



UNIVERSITY OF WISCONSIN-MADISON

# Internal Medicine Residency

## Applicant Packet 2017-18







## Table of Contents

Welcome to Madison	3
Program Highlights	4
Department of Medicine Education Team	5
Goals and Objectives Overview	7
Curriculum and Work Environment	8-9
Affiliated NIH/NCI/PHS Funded Research Centers & Programs	10
Summary of Department of Medicine Research	11
Education Innovation	12
Typical Schedule	13-14
Primary Care Track	15-16
TEACH Pathway	17-18
Hospitalist & Subspecialty Learner-Directed Pathways	19-20
Women in Medicine	21-24
Conferences	25
Core Curriculum	26-27
Positions Obtained by UW Graduates	28
Resident Publications, Presentations and Abstracts	29-34
Department of Medicine Residents 2017 – 2018	35-37



*Pictured left to right:  
Richard Page, MD, Chair,  
Department of Medicine,  
Bennett Vogelman, MD,  
Vice Chair for Education and  
Residency Program Director,  
Joan Addington-White, MD,  
Associate Program Director and  
Director, Primary Care Track*

## Welcome to Madison

We are delighted that you are interested in learning more about our Internal Medicine Residency Program. One of my great pleasures as chair is to work with the talented Internal Medicine residents who come to train at the University of Wisconsin-Madison. Our residency in Internal Medicine is central to the mission of the Department of Medicine, so Drs. Vogelman, Addington-White, and I collaborate closely to ensure that we have a great training environment for our postgraduate trainees. I provide my full support 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 and Dr. Addington-White'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

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## 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 five in the U.S. for research expenditures and PhDs graduated (see list of resident publications and national or regional presentations 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



**Bennett Vogelman, MD**

Program Director, Vice Chair for  
Education for the Department of Medicine

*“ 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. ”*



**Joan Addington-White, MD**

Associate Program Director for  
Ambulatory and Primary Care  
Director, Primary Care Track

*“ 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. ”*



**Christopher Hildebrand, MD**

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

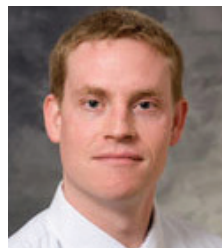
*“ I view my contribution to medicine as a leader involved in the development of physicians ready to meet their patients' "whole person" needs with emphasis on implementing quality and proven care. ”*



**Robert Holland, MD**

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

*“ 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. ”*



**Sean O'Neill, MD**

Associate Program Director  
Director of Evidence Based Medicine Curriculum

*“ 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. ”*



**Mariah Quinn, MD, MPH**

Associate Program Director and  
Director of Humanism in 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. ”*



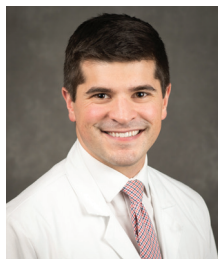
**Amy Zelenski, PhD**

Director, Medical  
Education

*“ 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. ”*

# Department of Medicine Residency Education Team

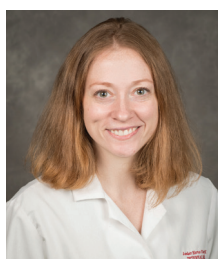
## Chief Residents



*"The guidance I received from faculty, staff, and chief residents during my training helped me to realize both personal and professional growth. I look forward to helping other residents and, as chief resident for the primary care track, I am excited to help train general internists for excellence in outpatient clinical medicine."*

**Peter Kleinschmidt, MD**

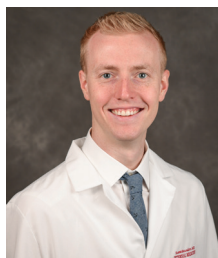
Trowbridge Endowed Primary Care Chief Resident  
Medical school: UW-Madison



*"I selected this program because its core aims aligned with my personal values. Our program prioritizes patient-centered, humanistic care and developing a sense of meaning and purpose in our work and lives. My goal is to help our residents develop their identities as clinicians, educators, and leaders."*

**Amber Hertz-Tang, MD**

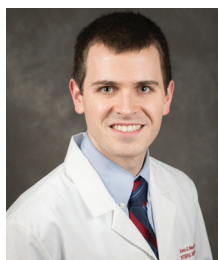
Bridges Family Endowed Chief Resident  
Medical school: UW-Madison



*"Balancing life, work, and learning in residency is challenging. My goal as a chief resident is to be an advocate for the well-being of our residents, provide meaningful educational experiences, and hopefully instill some fun along the way so that our residents become exceptional, well-rounded clinicians."*

**Scott Saunders, MD**

Page Family Endowed Chief Resident  
Medical school: Baylor College



*"We are fortunate to be part of a culture at UW that fosters teamwork, professional development and kindness, all while providing excellent patient care, education and scholarship. It is a privilege to serve as chief resident and give back to the program that has provided me with the skills to succeed in medicine."*

**Kevin Wenzke, MD**

Vogelman/Carnes Family  
Endowed Chief Resident  
Medical school: Ohio State University

## Staff



*"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 Project Manager  
Assistant to Dr. Vogelmann and Dr. Holland



*"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, Dr. O'Neill, and Dr. Quinn



*"I value the importance of mentorship and leadership, which I believe are areas in which this program excels. Your time with us will be full of transformational growth both personally and professionally. I am grateful to be a part of a milestone in your life-long learning journey."*

**Kelsey Harker**

Education Project and Evaluation Coordinator



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# UW-Madison Internal Medicine Residency

## GOALS & OBJECTIVES OVERVIEW

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### 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 Program Aims

**Wisconsin CARES** describes our program's priorities, each aligned with our values and literature-derived medical education principles. These priorities underpin our teaching philosophy and methods. We believe residency should focus on learning skills to foster:

**Wellness**

**Identity development**

**Career Development**

**Achievement of clinical excellence to provide patient-centered care**

In order to help our residents achieve these goals, we:

**Recruit a diverse set of learners so that we have a richer learning environment.**

**Establish an environment of respect, kindness and professionalism**

**Support our faculty educators**

A more detailed version of our program aims can be found at <https://www.medicine.wisc.edu/housestaff/wisconsin-cares-program-aims>.

