UNIVERSITY OF WISCONSIN-MADISON
Internal Medicine Residency

Applicant Packet 2014-15
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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. In the few years I have been in Wisconsin, I have been impressed with and 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 sponsored 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.

Our training programs attract top-notch applicants. From among a pool of excellent candidates, we try to 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.

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PROGRAM HIGHLIGHTS

- Outstanding fellowship and job placement (see page 21)
- 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. 10 year 98% 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 2011-2014 on pages 22-26)
- 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.
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 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, Chief of Medical Service and Associate Chief of Staff for Education at VA Hospital.

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
Associate Program Director and Director of Humanism in Medicine Curriculum

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 Career Track

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 for VA Rotations and Quality of Care and Patient Safety Curriculum

My passion for education is fed daily as I see the academic progress our residents are making.

Amy Smith, MS and dissertating for PhD in Education Director, Medical Education

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.

Michelle Kipp, MS in Student Affairs Administration Residency Program Coordinator

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.

Vonnie Schoenleber Residency Recruitment Coordinator, Assistant to Dr. Vogelman

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 enjoy providing support and being a part of the growth of a future generation of care givers.

Patricia Rey Residency & Fellowship Assistant, Assistant to Dr. Quinn
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
- 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
- Weekly case-based primary care conference
- Intern Report with the Program Director weekly
- M&M Conference
- Advances (Resident Systematic Reviews)

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

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 professional identity development

Electives
- Women's Health Rotation
- Hospice
- Palliative Care Service
- Bone Marrow Transplant
- Heart Failure
- Student Health Service
- Hepatology
- Hospitalist Medicine
- Neurology ICU
- Neurostroke
- Exercise Treadmill
- Echocardiography
- International Elective Opportunities
- Subspecialty 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
- Communication and humanism in medicine

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 and 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 and in clinics
- 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
- Research or clinical elective time
- Lighter rotations without overnight call are scheduled to break up ward months

Benefits for Internal Medicine Residents

- Malpractice insurance with tail
- Outstanding disability policy with life-long continuation
- Family or individual medical insurance
- Embroidered lab coats
- Competitive salaries in low cost-of-living state
- On-call meals and evening snacks
- Family and personal leave policies
- Three week vacation and, for PG-2/3, one week conference or interviewing time
- Lockers available
- Yearly citywide bus pass $25
- DEA and initial license fees covered
- ACLS and CPR certification and re-certification costs covered
- Employee Assistance Program

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 and campus cultural events
- First rate restaurants (American and international cuisine)
- Top rated city in United States overall for childrens’ 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
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
Comprehensive Cancer Center — www.uwhealth.org/cancer-for-researchers/uwccc/28373
Alzheimer’s Disease Research Center — wcmp.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/asthamain
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 Institute 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 26 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 three 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 20 institutional research training grants in the medical school; 7 of these training grants are headed by Department of Medicine (DOM) faculty in Hematology, Oncology, Women’s Health, Infectious Diseases, Geriatrics, Allergy and Immunology, and Cardiovascular Medicine. 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 Learning Groups

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
- Share experiences with peers to normalize their perceptions and plan for next rotations

Communication, Empathy and Humanism Curriculum:
- Communication with empathy workshop
- Humanism in Medicine Course
- Doctor-Patient communication workshop

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 blocks at UW and VA Hospital, with the option of a UW inpatient hematology ward. Additional blocks in ICU, community hospital and UW Cardiology. Interns do day or night admission shifts and keep admissions on their team.
- Non-ward rotations: These include ER and clinic blocks (including geriatrics and general medicine). Elective in consults or clinics in their field of interest
- Lighter rotations interspersed with wards & units
- Vacation: three weeks [need not be taken in a block]. These are coordinated with partners
- PG-1’s will have about 40-45 overnight call shifts of 14-15 hours duration for the year
- Night float for 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 blocks at UW and VA Hospital, with the option of a UW inpatient hematology ward. Additional blocks in ICU, community hospital and UW Cardiology.
- Consult Services: three to four 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
- Elective: one four to eight week block [clinical or research]
- Additional electives in bone marrow and solid organ transplant, heart failure service, hepatology, subspecialty consults, general and subspecialty clinics available
- Treadmill/Echo rotation elective
- Vacation: three weeks [need not be taken in a block], plus one week meeting or interview time of the resident’s choice. These are coordinated with partners
- 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 hour). Post call forgiveness for all clinics
PG-3 YEAR

[Total ward time 16-20 weeks]

- Wards: four week blocks at UW and VA Hospital, with the option of a UW inpatient hematology ward. Additional blocks in ICU, community hospital and UW Cardiology may be elected
- Consult Services: three to four four-week blocks
- Outpatient Service: one to three four-week blocks
- Elective: one four to eight week block [clinical or research]
- Vacation: three weeks [need not be taken in a block], plus one week meeting or interview time of the residents choice. These are coordinated with partners
- EIP Rotation (Applying PG-2 rotation EIP 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. Only cross coverage at night is done by a traditional night float.

