serve. I am very enthusiastic about the practice of medicine and have always found working with patients to be personally and intellectually rewarding. My goal as an Associate Program Director is to help each resident align their education with their professional goals and personal values.

Program Highlights

- Residents spend eight months over the course of three years (2 months as a PG-1, 3 months each as a PG-2 and PG-3) in ambulatory block experiences developing their outpatient skills by practicing medicine in ambulatory general, subspecialty, or surgical teaching clinics.

- Residents serve as primary care physicians for their own panel of patients. They assess preventive and chronic disease measure outcomes and plan with faculty members how to improve processes of care so that their patient outcomes steadily improve over the course of training.

- Residents participate in a web-based, case-based, and well-referenced curriculum on a weekly basis with their continuity clinic attending. This three-year curriculum comprehensively reviews the field of general medicine.

- Residents are exposed continuously to quality care practices in the University of Wisconsin Hospital and Clinics, which ranks in the top five university hospitals in the U.S. for quality of care, the William S. Middleton Memorial Veterans Hospital, which is nationally ranked as the number one teaching VA hospital for quality of care, and Meriter Hospital, which has been named a “top 100 private hospital” in the U.S. on several quality measures.

Primary Care Track

The University of Wisconsin Internal Medicine Residency Primary Care Track is designed to graduate the next generation of general internists to assist adults with all of their health care needs. Residents are scheduled in carefully selected outpatient and inpatient venues where they provide care to a highly diverse patient population under the guidance of select faculty members known for their effective teaching skills.

Furthermore, the dedicated section of General Internal Medicine here at the UW is made up of 71 internists. These physicians work in seven different clinic practices which provide great resources to our residents as they envision the kind of setting in which they would like to work.
Primary care residents rotate through all three hospitals on general medical and subspecialty inpatient wards, consults, and outpatient services. On all inpatient services, faculty, residents and medical students work as a team in supervisory, educational, and patient care roles. This model of care is duplicated in each resident’s outpatient continuity clinic where residents work with a consistent team of a nurse, medical assistant, social worker, psychologist, psychiatrist and diabetic nurse educator.

Blocks include an extra day at continuity clinic and outpatient sessions in specific subspecialty clinics such as geriatrics, women’s health, sports medicine, preventive cardiology with exercise stress testing, allergy, hepatology, gynecology, rheumatology, student health, dermatology, outpatient ID and HIV, hematology, STI, endocrinology, headache management, nephrology, palliative care, and radiology. Subspecialty consults, rotations outside of internal medicine, community service, rotations in rural or urban ambulatory care, and clinical or laboratory research opportunities are also available. As the residency progresses, residents can get specific clinics that address their particular interests.

Example Block Schedules

<table>
<thead>
<tr>
<th>Primary Care Ambulatory Block – PG1</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
</table>
| AM                                 | Cardiology  
Patrick Hughes | Continuity  
Clinic | Conferences | Neurology  
Suzanne Seeger | Endocrine  
Diane Elson |
| PM                                 | Geriatric  
Clinic  
Bennett Vogelman | HIV & ID  
Katie Miller | Sports Medicine  
Katie Miller | Women's Health | Chart Review  
Or Reading |

<table>
<thead>
<tr>
<th>Primary Care Ambulatory Block – PG2</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
</table>
| AM                                 | Rheumatology  
Jon Arnason | Radiology  
David Kim | ID—Andy Urban | Conferences | Spine  
Jim Leonard |
| PM                                 | Continuity Clinic  
University Station | Diabetes Mgmt  
Diane Elson | High Risk Breast  
Cancer Screening  
Clinic | Dermatology  
Will Aughenbaugh | Continuity Clinic |

<table>
<thead>
<tr>
<th>Primary Care Ambulatory Block – PG3</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
</table>
| AM                                 | Nephrology  
Laura Maursetter | Hematology  
Ryan Mattison | Pulmonary  
William Ehlenbach | Gynecology  
Krista Krueger | Palliative Care  
Toby Campbell |
| PM                                 | Continuity Clinic | Reading | Continuity Clinic | STI Clinic  
Dane County | GI High Risk  
Jen Weiss |

Saturday - Access Clinic for underserved offered in place of one Continuity Clinic.
The Education Academy for Clinical Housestaff (TEACH) PATHWAY

The goal of TEACH is to foster the careers of those residents interested in becoming clinician-educators. This includes rigorous development of the skills required for teaching and scholarship in medical education. The skills upon which we focus are transferable across the continuum of medical education and will benefit those who wish to work with medical students, postgraduate trainees, and/or practicing physicians. This pathway is designed specifically for residents who aspire to become clinician-educators or otherwise wish to include medical education as an integral part of their professional lives.

Structure of the TEACH Pathway:

Residents apply for acceptance into the TEACH Pathway during the Spring of their PG1 year. The application process includes a statement of intent to fully participate in the TEACH Pathway and complete the requirements. A certificate of Teaching Distinction is also available for any resident who wants to participate in certain components of the program without completing all of the requirements. Upon acceptance into the TEACH Pathway, each TEACHer is paired with a faculty mentor. The pair will meet periodically throughout PG2 and PG3 year to review progress of Individual Learning Goals, required curricula, and to discuss feedback of teaching sessions. TEACHers will also receive peer feedback on their teaching throughout the two years. Requirements:

Workshops (1/2 day)
- Teaching in the Clinical Environment – The Basics
- Research Methods and Procedures in Medical Education

Classes (1 hour each)*
- Learning Theory: how does it apply to medical education?
- Session Planning: how-to
- Assessment and Evaluation

Assignments
- Teaching Philosophy
- Prepare 2 articles (or book chapters) for Education Journal Club (1 for Teaching Distinction)*
- Review of education literature in one area of interest (can also be Advances topic)
- Observations of your teaching in 3 different venues* (see list of venues and procedure on website)
- Observations of peer’s teaching
- Attend 6 journal club sessions (3 for Teaching Distinction)*

Journal / Book Club
- Quarterly Review of Education Literature (must attend ≥ ¾)

Capstone Learning Project – Required for TEACH Pathway

Needs to be completed by end of training:
- Curriculum developed and submitted to Med Ed Portal
- Educational Research project completed
*Required for Teaching Distinction

In addition to the structured curricula outlined above, TEACHers can use research elective time to develop curricula and educational research projects. They will also be mentored for submitting their work to national education meetings (for example American Association of Medical Colleges, Association of Program Directors in Internal Medicine, Clerkship Directors in Internal Medicine, and Society for General Internal Medicine).
UW has many resources with which to accomplish the goal of creating outstanding Clinician-Educators:

- The Department of Medicine has a long history of involvement in the School of Medicine and Public Health. Our teaching faculty is large and directs 40% of the preclinical courses and over 30% of the postgraduate and continuing professional development programs offered by the school. These teachers are consistently recognized for excellence in teaching by national organizations as well as by medical students, residents, and fellows.