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# UW-Madison Internal Medical Residents

## CATEGORICAL, PRIMARY CARE AND IMPACT RESEARCH PATHWAY PROGRAMS

### Comprehensive Curriculum

#### Didactic/Case-Based Learning (live, streamed and archived)

- 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: QI Project summaries
- Journal Club/Critical Reading of Literature/EBM
- High value care
- M&M Conference
- Domestic Violence Training Course [annual]
- Case conference for meaning and purpose

#### Workshops

- Basic and Advanced Life Support
- Acute Situations Workshop Simulations
- Empathy, Self Care, Humanism, Communication Workshops
- 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
- Bias literacy (race and gender)

#### Education Innovation

- 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, self-care, 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 (urban and rural settings)
- Neurology ICU
- Neurostroke
- Transplant Infectious Disease
- Transplant Nephrology
- Exercise Treadmill, Echocardiography
- Global Health
- Subspecialty (Infectious Disease, Gastroenterology, Cardiology, Rheumatology, Endocrine, Pulmonary, Allergy, Hematology, Geriatrics) and General Medicine Clinics
- Procedural Service
- Radiology
- Oncology Clinics, Consults, Ward
- Other customized electives available, including creation of your own

#### Professional Identity Development and Program Feedback Days

- Career Week annually to assist house staff in career choices and financial planning
- 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
- Town Hall quarterly meeting
- Mock interviews for fellowship and jobs

#### Research/Scholarly Opportunities

- 8-12 weeks in the PG-2 & 3 year to pursue research/scholarship
- Advances in Medicine: 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
- Hospitals have excellent pharmacy and social work support
- Book fund (\$300 per year), plus 10% discount at 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
- 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
- Mentorship by well-established clinicians, scientists and educators
- Resident-run Wellness Committee: Wellness is a key initiative at the University of Wisconsin. Our resident-led Wellness Committee is fostering wellness in a multi-faceted approach including providing monthly wellness resources to residents on a variety of topics, distributing a monthly newsletter featuring resident profiles, accomplishments and area events, holding positively-focused and

evidence-based wellness conferences, and organizing monthly social activities.

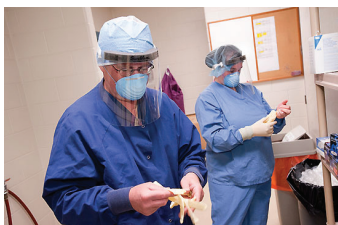
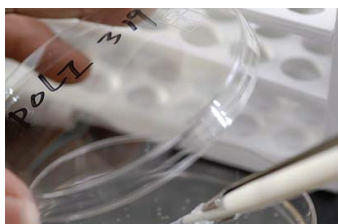
### Benefits for Internal Medicine Residents

- Competitive salaries in low cost-of-living state
- On-call meals
- Outstanding disability policy with life-long continuation option
- Family or individual medical insurance
- Embroidered lab coats
- Family and personal leave policies
- Three weeks of vacation and, for PG-2/3, one week conference or interviewing time
- Maternity/paternity flexible leave policy
- 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 US
- Big 10 campus recreational activities and facilities
- Sailing, camping, on- and off-road bike trails, cross-country skiing, fishing, skating, golf
- Arboretum, many beautiful parks, five lakes
- Excellent child care and public 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 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
- 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](http://www.med.wisc.edu)

[UW Institute for Clinical & Translational Research — ictr.wisc.edu](http://ictr.wisc.edu)

[UW Carbone Cancer Center — www.uwhealth.org/cancer-for-researchers/uwccc/28373](http://www.uwhealth.org/cancer-for-researchers/uwccc/28373)

[Alzheimer's Disease Research Center — www.adrc.wisc.edu](http://www.adrc.wisc.edu)

[Center for Tobacco Research and Intervention — www.ctri.wisc.edu](http://www.ctri.wisc.edu)

[Cardiovascular Research Center — cvrc.wisc.edu](http://cvrc.wisc.edu)

[Asthma, Allergy & Pulmonary Research Center — http://www.medicine.wisc.edu/asthma/asthmamain](http://www.medicine.wisc.edu/asthma/asthmamain)

[Center for Women's Health — www.womenshealth.wisc.edu](http://www.womenshealth.wisc.edu)

[Center for Neuroscience — www.neuro.wisc.edu/](http://www.neuro.wisc.edu/)

[Geriatric Research Education and Clinical Centers — https://www.madison.va.gov/services/GRECC.asp](https://www.madison.va.gov/services/GRECC.asp)

[Institute on Aging — www.aging.wisc.edu](http://www.aging.wisc.edu)

[Institute for Research on Poverty — www.irp.wisc.edu](http://www.irp.wisc.edu)

[McArdle Laboratory for Cancer Research — www.mcardle.wisc.edu](http://www.mcardle.wisc.edu)

[Population Health Sciences — www.pophealth.wisc.edu](http://www.pophealth.wisc.edu)

[Primate Research Center — www.primate.wisc.edu](http://www.primate.wisc.edu)

[Wisconsin Alzheimer's Institute — www.wai.wisc.edu](http://www.wai.wisc.edu)

[Women in Science & Engineering Leadership Institute — wiseli.engr.wisc.edu/](http://wiseli.engr.wisc.edu/)

[Wisconsin Institutes for Discovery — www.discovery.wisc.edu/](http://www.discovery.wisc.edu/)

**Click for More Information  
on Research Centers**





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# Department of Medicine Research

Faculty members in the Department of Medicine conduct basic, translational, clinical, and health services research within the 11 clinical divisions, and they interact with scientists throughout the 27 departments and 23 institutions and centers in the medical school as well as the university at large. The University of Wisconsin-Madison ranks sixth amongst the top institutions for research expenditures in the US. The UW School of Medicine and Public Health and the Department of Medicine rank in the top quintile in NIH funding among US medical schools and is one of the US medical schools which have received \$30 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 48 institutional research training grants in the medical school; 6 of these training grants are headed by Department of Medicine (DOM) faculty in Allergy/Pulmonary, Cardiovascular Medicine, Geriatrics, Hematology/Oncology, Infectious Diseases, and Women's Health. 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, syncope, preventive cardiology and imaging in Cardiovascular Medicine
- Osteoporosis, metabolic bone disease, diabetes metabolism and breast cancer research 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 and a new Center of Excellence for Translational Research (CETR) grant in Infectious Disease
- A newly developed program of Therapeutics Discovery using a patient's own stem cells to fight cancer and autoimmune diseases. Other research includes stem cell transplantation, clotting disorders and treatment of lymphomas and myeloma 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 <https://cancer.wisc.edu/research/>)
- 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.

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# Education Innovation

## 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.
- Course continues throughout residency

## 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.

The curriculum focuses on a team work approach to communication and patient safety, time for QI ownership, learning the Institute for Health Care Improvement 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)

- Personalized mentoring of Evidence Based Clinical Practice (EBCP) and individualized library resource training
- EBM lectures and EBCP small-group workshop sessions
- PG-1 Journal Club to apply and practice the workshop skills
- Senior resident Advances reviews and PGY-3 Journal Club to demonstrate mastery of EBM skills

### 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 28-33 overnight call shifts of 14–16 hours duration for the year
- Night float cross- coverage experience for two weeks (with 28-33 hours off in between shifts)
- ER day and evening shifts, no overnight shifts
- 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 2 to 4-week blocks, 50% outpatient
- 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, transitions of care/interdisciplinary care
- 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
- Vacation: three weeks [need not be taken in a block], plus one week meeting or interview time of the resident's choice, coordinated with partners and life events
- Educational Innovation Project (EIP) Rotation (Patient safety, quality improvement, human factors engineering and systems based practice): two weeks
- PG-2s will have 10-15 24-hour calls with 4 hours of follow-up care and 15-20 overnight shifts ( $\leq 16$  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 2-4-week blocks, 50% outpatient
- 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 calls with 4 hours of follow-up care and 10-15 overnight shifts ( $\leq 16$  hours). All clinics canceled post-call.