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.
Primary Care Track

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.

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, flexible sigmoidoscopy, 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>
<tbody>
<tr>
<td>AM</td>
<td>Cardiology</td>
<td>Continuity Clinic</td>
<td>Conferences</td>
<td>Neurology</td>
<td>Endocrine</td>
</tr>
<tr>
<td></td>
<td>Patrick Hughes</td>
<td></td>
<td></td>
<td>Suzanne Seeger</td>
<td>Diane Elson</td>
</tr>
<tr>
<td>PM</td>
<td>Geriatric Clinic</td>
<td>HIV &amp; ID Bennett Vogelman</td>
<td>Sports Medicine</td>
<td>Women’s Health</td>
<td>Chart Review Or Reading</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Katie Miller</td>
<td></td>
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<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>
<tbody>
<tr>
<td>AM</td>
<td>Rheumatology</td>
<td>Radiology</td>
<td>ID—Andy Urban</td>
<td>Conferences</td>
<td>Spine</td>
</tr>
<tr>
<td></td>
<td>Jon Arnason</td>
<td>David Kim</td>
<td></td>
<td></td>
<td>Jim Leonard</td>
</tr>
<tr>
<td>PM</td>
<td>Continuity Clinic</td>
<td>Diabetes Mgmt</td>
<td>High Risk Breast</td>
<td>Dermatology</td>
<td>Continuity</td>
</tr>
<tr>
<td></td>
<td>University Station</td>
<td>Diane Elson</td>
<td>Cancer Screening Clinic</td>
<td>Will Aughenbaugh</td>
<td>Clinic</td>
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<table>
<thead>
<tr>
<th>Primary Care Ambulatory Block – PG3</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>Nephrology</td>
<td>ID—Nasia Safdar</td>
<td>Pulmonary</td>
<td>Hematology</td>
<td>Palliative Care</td>
</tr>
<tr>
<td></td>
<td>Laura Maursetter</td>
<td></td>
<td>William Ehlenbach</td>
<td>Ryan Mattison</td>
<td>Toby Campbell</td>
</tr>
<tr>
<td>PM</td>
<td>Continuity Clinic</td>
<td>Reading</td>
<td>Continuity Clinic</td>
<td>STI Clinic</td>
<td>GI High Risk</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>Dane County</td>
<td>Jen Weiss</td>
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</tbody>
</table>

Saturday - Access Clinic for underserved offered in place of one Continuity Clinic.
The goal of TEACH is to foster the careers of those residents interested in becoming clinician-educators. This includes developing, among other things, the knowledge and skills needed to establish a learning environment and curricula that foster the education of 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:

Upon entry in the program, you will meet Amy Smith, MS (Director of Medical Education). She will serve as your primary mentor throughout the program and will help you tailor your program to meet your individual goals. Opportunities include the following:

- Participating in a 16-hour intensive course in teaching skills directed by Jeremy Smith, MD, one of our core faculty, who was trained by the Stanford Faculty Development Center for Medical Teachers. This course includes special training in how to give feedback, how to accurately evaluate learners, how to promote understanding and retention by learners, and how to give an effective talk/lecture.

- Guided preparation and submission of abstracts, posters, and/or workshop proposals for the annual UW campus-wide Teaching and Learning Symposium and the school-wide Medical Education Day.

- Teaching medical students in first and second year courses.

- Direct observation and targeted feedback regarding your teaching skills on the wards and in clinics.

- Schedule coordination in your PG2 and PG3 years to allow for travel to a national education meeting (for example, American Association of Medical Colleges, Association for Program Directors Internal Medicine, Society for General Internal Medicine) where you would have the opportunity to present work in a national forum and network with clinician-educators. A yearly $1200 stipend is offered to cover your expenses if you are presenting.

- The ability to use research elective time for development and execution of medical education research projects and/or the design of innovative curricula. Either of which can be prepared for peer review or published.

- Serving as a small group leader for new interns during your PG2 and 3 years.