- In 2015, The University of Wisconsin – School of Education was rated No. 1 among public institutions for the second consecutive year by US News and World Report. Having this elite school on the same campus enables the Department of Medicine to receive face-to-face guidance from experts in many areas of education. The Director of Education in the department is also a graduate from the UW School of Education. Amy Zelenski, PhD provides mentorship in teaching and educational scholarship to residents, fellows, and faculty. She is also engaged in research focusing on the innovative use of theater techniques to build the empathic communication skills of professionals.

- The Internal Medicine Residency is one of 17 Education Innovation Project sites sponsored by the Accreditation Council of Graduate Medical Education (ACGME) Residency Review Committee in Internal Medicine. The program was chosen due to its long history of education innovation and leadership.
Overview

Residents in our Internal Medicine Program have ample opportunity to personalize their educational goals by creating a specialized area of interest for their future careers. Our program provides the scheduling flexibility, mentorship and electives to individualize a resident’s rotations and projects and help our postgraduates align their learning with their personal and career goals. Residents may elect to enter these pathways anytime during their residency. This allows residents to experiment with possible career choices prior to committing to an area of expertise. Each Learner-Directed Pathway provides an experienced mentor and guidance to assist our residents in making career choices that best fit her or his needs and goals. At the University of Wisconsin-Madison, we strive to ensure that each resident develops the general skills of an internist while, if they wish, enhancing specific skills through a pathway of his or her choosing. Here we describe two examples.

Hospitalist

The Divisions of Hospital Medicine and Pulmonary and Critical Care Medicine are collaborating to offer interested residents a Hospitalist Learner-Directed Pathway. This learning focus, while meeting all ACGME and ABIM requirements for internal medicine board eligibility, emphasizes the care of hospitalized patients with illnesses ranging from acute and immediately life threatening to decompensated chronic conditions.

This pathway is intended for residents who plan to practice hospital medicine, critical care medicine, or other inpatient focused specialties. A multi-disciplinary approach to training is considered an integral part of all of our training as well as this emphasis pathway. Residents will receive mentorship from an experienced practicing hospitalist known for his or her teaching skills. Mentors in critical care and other specialties are also available if desired.

Ward, ICU, CCU, consultative, emergency, outpatient and transitions in care rotations ensure that graduates have heterogeneous experiences which will enable them to adapt to a broad array of hospitalist work environments upon graduation. Our Hospitalist Division works closely with the residents to ensure that they have progressive responsibilities and independence and the mentorship and role models needed to become the physicians they wish to be.

Residents will graduate with advanced procedural, triage, consultative and surgical co-management skills and the ability to work as a team leader and member in an interdisciplinary model of care. In addition, residents will develop the ability to analyze their and their colleagues practices, work with relevant institutional stakeholders, and develop their own quality improvement projects by applying our human factors engineering, transitions in care and patient safety curriculum across three years of training.
Residents may elect rotations from the following:

- General Medicine Ward with a traditional learning team of third and fourth year students and a hospitalist physician. Over three years the resident progresses to the PG-3 “junior attending” level.
- Hospital Medicine where a single resident works with a hospitalist physician, nurse practitioner, case manager, pharmacist and social worker and progresses to independent management of the entire service.
- Inpatient Medicine Consults, focusing on surgical co-management and consultative medicine for a wide array of patients.
- Critical Care in our ICU, focusing on management of the most unstable medical and surgical patients.
- Inpatient Cardiology, CCU Care, and Heart Failure Services.
- Neurology Critical Care, focusing on the management of patients with acute unstable neurologic injuries.
- Stroke service rotation.
- Selected subspecialty inpatient consultative services including infectious diseases, diabetes management, nephrology, cardiology, GI/hepatology and pulmonary are prioritized for learners on this pathway.
- A general surgery hospitalist rotation is available; the medicine resident works with a surgery team to gain experience in evaluation and management of the most common postoperative complications and the issues specific to surgery patients.
- Non-physician-based learning opportunities include wound care (evaluation and management of acute and chronic wounds), nutrition (methods and means of enteral/parenteral elementary support) and respiratory therapy (chronic ventilator management/weaning and available interventions) expand the versatility of the learner as a physician.

We also establish for each trainee an advisor/mentor with hospitalist faculty and the residency education team for portfolio enhancement and job searching.

Subspecialty Medicine Learner-Directed Pathway

Each subspecialty (Cardiology, GI, Allergy/Immunology, Geriatrics, Endocrinology, Hematology/Oncology, Infectious Diseases, Rheumatology, Women’s Health, Pulmonary/Critical Care, Sleep Medicine, Hospice and Palliative Care, Nephrology) offers our residents a Subspecialty Learner-Directed Pathway in their field. This learning focus, while meeting all ACGME and ABIM requirements for general internal medicine board eligibility, provides additional learning and experience in the inpatient, outpatient, and consultative care of patients with acute and chronic illnesses and in research scholarship in the respective field.

This pathway is intended for residents who plan to practice, teach and/or do research in the subspecialty of their choice. Mentors in the field, e.g., division head, fellowship director, researchers and clinician-teachers, and our residency’s education team guide the residents through the available opportunities.

Inpatient, outpatient and research rotations ensure that residents have a broad array of experiences to affirm their interest. These electives greatly enhance a resident’s portfolio for fellowship application. Residents complete the program as well trained internists with significant research and quality improvement project experience. The two-year longitudinal subspecialty continuity clinic allows residents to learn how to care for patients with chronic diseases in an outpatient, multidisciplinary team and how to consult for other providers.