### 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 with the faculty member of their choice.

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

- UW General Medicine: every 6th night
- VA General Medicine: every 6th night
- UW ICU: Every fourth night for residents 24-hour + 4-hour call, interns every fourth night 16-hour shift
- Community (Meriter) 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 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 at least 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 in addition to three-month blocks in subspecialty and general medicine clinics during each of their PG2 and PG3 years.

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# Primary Care Track



Joan Addington-White, MD  
Director of the Primary Care Program

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.

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.

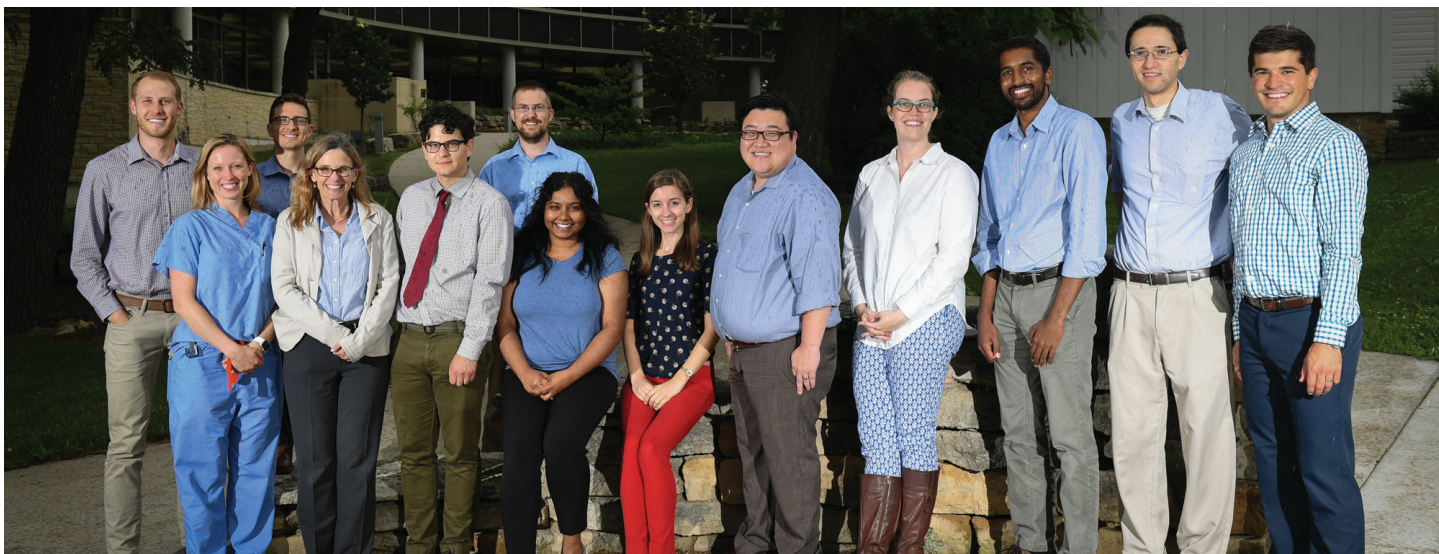
Furthermore, the dedicated section of General Internal Medicine here at the UW is made up of 85 internists. These physicians work in seven different clinic practices which provide great resources to our residents as they envision the kind of setting in which they would like to work.

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## Program Highlights

- Residents spend nine months over the course of three years (10 weeks as a PG-1, 12 weeks as PG-2, 14 weeks as PG-3) in ambulatory block experiences developing their outpatient skills by practicing medicine in ambulatory general, subspecialty, and surgical teaching clinics. These experiences are customized to individual resident interests and career goals.
  - 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.
  - Primary care-based scholarly activities are encouraged with support provided by the division of General Internal Medicine to do presentations at the Society of General Internal Medicine (SGIM) annual national meeting.
  - 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.
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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.

Outpatient 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, psychiatry, addiction medicine, 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 choose specific clinics that address their particular interests.

### Example Block Schedules

Primary Care Ambulatory Block – PG1					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Primary Care Conference Academic Time	Endocrine Vanessa Rein	Neurology Suzanne Seeger	Infectious Disease/ HIV Dawd Siraj	General Medicine
PM	GI/Hepatology John Rice	Continuity Clinic	Sports Medicine Kathryn Miller	Women's Health	General Medicine
Primary Care Ambulatory Block – PG2					
AM	Rheumatology Jon Arnason	Journey Mental Health	Pulmonology William Ehlenbach	High Risk Breast Cancer Screening Clinic	Academic Time
PM	Spine Clinic Jim Leonard	Continuity Clinic	Psychiatry Journey Mental Health	Continuity Clinic	Dermatology Justin Endo
Primary Care Ambulatory Block – PG3					
AM	Nephrology Aji Djamali	Gynecology Mary Landry	Hematology Ryan Mattison	Gastroenterology Jennifer Weiss	Academic Time
PM	Urology	Continuity Clinic	Palliative Care Toby Campbell	Continuity Clinic	University Health Leslie Painovich

Saturday - Access Clinic for underserved offered in place of one Continuity Clinic.

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# The Education Academy for Clinical Housestaff (TEACH) PATHWAY

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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, capstone projects, required curricula, and to discuss feedback of teaching sessions. Requirements:

### Workshop (1/2 day)

- Teaching in the Clinical Environment – The Basics

### Classes (1 hour each)\*

- Research Methods and Procedures in Medical Education
- Adult Learning Theory: how does it apply to medical education?
- Durable Learning
- Feedback and Assessment
- Teaching at the Bedside

### 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 (3)
- 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 evaluated
- Educational Research project completed