- Creating new curriculum and innovative learning methods for our program.
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 faculty teach 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.

• The University of Wisconsin - School of Education is consistently top ranked in the US. The Internal Medicine Residency and Fellowship Programs are proud to have an educator (Amy Smith, MS) in the program who helps residents, fellows, and faculty build their teaching and curriculum development skills.

• 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 Trauma Life Center, 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.

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) in their area of interest
- Three dedicated research rotations in resident’s field of choice
- A second continuity clinic in subspecialty 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.

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 consultatory care of patients with acute and chronic illnesses and in research scholarship in the respective field.
# 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>
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</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>Medical Grand Rounds</td>
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<td>Intern Conference Joint UW and VA Core Curriculum</td>
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<tr>
<td>10:45 – 11:45 am</td>
<td>UW Morning Report for PG 1/2/3’s on inpatient rotations</td>
<td>Joint 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>UW Morning Report for PG 1/2/3’s on inpatient rotations.</td>
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<tr>
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<td></td>
<td>Intern Conference Joint UW and VA Core Curriculum</td>
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<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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</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 morning report (Monday-Friday 11am) and Grand Rounds (Friday at 8:00 am)
# Internal Medicine Core Curriculum

## 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

## 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
- Headache
**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

**Nephrology**
- Fluid and Electrolytes Disorders [Na, H20, K]
- Acid-Base Disorders
- Nephritic vs Nephrotic Syndrome
- Chronic Renal Failure/Dialysis/ Transplant
- Acute Renal Failure
- Hypertension

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

**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 2014
9 Fellowships
- Harvard - Hospice/Palliative Medicine
- Mayo Clinic - Allergy
- Univ of Kansas - Gastroenterology
- Univ of Wisconsin - Cardiology (2), Gastroenterology, Hospice/Palliative Medicine & Infectious Diseases
1 Research Pathway Fellowship
- Univ of Wisconsin - Oncology
1 Residency
- Univ of Wisconsin - Anesthesiology
8 Faculty Positions
- Medical Univ of South Carolina, Charleston, SC
- Univ of Wisconsin and/or William S. Middleton Veterans Hospital, Madison, WI (7)
3 Private Practice
- Group Health Cooperative, Madison, WI
- Medical Associates, Dubuque, IA
- Mission Health System, Asheville, NC
3 Chief Residents prior to:
- Hospitalist (2)
- Pulmonary/Critical Care

Class of 2013
19 Fellowships
- Johns Hopkins Univ - Endocrinology
- Loyola University - Pulmonary/Critical Care
- 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
- University of Pittsburgh - Hematology/Oncology
- Univ of Rochester - Hematology/Oncology
- Univ of Washington - Infectious Diseases
- Univ of Wisconsin - Cardiology (2), Geriatrics, Gastroenterology (2), Infectious Disease, Pulmonary/Critical Care
4 Faculty Positions
- Indiana University, Bloomington, IN
- Univ of Wisconsin and/or William S. Middleton Veterans Hospital, Madison, WI (3)
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
- 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
2 Research Pathway Fellowships
- Univ of Wisconsin - Cardiovascular Medicine (2)

Class of 2011
19 Fellowships
- 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 Faculty or Private Practice
- St. Mary's Hospital, Madison, WI
- University of Wisconsin-Madison Faculty (4)
1 Anesthesia Residency
- Univ of Wisconsin-Madison

Class of 2010
18 Fellowships
- Washington University - Cardiology
- Henry Ford Hospital - Gastroenterology
- Northwestern Univ - Cardiology
- Univ of Iowa - Nephrology
- Univ of Michigan - Gastroenterology
- Univ of Texas MD Anderson Cancer Center - Hematology/Oncology
- Univ of Washington - Hematology/Oncology
- Univ of Wisconsin - Cardiology, Critical Care & Informatics, Gastroenterology (3), Geriatrics (2), Hematology/Oncology (3)
1 Research Pathway Fellowship
- Univ of Wisconsin - Cardiovascular Medicine
1 Faculty Position
- University of Wisconsin Hospital & Clinics, Madison, WI
3 Private Practice
- Cooley Dickinson Hospital, Northampton, MA
- Meriter Hospital, Madison, WI
- St. Mary's Hospital, Madison, WI
1 Anesthesia Residency
- Univ of Wisconsin-Madison
2014 (partial)


Gunnarsson SI, Peppard PE, Korcarz CE, Barnet JH, Aeschlimann SE, Hagen EW, Young T, Hla KM, Stein JH. Obstructive sleep apnea is associated with future subclinical carotid artery disease: Thirteen-year follow-up from the Wisconsin Sleep Cohort. Arteriosclerosis, Thrombosis and Vascular Biology. Accepted for publication: August 2014.