Residents may elect rotations from the following:

- Subspecialty consult experiences: inpatient, outpatient or a hybrid with both
- Focused subspecialty experiences (e.g., Heart Failure, Hepatology, Asthma, HIV, Alzheimer’s, Osteoporosis, Diabetes/Thyroid, Single Disease Hematology/Oncology Clinics, Palliative Care/Hospice, Acute Renal Care, Transplant, Women’s Health) in their area of interest
- Three dedicated research rotations in resident’s field of choice
- A second continuity clinic in subspecialty, Women’s Health, or focused subspecialty of choice in PG-2 and PG-3 years
- Relevant clinical electives in related fields
- Quality improvement project in field of choice

Advising for fellowships, CV and portfolio building and mock interviews are done by faculty in the respective fields and the residency’s education team.

In Conclusion

The Internal Medicine Residency Program is devoted to its learners and helping them decide their true career path, by offering experiences in these Learner-Directed Pathways as well as other ad hoc elective opportunities so that our residents can choose which career path is best for them and be fully prepared to fulfill their professional goals upon graduation.
Women in Medicine

Women Find Collaboration and Success at UW

At UW, women physicians lead and succeed at every stage of their careers. Residents work side-by-side with some of the most influential women in medicine in the nation, including preeminent researchers, influential academic leaders, talented medical educators, and physicians who have established groundbreaking clinical programs. Collaborative mentors abound, characterized by both Midwestern approachability and a deep commitment to trainees. Above all, our faculty members are moving the future of medicine forward and bringing our residents with them.

The UW environment creates a culture of success for women in medicine. For example,

- Many former women residents have been successfully mentored and are now tenured faculty members leading major multidisciplinary research programs. They in turn are now fostering the careers of the next generation of women physicians.

- Three of the largest divisions in the Department of Medicine are headed by women (General Internal Medicine, Hematology/Oncology, and Hospital Medicine).

- Women in our department direct clinical inpatient and outpatient services, fellowships, key portions of the residency program including individual resident mentorship and several medical school courses and mentoring programs.

- Women faculty members in the Department of Medicine hold four of the seven Vice and Associate Vice Chair positions and key leadership roles in the School of Medicine and Public Health (two Deans) and our affiliated hospitals.

- Nine of 27 departments in the School of Medicine and Public Health are led by women, exceeding the national average.

- Research funding to female principal investigators in the department totals over $20 million.

- Since 2010, two thirds of our chief medical residents have been women.

Click here for news updates about achievements by women in the UW Department of Medicine.
Faculty Mentors

Examples of our women faculty mentors out of 138 women faculty members are listed below.

Molly Carnes, MD, MS
Professor, Geriatrics and Gerontology, Department of Medicine
Adjunct Professor, Departments of Psychiatry and Industrial and Systems Engineering
Jean Manchester Biddick-Bascom Professor of Women’s Health Research
Director, Center for Women’s Health Research
Founder and Director, VA Women’s Health Program
Program Director, Advanced Fellowship in Women’s Health, Veterans Hospital
Co-Director, Women in Science and Engineering Leadership Institute (WiSELI)
Co-Founder and Co-Director, Wisconsin Alliance for Minority Participation
Director, Training and Education to Advance Minority Scholars in Science (TEAM-Science) Program
Senior Advisor, National AFWH Coordinating Center, Department of Veterans Affairs

The overall goal of Dr. Carnes’ research program is to develop, implement, and study interventions that ensure the opportunity for participation and advancement of talented individuals from groups that have been underrepresented in academic science, technology, engineering, mathematics, and medicine (STEMM) - particularly at the leadership levels. Using UW-Madison as a “living laboratory” for achieving STEMM workforce diversity, she employs both quantitative and qualitative methods with multi-level interventions at the individual and institutional level. Dr. Carnes earned her bachelor’s degree at the University of Michigan and MD at SUNY-Buffalo. She completed her Internal Medicine Residency, Geriatrics Fellowship and MS in Population Health at UW-Madison. Her work is supported by the NIH and NSF, and she has published over 135 scholarly articles and has received a number of awards including the AAMC Women in Medicine Leadership Development Award, the NIH Director’s Pathfinder Award to Promote Scientific Workforce Diversity, the Department of Medicine Rankin Research Award, and the first annual Linda Joy Pollin Women’s Heart Health Leadership Award from the Cedars-Sinai Barbra Streisand Heart Institute.

Ruth O’Regan, MD
Professor and Division Head, Hematology/Oncology
Associate Director of Faculty Development and Education, UW Carbone Cancer Center
Dr. O’Regan is an internationally recognized breast cancer physician and researcher. Dr. O’Regan was previously a professor of hematology and medical oncology at Emory University, where she held the Louisa and Rand Glenn Family Chair in Breast Cancer Research and was the medical director at Glenn Family Breast Center of Emory University, director of the Breast Cancer Translational Research Program at the Winship Cancer Institute and chief of hematology and medical oncology at the Georgia Cancer Center for Excellence at Grady Memorial Hospital. With a highly active research program focused on identifying mechanisms of resistance to breast-cancer therapies and development of new therapies, Dr. O’Regan has been principal investigator for numerous grants and clinical trials. Her current research is focused on the development of novel therapeutic approaches to treat resistant breast cancers, including triple negative breast cancer. Dr. O’Regan has received multiple awards and is ranked by Newsweek/Castle Connolly Medical as one of the top oncologists in the nation.

Nasia Safdar, MD, PhD
Associate Professor, Infectious Disease
Vice Chair for Research, Department of Medicine
Associate Chief of Staff for Research, William S. Middleton Memorial Veterans Hospital
Head, Infection Control University of Wisconsin Hospitals and Clinics
Dr. Safdar is a preeminent researcher and infectious disease specialist. Her work is breaking new ground on the management and prevention of healthcare-associated infections. Dr. Safdar received her MD (class valedictorian) at Aga Khan University Medical College in Karachi, Pakistan. She completed her residency, fellowships (infections disease and women’s health), and PhD in Clinical Investigation at the University of Wisconsin. She is a well-funded independent investigator and has published extensively (over 146 articles) in high-impact journals. Dr. Safdar has distinguished herself as an outstanding mentor.