\*Required for Teaching Distinction

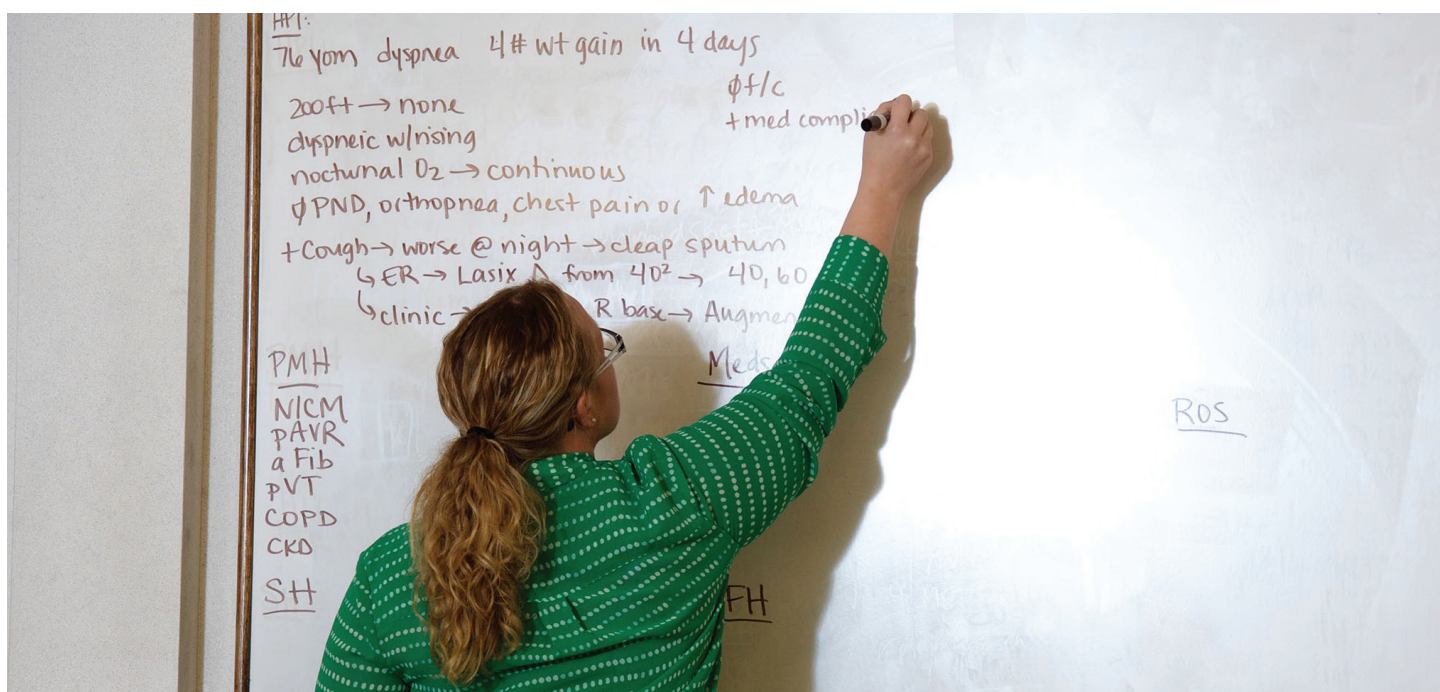
In addition to the structured curricula outlined above, TEACHERs can use research elective time to develop curricula and educational research projects. They will also be mentored in submitting their work to national education meetings (for example American Association of Medical Colleges, Association of Program Directors in Internal Medicine, Clerkship Directors in Internal Medicine, and Society for General Internal Medicine).



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## 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, fellows, and peers.
- 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 was 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. We have continued this initiative and have engaged residents as agents of change to continually enhance our program.



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# Hospitalist and Subspecialty Learner-Directed Pathways

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## 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 Pathway

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 orthopedic co-management and consultative medicine for a wide array of patients.
- Hospitalist Procedure Rotation, to acquire the skills and confidence to independently perform paracentesis, thoracentesis, lumbar punctures, and central line placement.
- Triage of ED admissions and regional patient transfers
- 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, palliative care, cardiology, GI/hepatology and pulmonary are prioritized for learners on this pathway.
- A general surgery hospitalist rotation is available to gain experience in management of common postoperative complications.
- 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 consultatory 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 (12 weeks) 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.

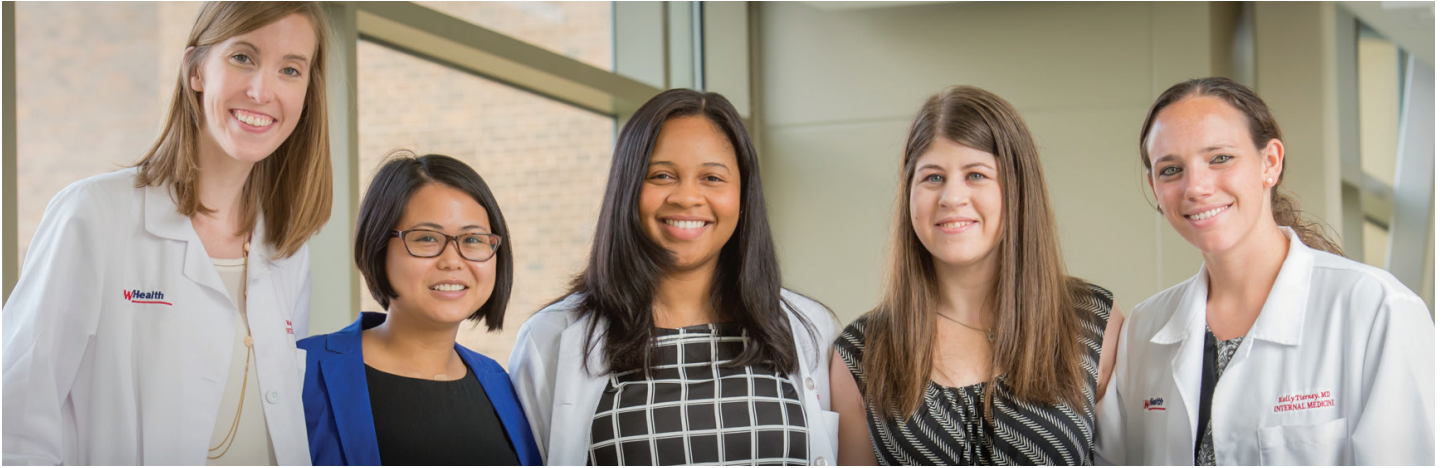
## In Conclusion

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.

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# Women in Medicine

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## 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 three of the six Vice and Associate Vice Chair positions and key leadership roles in the School of Medicine and Public Health (two Deans) and our affiliated hospitals.
- Eleven 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, over half of our chief medical residents have been women.

[Click here for news updates](#) about achievements by women in the UW Department of Medicine.





# Women in Medicine

[Click for More  
Mentor Biographies](#)

## Faculty Mentors

Examples of our women faculty mentors out of more than 150 women faculty members in the department are listed below.



### Angela Byars-Winston, PhD

Professor, General Internal Medicine

Director of Research and Evaluation, Center for Women's Health Research

Dr. Byars-Winston is a counseling 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.



### 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.



### Heather Johnson, MD, MS

Associate Professor, Cardiovascular Medicine

Researcher, UW Health Innovation Program

Dr. Johnson is a cardiologist and health services researcher. She is board-certified in Internal Medicine, Cardiovascular Medicine, Nuclear Cardiology, and Echocardiography, and is certified by the American Society of Hypertension as a Specialist in Clinical Hypertension. Dr. Johnson

completed her BS, MD, residency, fellowship, post-doctoral research in women's health and aging, MS in Population Health and capstones in Clinical Investigation and Type 2 Translational Research at UW-Madison. She has twice received the Dickie Research Award for Significant Research Contribution from the UW Department of Medicine. Her research utilizes health outcomes data and qualitative methodology to improve the management of hypertension and the delivery of cardiovascular preventive services to young adults. Dr. Johnson's research is supported by the NIH, and she was designated as a Centennial Research Scholar in the School of Medicine and Public Health. In 2015, she received the Outstanding Woman of Color Award from the UW System.