Ferguson KT & Sandbo N. The novel PI3K/Akt/MTOR inhibitor Palomid 529 (P529) 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


22
2012


Brian M. Kleker, MD; Marigdalia K. Ramirez-Fort, MD; David Puchalsky, MD; B. Jack Longley, MD; Andrew Swanson, MD; John Zone, MD. A generalized eruption with occasional vesicles. Archives of Dermatology Vol 148(4):531-536, April, 2012.


2011


Mohammed T, Dennie T, Holen, KD. Activity of Oxaliplatin plus Capecitabine (CapeOx) with Lapatinib for Metastatic Colorectal Cancer: Results from Two Patients Treated on a Clinical Study. Clinical Advances in Hematology & Oncology. 2011; 9(6): ; June, 2011.


Bowman, Erik. "High Definition Colonoscopy Combined with I-Scan imaging technology is Superior in the Detection of Adenomas and Advanced Lesions Compared to High Definition Colonoscopy Alone." Poster. DDW. Chicago, IL. May, 2011.


Department of Medicine Residents
2014 – 2015

PG-1
Justin Bucci
Ashish Chaddha
Ben Ciske
Megan Hall
Amber Hertz-Tang
Christopher Hoersting
Adam Hofer
Thomas Holobyn
Barrett Kenny
Peter Kleinschmidt
Cindy Ko (RadOnc)
Patrick Kosciuk
Melissa MacDonald
Lara Mrak (Rad)
Sadhana Murali (Neuro)
John Nan
Clare O’Connor
Samantha Pabich
Joshua Pankratz (Neuro)
Meg Punt
Ryan Roth
Scott Saunders
Kate Steinberg
Johanna Streyle
Sean Swearingen
Stephen Tang (Rad)
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
Mt. Sinai
Indiana University
Ohio State University
University of Arkansas
University of Wisconsin-Madison
University of Michigan-Ann Arbor
University of Wisconsin-Madison
University of Illinois
University of Wisconsin-Madison
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-2

Vidthya Abraham  
Caitlin Allen  
Nestor Anguiano  
James Ballard  
William Bzdawka  
Andrew Day  
Ryan Drake  
Opeulowa Eleyinafe  
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  
David Wright (Med/Derm)

Medical School

Rush Medical College  
University of Washington  
Columbia University  
Michigan State University  
St. Louis University  
Temple University  
University of Wisconsin-Madison  
Case Western Reserve University  
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  
Creighton University
PG-3
Ahmed Akhter
Ruben Alexanian
Katerina Ancevski
Kerstin Austin
Afaf Azar
Abigail Bales
Blythe Belzer
Kevin Chapla
David Cooley
Lauren Craddock (Med/Derm)
Keith Ferguson
Tim Holden
Jeffrey Hubers
James Hwang
Jill LaGrange
Arnab Mitra
Daniel Modaff
Daniela Pellegrini
Andrew Pistner
Samuel Schowengerdt
Vanessa Scowden
Ruthanna Seidel
Eshana Shah
Sarguni Singh
Lindsay Voss
Andrew Vreede
Brent White
Matthew Ziegler

Medical School
University of Iowa
University of Wisconsin-Madison
University of Virginia
University of Wisconsin-Madison
Oregon Health and Science Univ.
University of Wisconsin-Madison
University of Washington
Boston University
Ohio State University
Univ. of South Alabama
Southern Illinois School of Medicine
University of Minnesota
University of Minnesota
University of Wisconsin-Madison
University of Nebraska
University of Alabama
Loyola University of Chicago
Loyola University of Chicago
University of Rochester
University of Missouri-Columbia
Buffalo State Univ. of New York
University of Arizona
University of Wisconsin-Madison
Oregon Health and Science Univ.
Georgetown University
University of Michigan
University of Wisconsin-Madison
University of Wisconsin-Madison

PG-4
Thomas Keenan (Med/Derm)

PG-5
Joanna McGetrick (Med/Derm)

Medical School
Mayo Medical School

Medical School
University of Chicago - Pritzker

Chief Residents
Nicholas Braus
Jamie Froeschner
Nicholas Haun

Medical School
University of Rochester
University of Missouri-Columbia
University of Wisconsin-Madison