Jane Mahoney, MD
Professor, Geriatrics and Gerontology
Executive Director, Wisconsin Institute for Healthy Aging
Community-Academic Partnerships Core Resource Director for Dissemination and Implementation Research, Institute for Clinical and Translational Research
Director, Community-Academic Aging Research Network
Dr. Mahoney is a geriatrician who is nationally recognized for her pioneering research in falls and novel interventions to reduce the incidence of falls in community-dwelling elderly. Dr. Mahoney completed her BA at the University of Virginia, MD at University of California San Francisco, residency and fellowship (geriatric medicine) at the University of Wisconsin-Madison. Her accomplishments include development of a clinically-based falls prevention tool called SureStep that has been applied widely in the community setting by trained health professionals. She has also disseminated a small-group multifactorial intervention program (Stepping On) for falls prevention throughout the state of Wisconsin, and has developed a training program for Stepping On that is being used nationally.

Elizabeth Jacobs, MD, MAPP
Professor, General Internal Medicine and Department of Population Health Sciences
Associate Vice Chair for Health Services Research, Department of Medicine
Joint Executive Appointment, Department of Emergency Medicine
Dr. Jacobs leads a research program in the area of health disparities and is a nationally recognized leader in the provision of linguistically accessible and culturally competent care. Dr. Jacobs completed her undergraduate work with honors and distinction (biology and psychology) at Stanford University, MD at UC San Francisco, master’s degree in public policy at the University of Chicago, residency in primary care at Brigham and Women’s Hospital / Harvard Community Health Plan, and fellowship in the Robert Wood Johnson Clinical Scholars Program at the University of
Chicago. Prior to joining the faculty at the University of Wisconsin-Madison, she was a clinician-investigator at Cook County Hospital in Chicago and a faculty member at Rush University Medical Center. Dr. Jacobs’ current research interests include access to, and cultural specificity of, medical care delivered to minority patients, the impact of interpreter service interventions on the cost and quality of healthcare, health literacy and numeracy, and the role that trust in health care plays in racial/ethnic disparities in health outcomes. Her research has been supported by the Patient Centered Outcomes Research Institute, NIH, Agency for Healthcare Research and Quality, and The Commonwealth Fund, among others. As Associate Vice Chair for Health Services Research, Dr. Jacobs provides leadership for other faculty members in the department who are engaging in health services research.

Elizabeth “Betsy” Trowbridge, MD
Clinical Professor
Division Head, General Internal Medicine
Associate Vice Chair of Primary Care, Department of Medicine

Dr. Trowbridge is an internist and head of the division of General Internal Medicine. She received her bachelor’s degree, MD, residency in Internal Medicine, and Chief Resident training at UW-Madison. Dr. Trowbridge worked with colleagues throughout UW Health to redesign and restructure the primary care service model, culminating in emphasis on population health management and aligning physician compensation with the goal of value-based care for panels of medically homet patients. Dr. Trowbridge has received the UW Health Physician Leadership Awards, the Grossman Professionalism Award, and the Faculty Excellence in Leadership Award, among many others. She is also a permanent member of the Board of the Green Bay Packers.

Christine Seibert, MD, FACP
Professor (CHS), General Internal Medicine
Associate Dean for Medical Student Education and Services

Dr. Seibert is an internist and medical education leader. In the University of Wisconsin-Madison School of Medicine and Public Health, she holds administrative leadership responsibilities in admissions, medical education, multicultural affairs, and student services. Dr. Seibert earned her BA at Drake University, MD with highest honors (valedictorian) at Northwestern University Medical School, and completed her residency at Brigham and Women’s Hospital. She has also completed the Harvard Macy Institute Program for Medical Educators and the prestigious Executive Leadership in Academic Medicine (ELAM) program at the Institute for Women’s Health and Leadership at Drexel University College of Medicine. Elected as fellow of the American College of Physicians in 2007, Dr. Seibert’s honors include the Dean’s Teaching Award, Graham-Meyer Teaching Award, Schilling-Harkness Teaching Award, UW Health Patient Experience Physician Champion Award, and UW-Madison Chancellor’s Hilldale Award for Excellence in Teaching. Dr. Seibert has been principal investigator on several large educational awards. Her current $2.4 million 3-year grant focuses on creating and enhancing curricular opportunities in community engagement, advocacy and health systems improvement for medical students. She maintains an active primary care practice at the UW Health East Clinic.

Angela Byars-Winston, PhD
Associate Professor, General Internal Medicine
Director of Research and Evaluation, Center for Women’s Health Research

Dr. Byars-Winston is a vocational psychologist and nationally-recognized expert on cultural influences on academic and career development, especially for racial and ethnic minorities and women in the sciences, engineering, and medicine. Her work has focused on testing the validity of theoretical models to explain and predict academic and career outcomes using social cognitive theoretical approaches. Dr. Byars-Winston completed her BA (Psychology and Spanish) and MA (Counselor Education) at San Diego State University and PhD in Counseling Psychology at Arizona State University. Dr. Byars-Winston is a Fellow of the American Psychological Association, received the Outstanding Woman of Color Award from UW-Madison, was designated as a Centennial Scholar by the UW School of Medicine and Public Health, and received a Champion of Change Award from the White House in 2012. Her well-supported research program has been funded by the National Institutes of Health (NIH) and the Alfred P. Sloan Foundation. She is currently co-leading a four-year, $1.4 million NIH grant to assess how mentors and mentees define diversity awareness and how important this awareness is to the mentoring relationship. She is also part of a national team that has been awarded a five-year, $19 million grant from NIH to set up a national research mentoring network (NRMN). Additionally, Dr. Byars-Winston serves on a federal panel, the Board of Higher Education and Workforce (BHEW) of the National Academy of Sciences, that advises federal lawmakers and policy-makers, academic leaders, and industry leaders about recommendations designed to inform action and set strong public policy on issues in higher education and the workforce.