### Amy Kind, MD, PhD

Associate Professor, Geriatrics and Gerontology

Director, VA Coordinated Transitional Care (C-TraC) Demonstration Program

Director, UW Department of Medicine Health Services and Care Research (HSCR) 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.



### Jane Mahoney, MD

Professor, Geriatrics and Gerontology

Director, Wisconsin Alzheimer's Institute

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 Sure Step that has been

# Women in Medicine

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.



## 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 (infectious 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.



## 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, including a \$2.4 million 3-year grant to create and enhance curricular opportunities in community engagement, advocacy and health systems improvement for medical students. She maintains an active primary care practice at UW Health East Clinic.



## Ann Sheehy, MD, MS

Associate Professor and Division Head, Hospital Medicine  
Vice President of the University of Wisconsin Hospital and Clinics Medical Board  
Chair, Credentials Committee, University of Wisconsin Hospital and Clinics

Dr. Sheehy is a one of our finest teaching hospitalists and a health services researcher. Her research focuses on health care policy and the impact of policies on hospitalized patients and

health disparities. Dr. Sheehy pursued her bachelor's degree at Stanford and earned her MD and MS in Clinical Research at the Mayo Clinic. She completed her internal medicine residency at Johns Hopkins. As an advocate for reform of Medicare observation status policy and the Recovery Audit Contractor program, Dr. Sheehy has testified before Congress about policy impacts on patients and health care systems. Dr. Sheehy is a two-time recipient of the Evans-Glassroth Department of Medicine Inpatient Teacher of the Year Award, has been awarded the University of Wisconsin Internal Medicine Residency Professionalism Award, and has received an Outstanding Service in Hospital Medicine award from the Society for Hospital Medicine.



## Elizabeth "Betsy" Trowbridge, MD

Clinical Professor and 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 homebound 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.



## Laura Zakowski, MD

Professor (CHS), General Internal Medicine  
Associate Vice Chair for Undergraduate Medical Education  
Clerkship Director, Internal Medicine Clerkship  
Chair, Education Committee, Department of Medicine

Dr. Zakowski is a general internist and medical educator focused on undergraduate medical education. She completed her BS at UW-Green

Bay, MD at UW-Madison, residency and chief residency at Oregon Health Sciences University, and fellowship (general internal medicine) at UW-Madison. As Associate Vice Chair for Undergraduate Medical Education, Dr. Zakowski leads educational innovations for medical student instruction. She serves on the Leadership Council of the Clerkship Directors in Internal Medicine, and completed the AAIM Executive Leadership Program. Dr. Zakowski has received the Dean's Teaching Award from UW School of Medicine and Public Health (SMPH), American College of Physicians- American Society of Internal Medicine Wisconsin Chapter Young Internist of the Year award, the Graham-Meyer Teaching Award, and is listed in Best Doctors in America. She received the Award for Outstanding Clinical Teaching by the SMPH Class of 2014 and is a Gold Humanism Honor Society inductee.



# Women in Medicine



## 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 Conference Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>8:00 am</b>	VA Morning Report for PG 1/2/3's on outpatient rotations		VA Morning Report for PG 1/2/3's on outpatient rotations	VA Morning Report for PG 1/2/3's on outpatient rotations	Medical Grand Rounds
<b>10:45<sup>†</sup> – 11:45 am</b>	UW Morning Report for PG 1/2/3's on inpatient rotations.	Intern Morning Report with Program Director and Joint Morning Report for PG 2/3's	UW Morning Report for PG 1/2/3's on inpatient rotations.	Intern Conference Joint UW and VA Core Curriculum	UW Morning Report for PG 1/2/3's on inpatient rotations.
<b>12:00 – 12:50 pm</b>		Advances in Medicine (Systematic Literature Review)	Tissue (CPC), Journal Club, Performance Improvement Projects, and M&M	Intern Conference Joint UW and VA Core Curriculum	Senior Journal Club

<sup>†</sup> Many conferences are also video-streamed and archived.

## Internal Medicine Weekly Conference Schedule

### Monday

VA Primary Care 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 & Cardioregenerative 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



# 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

## 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

## 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
- Viral Hepatitis
- Liver Transplantation Evaluation

## General Medicine/Misc.

- Contraception
- Low Back Pain
- Alcohol Use Disorders and Withdrawal Syndromes
- Well Adult Care and Adult Prevention
- Common Foot Problems in Adults and Diabetics
- Advance Medical Directives
- Pre-Op Consultation
- Hypertension

# INTERNAL MEDICINE CORE CURRICULUM CONTINUED



## 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

- Lymphoma
- 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
- Endemic Fungal Disease
- Transplant ID

## Nephrology

- Fluid and Electrolytes Disorders
- 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
- Palliation at End of Life

## Pulmonary/Critical Care

- Pulmonary Function Testing
- COPD & Cor Pulmonale
- Sleep Disorders
- Interstitial Lung Disease
- Environmental Lung Disease/ Sarcoid
- Asthma
- Thromboembolic Disease
- Pulmonary Nodule Evaluation
- Tuberculosis
- Shock
- Sedation in ICU
- Central Line Training

## Radiology

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

## Rheumatology

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

## Seminars [half day to week long]

- Empathy, Humanism, Self-Care
- Career Week [see career symposium]
- Basic and Advanced Life support
- Professional Identity Development Conferences
- 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
- Pap and Pelvic

## Women's Health

- Evaluation of a Patient with a Breast Mass
- Polycystic Ovarian Syndrome
- Menstrual Irregularities
- Domestic Violence Core Curriculum
- Medical Complications of Pregnancy
- Common Medical Issues in Pregnancy
- Approach to abnormal pap
- Menopause



# Positions Obtained by UW-Madison Graduates

## Class of 2017

### 15 Fellowships (100% fellowship Match placement)

- Beaumont Health - Cardiology
- Boston University - Pulmonary/Critical Care, Rheumatology
- Loyola University - Cardiology
- Northwestern - Endocrinology
- Oregon Health & Science University - Hematology/Oncology
- Rush University - Cardiology
- Univ of Cincinnati - Pulmonary/Critical Care
- Univ of Minnesota - Cardiology
- Univ of Wisconsin - Cardiology, Endocrinology, Pulmonary/Critical Care, Women's Health

*Including 2 in our IMPACT Physician-Scientist Research Pathway*

- Univ of Wisconsin - Hematology/Oncology (2)

### 6 Academic/Faculty Positions

- Hospital Medicine - Bethesda North Hospital, Cincinnati, OH
- Hospital Medicine - Kauai Veterans Hospital, Kauai, HI
- General Internal Medicine - Univ of Wisconsin and/or William S. Middleton Veterans Hospital, Madison, WI
- Hospital Medicine - Univ of Wisconsin and/or William S. Middleton Memorial Veterans Hospital, Madison, WI (3)

### 1 Private Practice Position

- General Internal Medicine - Dean Clinic, Madison, WI

### 4 Chief Residents Prior To:

- Gastroenterology Fellowship
- General Internal Medicine
- Hospital Medicine
- Nephrology Fellowship

## Class of 2016

### 17 Fellowships (100% fellowship Match placement)

- New York University - Hematology/Oncology
- Stanford University - Cardiology
- Univ of California-Los Angeles - Endocrinology
- Univ of Cincinnati - Gastroenterology
- Univ of Michigan-Ann Arbor - Hematology/Oncology
- Univ of Minnesota - Cardiology
- Univ of North Carolina-Chapel Hill - Rheumatology
- Univ of Washington-Spokane - Medical Education
- Univ of Wisconsin - Cardiology, Gastroenterology (2), Hematology/Oncology, Nephrology, Pulmonary/Critical Care (2), Women's Health

*Including 1 in our IMPACT Physician-Scientist Research Pathway*

- Univ of Wisconsin - Cardiology

### 7 General Internal Medicine or Hospital Medicine Faculty Positions

- Univ of Washington - Spokane
- Univ of Wisconsin and/or William S. Middleton Memorial Veterans Hospital, Madison, WI (6)

### 1 Private Practice in Hospital Medicine

- St. Mary's Hospital, Madison, WI

## Class of 2015

### 16 Fellowships (100% fellowship Match placement)

- Hospital of the Univ of Pennsylvania - Infectious Diseases
- Northwestern - Pulmonary/Critical Care
- Oregon Health Sciences Univ - Gastroenterology
- Providence Hospital - Gastroenterology
- Univ of Chicago - Infectious Diseases
- Univ of Illinois-Chicago - Cardiology
- Univ of Michigan - Rheumatology
- Univ of Missouri - Gastroenterology
- Univ of Pittsburgh Medical Center - Hematology/Oncology
- Univ of Wisconsin - Cardiology, Gastroenterology (3), Hospice/Palliative Medicine, & Pulmonary/Critical Care

*Including 1 in our IMPACT Physician-Scientist Research Pathway*

- Univ of Wisconsin - Cardiology

### 7 General Internal Medicine or Hospital Medicine Faculty Positions

- Oregon Health & Science University
- Univ of California - San Francisco
- Univ of Colorado - Denver
- Univ of Michigan - Ann Arbor
- Univ of Nebraska - Omaha
- Univ of Wisconsin and/or William S. Middleton Memorial Veterans Hospital, Madison, WI (3)

### 3 Private Practice in Internal Medicine or Hospital Medicine

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

## Class of 2014

### 11 Fellowships (100% fellowship 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 in our IMPACT Physician-Scientist Research Pathway*

- Univ of Wisconsin - Oncology

### 1 Residency

- Univ of Wisconsin - Anesthesiology

### 8 Faculty Positions

- Medical University of South Carolina, Charleston, SC
- Univ of Wisconsin and/or William S. Middleton Memorial 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 Memorial 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

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# 2013-2016 Resident Publications and National or Regional Presentations and Abstracts

## 2017 (partial)

Bucci J, Hansen KE. Should we treat secondary hyperparathyroidism in pre-dialysis chronic kidney disease? Reviews on Endocrine and Metabolic Disorders. In press. 2017.

Chaddha A, Modaff D, Hooper-Lane C, Feldstein DA. Slow breathing and blood pressure in low-risk, stage 1 hypertensives and pre-hypertensives: A systematic review and meta-analysis. *Journal of General Internal Medicine*. In press. 2017.

Tipping M, Eickhoff J, Robins HI. Clinical outcomes in recurrent glioblastoma with bevacizumab therapy: An analysis of the literature. *Journal of Clinical Neuroscience*. PMID: 28711289. July 2017.

Wenzke KE, Walsh KE, Kalscheur M, Wasmund SL, Page RL, Brignole M, Hamdan MH. Clinical characteristics and outcome of patients with situational syncope compared to patients with vasovagal syncope. *Pacing & Clinical Electrophysiology*. PMID: 28244210. May 2017.

Chodara A, Wattiaux A, Bartels CM. Managing cardiovascular disease risk in rheumatoid arthritis: clinical updates and three strategic approaches. *Current Rheumatology Reports*. PMID: 28361332. April 2017.

Craddock LN, Cooley DM, Endo JO, Longley BJ, Caldera F. TNF inhibitor induced alopecia: an unusual form of psoriasiform alopecia that breaks the Renbok mold. *Dermatology Online Journal*. PMID: 28329519. March 2017.

McDanel DL, Azar AE, Dowden AM, Murray-Bainer S, Noiseux NO, Willenborg M, Clark CR, Callaghan JJ, Haleem A. Screening for beta-lactam allergy in joint arthroplasty patients to improve surgical prophylaxis practice. *Journal of Arthroplasty*. PMID: 28236547. January 2017.

Holobyn T. Successful implementation of a pharmacist-led fracture liaison service at a US Veterans Affairs Hospital. Poster Presentation. World Congress on Osteoporosis, Osteoarthritis, & MSK Diseases. Florence, Italy. March 2017.

Laine JC, et al. Implementation of an ERCP fluoroscopy feedback report card led to decreased fluoroscopy time, radiation exposure and variance among endoscopists. Poster presentation. World Congress of Gastroenterology. Orlando, FL. October 2017.

Kratz JD, Lubner MG, Kim DH, LoConte NK, Lubner SJ, Mulkerin DL, Matkowskyj KA, Pickhardt PJ, Uboha NV, Deming DA. Intratumor. Tumor bulk is an independent marker of anti-EGFR therapeutic benefit in metastatic colorectal cancer. Poster presentation. American Society of Clinical Oncology Annual Meeting. Chicago, IL. May 2017.

MacDonald MM, Nolan E, Jeskey-Sabuda, J. Transitions of care: Assessing satisfaction of discharge communication between inpatient and outpatient providers. Society of Hospital Medicine Annual Meeting. Las Vegas, NV. May 2017.

Wenzke K. Multidisciplinary liver transplant evaluation in patients with alcoholic liver disease – an alternative to the 'six month rule'. Poster presentation. American Transplant Congress. Chicago, IL. May 2017.

Hartman M. Axial gout: a crystal clear reason for back pain. Oral presentation. SGIM National Meeting. Washington DC. April 2017.

Kratz JD, Lubner MG, Kim DH, LoConte NK, Lubner SJ, Mulkerin DL, Matkowskyj KA, Pickhardt PJ, Uboha NV, Yi Y, Yu M, Deming DA. Intratumor heterogeneity predicting clinical outcomes of EGFR targeting in metastatic colorectal cancer. AAP/ASCI/APSA Joint Meeting. Chicago, IL. April 2017.

Lewis B, Abraham V, Feldstein D, Vogelmann B, Addington-White J. Steroids and Ritonavir: a case of iatrogenic Cushing's Disease. Poster presentation. SGIM National Meeting. Washington DC. April 2017.

Yu MD, Sampene E, Nan J, Rahko P, Dhirgira R. Can we use tissue Doppler imaging to screen for cardiac allograft rejection and coronary vasculopathy. Poster Presentation. International Society for Heart and Lung Transplantation Annual Meeting. Los Angeles, CA. April 2017.