Amy Kind, MD, PhD
Associate Professor, Geriatrics and Gerontology
Director, VA Coordinated Transitional Care (C-TraC) Demonstration Program
Co-Director, Memory Assessment Clinic of the Geriatrics Research, Education and Clinical Center at the William S Middleton Memorial Veterans Hospital

Dr. Kind is a geriatrician who directs a nationally-recognized research program in health services. Her research focuses on assessing, understanding and improving care system fragmentation, particularly for highly vulnerable and disadvantaged older adult populations. Dr. Kind completed her BS, MD, fellowships (geriatric and older women’s health), and PhD in Population Health Sciences at the University of Wisconsin-Madison and residency at Massachusetts General. Her Medicare-claims research has focused on issues of re-hospitalization in high-risk populations. Dr. Kind’s evidence-based models of care are being widely implemented locally and nationally. She was invited to the Centers for Medicare and Medicaid to discuss her research findings on the role of socioeconomic disadvantage in 30-day re-hospitalization rates for older adults.
Resources & Programs

The University of Wisconsin-Madison campus hosts programs, workshops, and other resources for women in academic medicine, including:

Fellowships, Institutes, Programs & Centers

**Women’s Health Research Fellowship Program** This two-year, full-time fellowship program trains future leaders in academic health sciences, preparing them to engage in research, teaching, and program development that will improve the health of women.

**Center for Women’s Health Research** The Center conducts an array of scholarly and training activities. It is focused on becoming one of the preeminent academic women’s health centers in the country by: training a diverse cadre of future academic leaders in women’s health, promoting a multidisciplinary agenda in women’s health research including the study of sex and gender differences, and working toward increasing the participation and advancement of women in academic leadership.

**Women in Science and Engineering Leadership Institute** Established in 2002, WISELI disseminates best practices in gender equity programming and measurement in higher educational institutions, offering workshops and materials that are in demand by colleges and universities worldwide.

**Centennial Scholars Program** This UW School of Medicine and Public Health program supports early-career faculty whose diversity enhances the quality of education and research at UW.

Training in Women’s Health

There are numerous opportunities for internists who wish to pursue enhanced training in women’s health, facilitated by the strong relationship between the university and the William S. Middleton Veterans Hospital. Examples include clinical training at the Women Veterans Health Clinic, ambulatory care training in women’s health at the UW Health West Clinic, and clinical training in outpatient gynecology, high risk obstetrics, student health, osteoporosis management and gastrointestinal disorders in pregnancy.

Employment and Career-Related Resources

Long considered as one of the best places to live and work in the nation (ranked #1 city in the US by Livability in 2015), Madison has a vibrant and diverse regional economy, a broad range of activities from concerts and nightlife to outdoor recreation, outstanding schools, and boasts a #13 national ranking for “Best Foodie Cities.”

Madison was ranked #3 Best City for Working Women in the United States in 2015 by Forbes magazine. UW Hospitals and Clinics been ranked as one of the top 100 Employers for Working Parents by Working Mother magazine every year since 2008.

For more information, visit the [Madison Regional Economic Partnership](#). The [Greater Madison Visitors and Convention Bureau](#) also provides resources and facts about living in Madison.
## Weekly Required Conference Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am</td>
<td>VA Morning Report for PG 1/2/3’s on outpatient rotations</td>
<td>VA Morning Report for PG 1/2/3’s on outpatient rotations</td>
<td>VA Morning Report for PG 1/2/3’s on outpatient rotations</td>
<td>VA Morning Report for PG 1/2/3’s on outpatient rotations</td>
<td>Medical Grand Rounds</td>
</tr>
<tr>
<td>10:45 – 11:45 am</td>
<td>UW Morning Report for PG 1/2/3’s on inpatient rotations.</td>
<td>Intern Morning Report for PG 1’s and Joint Morning Report for PG 2/3’s</td>
<td>UW Morning Report for PG 1/2/3’s on inpatient rotations.</td>
<td>Intern Conference Joint UW and VA Core Curriculum</td>
<td>UW Morning Report for PG 1/2/3’s on inpatient rotations.</td>
</tr>
<tr>
<td>12:00 – 12:50 pm</td>
<td>Advances (Systematic Literature Review)</td>
<td>Tissue (CPC), Journal Club, Performance Improvement Projects, and M&amp;M</td>
<td>Intern Conference Joint UW and VA Core Curriculum</td>
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<td></td>
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</tbody>
</table>

1 Meriter Community Hospital has its own conferences.

### Internal Medicine Weekly Conference Schedule

**Monday**
- VA Morning Report: 8:00 am *
- UW Morning Report: 10:45 am *
- CVM Imaging Conference: 7:30 am
- CVM Chapter Review: 12 noon
- Pulmonary Conference: 1 pm

**Tuesday**
- CVM Cath Interventional Conference: 7:30 am
- Geriatric Core Topic Lecture Series: 7:30 am
- Dermatology Grand Rounds: 8:00 am
- Infectious Disease Weekly Conference: 8:00 am
- UW and VA Intern Combined Morning Report: 10:45 am *
- UW and VA Resident Combined Report: 10:45 am *
- Advances in Medicine: 12 noon *
- Cardiovascular Journal Club: 12 noon
- Kidney Grand Rounds: 4:00 pm
- Gastroenterology & Hepatology Clinical Case Conference: 4:30 pm
- Gastroenterology & Hepatology Grand Rounds: 5:30 pm

**Wednesday**
- Geriatrics Fellows Case/Journal Club: 7:30 am
- CVM Electrophysiology Conference: 7:30 am
- Allergy Journal Club: 7:30 am
- VA Morning Report: 8:00 am *
- Allergy Grand Rounds: 8:00 am
- UWCCC Grand Rounds: 8:00 am
- Primary Care Conference: 8:00 am
- ID Curriculum for Fellows: 9:00 am
- UW Morning Report: 10:45 am *
- ID Curriculum for Fellows: 9:00 am
- VA EIP Presentations: 12 noon *
- Journal Club: 12 noon *

**Wednesday continued**
- VA Morbidity & Mortality: 12 Noon *
- Tissue Conferences: 12 Noon *
- Combined AM Report Cardiology Conference: 10:45 am
- Journal Club, Tissue Conf. & EIP Projects: 12 noon *
- Nephrology Fellowship Curriculum: 12 noon
- CVM Pediatric Cardiology Case Conference: 12 noon
- ECG Conference: 12 noon
- Hospitalist State of the Art Speaker Series: 2nd Wed. 12 noon