Tischendorf J, MacDonald M, Zelenski A, Johnson SK. Finding synergy between GME and UME: A novel resident-as-educator curriculum embedded in an intern preparation course. Oral presentation. AAIM National Meeting. Baltimore, MD. March 2017.

Zakowski LJ, Zelenski A, Saunders S. It's the end of the rotation and I don't know what to write for feedback! How to turn angst into answers. Conference workshop. AAIM National Meeting. Baltimore, MD. March 2017.

Araiz S. A case of gastric erosion from a left ventricular assist device. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2017.

Brunner M, Tischendorf J, Safdar N. Fluoroquinolone restriction decreases rates of *Clostridium difficile*: results of a mixed-methods study. Oral presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2017. (\*\*First place winner state-wide\*\*)

Caldis M & Marsh R. Acute florid heart failure in a lymphoma patient. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2017.

Coggins K, Vuong I, Lubner S. Ipilimumab-associated colitis: another indication for anti-TNF antibodies? Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2017.

Haigh P & Nadherny W. An unusual cause of renal failure. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2017.

Hristov AD. Thrombocytopenia, fever, rash and hypotension. Oral presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2017.

Kharadjian T & Arnason J. Two cases of coxsackie arthritis: reactive or infectious? Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2017.

Lang A. An uncommon presentation of polymyalgia rheumatica. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2017.

Maupin J, Akram S, Smith J. Guillain-Barre syndrome in a patient with pneumococcal meningitis: an uncommon complication of a common infection. Oral presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2017.



Melvinsdottir I, Sattin JA, January C. Sneddon syndrome complicated with primary antiphospholipid syndrome and non-bacterial thrombotic endocarditis. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2017.

Murray-Bainer S. Trusting your clinical instincts: a case of a false negative procalcitonin. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2017.

Rafn MK & Chapman E. Segmental arterial mediolysis: an uncommon etiology for a common complaint. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2017.

Stadmeyer P. Ciguatera fish poisoning: a tropical illness in the midwest. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2017.

Yang Y & O'Neill S. When pulse oximetry lies. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2017. (\*\*\*First place state-wide\*\*\*)

Tischendorf J, MacDonald M, Zelenski A, Johnson SK. Resident and student educational outcomes of a resident-as-educator curriculum embedded in an intern preparation course. Poster presentation. AAMC Central Group on Educational Affairs Regional Meeting. Chicago, IL. March 2017.

## 2016

Benjamin MM, Chaddha A, Sampene E, Field ME, Rahko PS. Comparison of outcomes of atrial fibrillation in patients with reduced versus preserved left ventricular ejection fraction. *American Journal of Cardiology*. PMID: 28029361. December 2016.

Joachim E, Gardezi A, Chan MR, Shin JI, Astor BC, Waheed S. Association of pre-transplant dialysis modality and post-transplant outcomes: a meta-analysis. *Peritoneal Dialysis International*. PMID: 28007762. December 2016.

Kratz JD, El-Shazly AY, Mambuque SG, Demetria E, Veldkamp P, Anderson TS. Gynaecomastia in two men on stable antiretroviral therapy who commenced treatment for tuberculosis. *Malawi Medical Journal*. PMID: 28321284. December 2016.

Chaddha A, Robinson EA, Kline-Rogers E, Alexandris-Souphis T, Rubenfire M. Mental health and cardiovascular disease. *American Journal of Medicine*. PMID: 27288855. November 2016.

Kalscheur MM, Donato P, Wenzke KE, Aste M, Oddone D, Solano A, Maggi R, Croci F, Page RL, Brignole M, Hamdan MH. Long-term outcome of patients with bifascicular block and unexplained syncope following cardiac pacing. *Pacing & Clinical Electrophysiology*. PMID: 27565449. October 2016.

Chaddha A, Jackson EA, Richardson CR, Franklin BA. Technology to help promote physical activity. *American Journal of Cardiology*. PMID: 27889045. September 2016.

Sievers CK, Kratz JD, Zurbruggen LD, LoConte NK, Lubner SJ, Uboha N, Mulkerin D, Matkowskyi KA, Deming DA. The multidisciplinary management of colorectal cancer: Present and future paradigms. *Clinics in Colon and Rectal Surgery*. PMID: 27582648. September 2016.

Chaddha A, Rafanelli M, Brignole M, Sutton R, Wenzke KE, Wasmund SL, Page RL, Hamdan HM. The pathophysiologic mechanisms associated with hypotensive susceptibility. *Clinical Autonomic Research Journal*. PMID: 27324399. June 2016.

Allen C, Evans G, Sutton EL. Pharmacologic therapies in women's health: Contraception and menopause treatment. *The Medical Clinics of North America*. PMID: 27235614. July 2016.

Broussard JL, Kilkus JM, Delebecque F, Abraham V, Day A, Whitmore HR, Tasali E. Elevated ghrelin predicts food intake during experimental sleep restriction. *Obesity*. PMID: 26467988. July 2016.

Kratz JD, Turk AA, Sievers CK, Clipson L, Matkowskyj KA, Deming DD. Molecular profiles guide colorectal cancer treatment. *Federal Practitioner*. May 2016.

Arriola V, Tischendorf J, Musuuza J, Barker A, Rozelle J, Safdar N. Assessing the risk of hospital-acquired *Clostridium difficile* infection with proton pump inhibitor use: A meta-analysis. *Infection Control & Hospital Epidemiology*. PMID: 27677811. March 2016.

Ho AK, Bartels CM, Thorpe CT, Pandhi N, Smith MA, Johnson HM. Achieving weight loss and hypertension control among obese adults: a U.S. multi-disciplinary group practice observational study. *American Journal of Hypertension*. PMID: 26917445. February 2016.

Tischendorf J, de Avila RA, Safdar N. Risk of infection following colonization with carbapenem-resistant *Enterobacteriaceae*: a systematic review. *American Journal of Infection Control*. PMID: 26899297. February 2016.

Kratz JD, Chaddha A, Bhattacharjee S, Goonewardena SN. Atherosclerosis and nanotechnology: Diagnostic and therapeutic applications. *Cardiovascular Drugs and Therapy*. PMID: 26809711. January 2016.

Medlin JL, Hansen KE, Fitz SR, Bartels CM. A systematic review and meta-analysis of cutaneous manifestations in late versus early-onset systemic lupus erythematosus. *Seminars in Arthritis & Rheumatism*. PMID: 26972993. January 2016.

Braus N, Campbell TC, Kwekkeboom KL, Ferguson S, Harvey C, Krupp AE, Lohmeier T, Repplinger MD, Westergaard RP, Jacobs EA, Roberts KF, Ehlenbach WJ. Prospective study of a proactive palliative care rounding intervention in a medical ICU. *Intensive Care Med*. PMID: 26556622. January 2016.

Hertz-Tang AL, Astor BC, Mandelbrot D, Mohamed MA, Djamali A, Parajuli S. Viremia is not associated with adverse outcomes in the absence of BK Nephropathy. Poster Presentation. American Society of Nephrology. Chicago, IL. November 2016.