**Thursday**
- CV Medicine Grand Rounds: 7:30 am
- VA Morning Report: 8:00 am *
- Emergency Medicine Grand Rounds: 10 am
- Rheumatology Fellowship Clinical Conference: 10:00 am
- UW & VA Intern Joint Core Curriculum Lectures: 10:45 am – 1:00 pm *
- Heart Failure & Cardiogenic Medicine Journal Club: 11:00 am
- Pulmonary & Critical Care Conference: 12 noon
- Cardiology Fellows Conference: 4:00 pm
- Endocrinology Grand Rounds: 4:00 pm

**Friday**
- CVM VA Cath Conference: 7:00 am
- Pediatric Cardiology Case Presentations: 7:30 am
- Medical Grand Rounds: 8:00 am, VA Auditorium
- UW Morning Report: 10:45 am *

* Core Curriculum required attendance
These conferences are for UWHC and VAH; Meriter Hospital has its own conferences
Intern Summer Lecture Series - Approach to the Patient with:
- Acute Mental Status Changes
- Acute Intoxication
- Arrhythmia
- Stroke
- Congestive Heart Failure
- Oncologic Emergency
- Shortness of Breath
- Chest Pain/Acute Coronary Syndromes
- Shock
- Fever
- Acute Renal Failure
- Electrolyte Disturbances
- Sepsis
- Acid/Base Disturbances
- GI Bleed
- Anaphylaxis/Asthma
- Diabetic Ketoacidosis/Endo Emergencies
- Hypertensive Urgencies & Emergencies
- Pulmonary Embolism
- Bleeding/Transfusion Emergencies
- Inpatient Diabetes Management
- End Stage Liver Disease

Allergy/Immunology
- Acute Allergic Syndrome
- Immunodeficiency Diseases [except AIDS]
- Asthma
- Eosinophilic Diseases
- Chronic Urticaria/Angioedema

Cardiology
- Conduction System Disease/Arrhythmias
- Valvular Heart Disease
- Acute Chronic Heart Failure/Shock
- Hyperlipidemia, Risk Stratification and Primary Prevention of Coronary Artery Disease
- Aortic Disease
- Cardiac Exam
- Unstable Angina and Acute Myocardial Infarction
- Preoperative Cardiac Assessment
- ECG Interpretation
- Atrial Fibrillation
- Lipid Management
- Inpatient and Outpatient CHF Management
- Post-MI Complications

Career Symposium
- How to Interview for Fellowships
- Discussion of Career Options
- University Appointments
- Academic General Internal Medicine and Subspecialties
- General Medicine Practice in a University Program
- How to Get the Most Out of Residency
- What Should I Accomplish During Fellowship
- How to Get Started as an Academic Subspecialist
- How to Prepare for Fellowship
- Legal Issues
- Financial Planning

Endocrine
- Adrenal/Pituitary Disorders
- Thyroid Disease
- Diabetes Management
- Calcium Disorders
- Male Hypogonadism

Gastroenterology
- Diarrhea and Malabsorption
- Inflammatory Bowel Disease
- Pancreatic Diseases
- Gallbladder & Biliary Tract Disease [cholecystitis, PBC, SC]
- Peptic Ulcer Disease/GI Bleed
- Acute and Chronic Hepatitis
- Colon Cancer
- Liver Disease
- Diseases of the Esophagus
- Functional Gastrointestinal Disease
- Update in Hepatitis C
- Liver Transplantation Evaluation

Education Innovation Project
- Patient Safety
- Quality Assurance & Improvement
- Core Performance Measures
- Practice Improvement
- Leadership & Communications Skills
- Inter-professional Teamwork
- Crew Resource Management
- Human Factors Engineering
- Micro & Macro Systems of Health Care Delivery
- Standardization of Hand-offs
- Medication Reconciliation
- Rapid Cycle Improvement

General Medicine/Misc.
- Contraception
- Low Back Pain
- Alcoholism
- Well Adult Care and Adult Prevention
- Common Foot Problems in Adults and Diabetics
- Advance Medical Directives
- Pre-Op Consultation
- Hypertension
General Medicine/Misc
- Headache
- Depression
- Physician Impairment
- ENT Emergencies
- Basic Ophthalmology/Red Eye Evaluation
- Evidence Based Medicine
- Balancing Career and Family Life
- Professionalism
- Systems based practice
- Medical Ethics
- Dermatology for the General Internist

Geriatrics
- Dementia
- Geropsych Essentials: Depression and Anxiety
- Osteoporosis
- Delirium
- Falls: Mobility and Gait
- Geriatric Pharmacology

Hematology
- The Evaluation of Lymphadenopathy and the Abnormal CBC
- Acute and Chronic Leukemias
- Anemia
- Hypercoagulable States/ Bleeding Disorders
- Transfusion Medicine
- Multiple Myeloma/MGUS

Infectious Disease
- Antimicrobial Therapy
- Sepsis
- Meningitis/Encephalitis
- Sexually Transmitted Disease
- HIV
- Community and Hospital Acquired Pneumonia
- Soft Tissue/Septic Arthritis/ Osteomyelitis
- Tuberculosis/PPD Testing
- Systemic Fungal Disease
- Endocarditis
- Urinary Tract Infections
- Hepatitis B and C

Neurology
- Movement Disorders
- Cerebrovascular Disease
- Stupor and Coma
- Neuromuscular Disease
- Neuropathies
- Demyelinating Disorders

Nephrology
- Fluid and Electrolytes Disorders [Na, H2O, K]
- Acid-Base Disorders
- Nephritic vs Nephrotic Syndrome
- Chronic Renal Failure/ Dialysis/Transplant
- Acute Renal Failure
- Hypertension

Oncology
- Principles of Oncology
- Breast Cancer
- Prostate Cancer
- GU Tumors
- Colon Cancer
- Lung Cancer
- Pain Management – Acute & Chronic

Pulmonary
- Pulmonary Function Testing
- COPD & Cor Pulmonale
- Sleep Disorders
- Interstitial Lung Disease
- Environmental Lung Disease/ Sarcoid
- Asthma
- Thromboembolic Disease
- Pulmonary Nodule Evaluation
- Update in Tuberculosis

Radiology
- Thoracic Imaging
- Abdominal Imaging
- Brain Imaging – CT/MRI

Rheumatology
- Approach to Polyarthritis [RA, DJD, SeroNeg]
- SLE
- Vasculitis/GCA/PMR
- Polymyositis/Dermatomyositis + Scleroderma
- Seronegative Spondyloarthopathies
- Update in RA

Seminars [half day to week long]
- Doctor-Patient Communication
- Career Week [see career symposium]
- Basic and Advanced Life support
- Transition for PG-1 to PG-2 Retreat on Teaching, Leadership and Time Management skills
- Domestic Violence
- Code simulation
- PG-2 to PG-3 Retreat on Professionalism, Humanism and Leadership.
- Critical Care Course
- Summer Course on Research Skills
- Writing Workshop for Research
- Evidence-Based Medicine
- Acute Care Simulations

Women's Health
- Evaluation of a Patient with a Breast Mass
- Polycystic Ovarian Syndrome
- Menstrual Irregularities
- Domestic Violence Core Curriculum
- Hypertension in Pregnancy
- Common Medical Issues in Pregnancy
- Approach to abnormal pap
- Menopause
Positions Obtained by UW-Madison Graduates

Class of 2015

11 Fellowships (100% fellowship Match placement)
- Hospital of the Univ of Pennsylvania - Infectious Diseases
- Providence Hospital - Gastroenterology
- Univ of Chicago - Infectious Diseases
- Univ of Illinois-Chicago - Cardiology
- Univ of Pittsburgh Medical Center - Hematology/Oncology
- Univ of Wisconsin - Cardiology, Gastroenterology (2), Hospice/Palliative Medicine, & Pulmonary/Critical Care
  - Including 1 Research (T32) Year
- Univ of Wisconsin - Cardiology

10 Faculty Positions
- Univ of California - San Francisco
- Univ of Colorado - Denver
- Univ of Michigan - Ann Arbor
- Univ of Wisconsin and/or William S. Middleton Veterans Hospital, Madison, WI (7)

3 Private Practice
- Dean Clinics, Madison, WI
- Lawndale Christian Health Center, Chicago, IL
- St. Augustine Hospital, Jacksonville, FL

4 Chief Residents Prior To:
- General Internal Medicine (2)
- Hospital Medicine
- Rheumatology Fellowship

Class of 2014

11 Fellowships (100% fellowship Match placement)
- Harvard - Hospice/Palliative Medicine
- Mayo Clinic - Allergy & Pulm/CC
- Medical College of Wisconsin - Gastroenterology
- Univ of Kansas - Gastroenterology
- Univ of Wisconsin - Cardiology(2), Gastroenterology, Hospice/Palliative Medicine, & Infectious Diseases
  - Including 1 Research Pathway Fellowship
- Univ of Wisconsin - Cardiology

1 Residency
- Univ of Wisconsin - Anesthesiology

8 Faculty Positions
- Medical University of South Carolina, Charleston, SC
- Univ of Wisconsin and/or William S. Middleton Veterans Hospital, Madison, WI (7)

4 Private Practice
- Group Health Cooperative, Madison, WI
- Medical Associates, Dubuque, IA
- Mission Health System, Asheville, NC
- St. Mary's Hospital, Madison, WI

Class of 2013

21 Fellowships (100% fellowship placement)
- Albany Medical Center - Gastroenterology
- Johns Hopkins Univ - Endocrinology
- Loyola University - Pulmonary/Critical Care
- Mass General/Harvard - Infectious Diseases
- Medical College of Wisconsin - Cardiology
- Northwestern - Pulmonary/Critical Care
- Univ of Colorado - Gastroenterology
- Univ of Illinois-Chicago - Cardiology
- Univ of Michigan - Hematology/Oncology
- Univ of Minnesota - Hematology/Oncology
- Univ of Nebraska - Gastroenterology
- Univ of Pittsburgh - Hematology/Oncology
- Univ of Rochester - Hematology/Oncology
- Univ of Washington - Infectious Diseases
- Univ of Wisconsin - Cardiology(2), Geriatrics, Gastroenterology(2), Infectious Diseases, Pulmonary/Critical Care

2 Faculty Positions
- Indiana University, Bloomington, IN
- Univ of Wisconsin and/or William S. Middleton Veterans Hospital, Madison, WI

4 Private Practice
- Associated Physicians, Madison, WI
- Kaiser Permanente, San Diego, CA
- Stoughton Hospital, Stoughton, WI
- University of Wisconsin-Watertown, Watertown, WI

Class of 2012

12 Fellowships (100% fellowship placement)
- Northwestern University - Pulmonary/CC
- Tufts University - Hematology/Oncology
- Univ of Washington - Hematology/Oncology
- Univ of Wisconsin - Allergy/Immunology, Cardiology, Endocrinology, Gastroenterology, Hematology/Oncology, Rheumatology, and Women's Health
  - Including 2 Research Pathway Fellowships
- Univ of Wisconsin - Cardiovascular Medicine (2)

8 Faculty Positions
- University of Florida - Gainesville, Gainesville, FL
- Univ of Wisconsin and Veterans Hospital, Madison, WI (6)
- Washington University, St. Louis, MO

5 Private Practice
- General Internal Medicine, CA
- Regional Medical Clinic, Rapid City, SD
- St. Mary’s Hospital, Madison, WI
- Texas Dermatology & Associates, Dallas, TX
- Univ of Washington, Seattle, WA

Class of 2011

19 Fellowships (100% fellowship placement)
- Duke - Gastroenterology
- Univ of California Los Angeles - Sports Medicine
- Univ of California San Francisco - Rheumatology
- Univ of Chicago - Rheumatology, Gastroenterology
- Univ of Nebraska - Gastroenterology
- Univ of Texas Southwestern - Infectious Diseases
- Univ of Wisconsin - Allergy, Cardiology (4), Gastroenterology, Geriatrics, Hematology/Oncology, Hospice/Palliative Care, Infectious Diseases, Women’s Health & Medical Education
- Washington University - Hematology/Oncology

5 Private Practice
- St. Mary's Hospital, Madison, WI
- University of Wisconsin-Madison Faculty (4)

1 Anesthesia Residency
- Univ of Wisconsin-Madison
2012-2015 Resident Publications and National or Regional Presentations and Abstracts

2015 (partial)


Chaddha A. A less common cause of supine dyspnea and the importance of the physical exam. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.


2014


Akhter A, Said A. Meta-analysis of randomized controlled trials of pharmacologic agents in non-alcoholic fatty liver disease. AASLD. Boston, MA. November 2014.


Ferguson KT & Sandbo N. The novel PI3K/Akt/MTOR inhibitor Palomid 529 (PS29) can inhibit human lung fibroblast differentiation in an in vitro model of idiopathic pulmonary fibrosis. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2014.


Tischendorf JS & Mead S. Case of hypoglossal nerve palsy in patient with HIV. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2014.


2013


Fitz SR et al. Treatment of pityriasis rubra pilaris with ustekinumab. Published in supplement to JAAD, April 2013; 68 (4):216.


Mitra A. Comparison of i-ScanTM imaging technology to high definition imaging in the detection of adenomatous polyps. Digestive Disease Week. Orlando, FL. May 2013.


Runaas LN. An unusual case of dysphagia – the importance of physical exam. ACP National Meeting. San Francisco, CA. April 2013.

Barocas J. Self-audit is associated with increased clinician-driven universal HIV screening among internal medicine residents. 36th Annual Society for General Internal Medicine Meeting. Denver, CO. May 2013.


Bales A and Hylland S. Ankle pain as the revealing symptom for a diagnosis of IBD. Poster Presentation. Wisconsin Dells, WI. September 2013.


2012


Sriram S. Disseminated blastomycosis involving the peritoneum following kidney transplant. CHEST. Atlanta, GA. October 2012.


Rice L. Heparin-induced thrombocytopenia (HIT) and thromboembolism in lung transplantation. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2012.


Brown BJ. An integrated computer decision support tool is associated with increased frequency of global cardiovascular risk assessment. AHA Quality of Care and Outcomes Research. Baltimore, MD. April 2012.


Department of Medicine Residents
2015 – 2016

PG-1
Saad Arain
Jared Bartell (Neuro)
Matthew Brunner
Adam Burr (Rad/Onc)
Ann Chodara
Kenneth Coggins
Jason Eccleston
Heydi Flores Podadera (Neuro)
Matthew Hartman
Michael Kessler
Jason Kirk
Jeremy Kratz
Jake Laine
Edward Lawrence (Radiology)
David Lewandowski
Brian Lewis
Mathew Ley
Joe Longino
Megan Lutz
Jesse Maupin
Daniel McCulley
Philip Miles
John Miller
Samantha Murray
Yaoli Pu
Matt Rafn
Monika Rastogi (Radiology)
Dan Rosenberg
Nan Sethakorn
Pete Stadmeyer
Kelly Tierney
Rafael Villarreal-Calderon
Luke Zurbriggen

Medical School
University of Illinois
University of Arizona
Tulane University
University of Cincinnati
University of Wisconsin-Madison
Baylor College
University of Maryland
Facultad de Ciencias Medicas Pinar del Rio (Cuba)
University of Washington
University of Wisconsin-Madison
University of Texas-Medical Branch
University of Michigan-Ann Arbor
Medical College of Wisconsin
Albert Einstein College of Medicine
University of Illinois
Case Western Reserve University
University of New Mexico
University of Illinois
Medical College of Wisconsin
University of Washington
University of Washington
University of Wisconsin-Madison
SUNY-Buffalo
University of Iowa
University of Rochester
University of Wisconsin-Madison
University of Illinois
SUNY-Upstate
University of Chicago
Albany Medical College
Ohio State University
University of Virginia
University of Wisconsin-Madison
Department of Medicine Residents
2015 – 2016

PG-2
Justin Bucci
Ashish Chaddha
Ben Ciske
Megan Hall
Amber Hertz-Tang
Christopher Hoersting
Adam Hofer
Thomas Holobyn
Barrett Kenny
Peter Kleinschmidt
Patrick Kosciuk
Melissa MacDonald
John Nan
Clare O’Connor
Samantha Pabich
Meg Punt
Ryan Roth
Scott Saunders
Kate Steinberg
Johanna Streyle
Sean Swearingen
Matthew Tipping
Maddie Weiker
Kevin Wenzke
Dennis Yu

Medical School
Georgetown University
University of Michigan-Ann Arbor
University of Wisconsin-Madison
University of Minnesota
University of Wisconsin-Madison
University of Cincinnati
University of Wisconsin-Madison
Indiana University
Virginia Commonwealth University
University of Wisconsin-Madison
Indiana University
Ohio State University
University of Michigan-Ann Arbor
University of Wisconsin-Madison
University of Illinois
University of Nebraska
University of Colorado
Baylor College
New York Medical College
University of Wisconsin-Madison
University of Chicago
University of Wisconsin-Madison
University of Wisconsin-Madison
Ohio State University
University of Virginia
PG-3
Vidthya Abraham
Caitlin Allen
Nestor Anguiano
James Ballard
William Bzdawka
Andrew Day
Ryan Drake
Paul Estrada
Zhubin Gahvari
Alex Hahn
Aaron Ho
Emily Joachim
Jordan Kenik
Cecile King
Samuel Lee
Jeffrey Lin
Abby Lochmann-Bailkey
Richard Martin
Jennifer Medlin
Rakesh Patel
Laura Phillips
Kerry Rees
Andrew Spiel
Jessica Tischendorf
Nguyen Tran

Medical School
Rush Medical College
University of Washington
Columbia University
Michigan State University
St. Louis University
Temple University
University of Wisconsin-Madison
Baylor College of Medicine
University of Virginia
Loyola University
University of Arizona
University of Colorado-Denver
Northwestern University
University of Medicine & Dentistry of New Jersey
University of Chicago
Northwestern University
Medical College of Wisconsin
University of Washington
University of Nebraska
West Virginia University
Northwestern University
University of Massachusetts
University of Illinois
University of Wisconsin-Madison
Michigan State University

PG-4
Lauren Craddock (Med/Derm)

PG-5
Thomas Keenan (Med/Derm)

Chief Residents
Afaf Shareen Azar
Lindsay Voss
Andrew Vreede
Jill Zabih

Medical School
Univ. of South Alabama

Medical School
Mayo Medical Center

Medical School
Oregon Health and Science University
Georgetown University
University of Michigan
University of Nebraska