Lewis B, Buehring B, Hansen K, Cummings S, Lane NE, Binkley N, Ensrud K, Cawthon P. Prevalence of dysmobility index and association with fracture risk among the MrOS Cohort. Oral presentation. Gerontological Society of America. New Orleans, LA. November 2016.

Swearingen SP. Predictors of mechanical extraction for removal of chronic endovascular leads. Poster Presentation. American Heart Association Scientific Session. New Orleans, LA. November 2016.

Weiker MK, Zelenski AB, Quinn M. Mindset and empathy in residency training. Poster Presentation. AAIM Skills Development. National Harbor, MD. October 2016.

Nan J, Dhingra R, Yu MD, Allana S, Rahko P. Should we use dobutamine stress echocardiograms to screen for cardiac allograft vasculopathy in cardiac transplant recipients? Poster Presentation. Heart Failure Society of America Annual Meeting. Orlando, FL. September 2016.

Steinberg K, Goss K, Jacobson K, Lamars L, Ponnambalam A, Runo J. A rare cause of pulmonary hypertension and right heart failure in sarcoidosis. Poster Presentation. Pulmonary Hypertension Association Scientific Session. Dallas, TX. June 2016.

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Drake R. Segmental arterial mediolysis as a cause of catastrophic intra-abdominal hemorrhage. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 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.

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Scowden V & Sosman J. Careful physical exam still remains a key step in diagnosis. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2014.

Seidel R, Abraham V, Meredith M. A rare cause of type 2 MI. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2014.

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Tran N & O'Neill S. Superior sinus thrombosis in paroxysmal nocturnal hemoglobinuria. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2014.

# Department of Medicine Residents

## 2017 – 2018



### PG-1

Rachell Ayers  
 Lauren Banaszak  
 Sandip Biswas  
 Vishnu Chander  
 Nicholas David  
 Naga Dharmavaram  
 SarahMaria Donohue  
 Katherine Fell  
 Victoria Gillet  
 Heedeok Han  
 David Hess  
 Patrick Kurecka  
 Shannon Li  
 Vishnu Manoranjan  
 Amanda McIntyre  
 Emily Nachtigal  
 Philip Palmon  
 Deval Patel  
 Meredith Peters  
 Ankur Prasad  
 Timothy Rowe  
 Kyle Schmidt  
 Jon Scholl  
 Thomas St. Peter  
 Dylan Stanfield  
 Rebecca Stern  
 Chelsea Uganski  
 Tyler Will  
 Zachary York  
 Tianhua Zhou

### Medical School

University of Wisconsin-Madison  
 Case Western Reserve University  
 Texas Tech University  
 Michigan State University-Marquette Campus  
 University of Rochester  
 University of Southern California  
 University of Wisconsin-Madison  
 Loyola University  
 University of Chicago  
 University of Texas-San Antonio  
 Michigan State University-Marquette Campus  
 Loyola University  
 University of Vermont  
 University of California-San Diego  
 University of Nebraska  
 University of South Dakota  
 USF Health Morsani  
 Loyola University  
 University of Illinois-Peoria  
 University of Oklahoma  
 Loyola University  
 University of Kansas  
 University of Wisconsin-Madison  
 University of Wisconsin-Madison  
 Virginia Tech University  
 University of Wisconsin-Madison  
 Michigan State University-Marquette Campus  
 University of Minnesota  
 University of Pittsburgh  
 University of Pittsburgh



### Preliminary Year Interns

Trevor Everett (Rad)  
 Scott Mauch (Rad)  
 Grace Blitzer (RadOnc)  
 Sepideh Chagharvand (Neuro)  
 Kelsey Gagesch (Neuro)  
 Benjamin Mixis (Neuro)  
 Ditte Primdahl (Neuro)

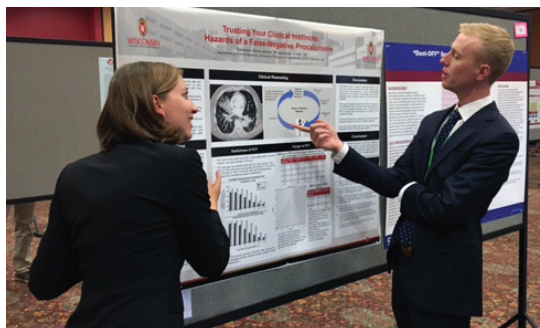
### Medical School

University of Kansas  
 Michigan State Univ-Grand Rapids  
 Medical College of Wisconsin  
 Guilan Univ. of Medical Sciences (Iran)  
 Indiana Univ.-Evansville  
 Univ of Wisconsin-Madison  
 Univ of Copenhagen (Denmark)



# Department of Medicine Residents

## 2017 – 2018



### PG-2

Kristine Arndt  
 Scott Bray  
 Will Bringgold  
 Matt Caldis  
 Brittany Galusha  
 Patrick Grogan  
 Peter Haigh  
 Alexander Hristov  
 Susan Keen  
 Talar Kharadjian  
 Andrew Lang  
 Alex Lee  
 Kristina Little  
 Matthew Martini  
 Elizabeth Mathieu  
 Trevor McKown  
 Inga Melvinsdottir McInnis  
 Caitlin Peirce  
 Jennifer Peugh  
 David Pierce  
 Callie Plafkin  
 Kieran Sahasrabudhe  
 Marina Sharifi  
 Trent Snyder  
 Lindsay Taylor  
 Rachna Unnithan  
 Belinda Vuong

### Medical School

Medical College of Wisconsin  
 Loyola University  
 University of Washington  
 George Washington University  
 University of Nevada  
 University of Kansas  
 Indiana University  
 Rush Medical College  
 Indiana University  
 Indiana University  
 University of Wisconsin-Madison  
 Tufts University  
 University of Texas - Houston  
 University of Illinois  
 University of Wisconsin-Madison  
 University of Wisconsin-Madison  
 University of Iceland  
 University of Michigan-Ann Arbor  
 Indiana University  
 University of Oklahoma  
 Mount Sinai SOM - New York Univ  
 University of Rochester  
 University of Chicago  
 University of Kansas  
 University of Wisconsin-Madison  
 University of Colorado  
 University of Michigan-Ann Arbor

# Department of Medicine Residents

## 2017 – 2018



### PG-3

Saad Arain  
 Matthew Brunner  
 Ann Chodara  
 Kenneth Coggins  
 Jason Eccleston  
 Matthew Hartman  
 Rafael Hastey  
 Michael Kessler  
 Jason Kirk  
 Jake Laine  
 David Lewandowski  
 Brian Lewis  
 Mathew Ley  
 Joe Longino  
 Megan Lutz  
 Jesse Maupin  
 Daniel McCulley  
 Philip Miles  
 John Miller  
 Samantha Murray-Bainer  
 Matt Rafn  
 Dan Rosenberg  
 Pete Stadmeyer  
 Kelly Tierney  
 Yaoli Yang  
 Luke Zurbriggen



### Chief Residents

Amber Hertz-Tang  
 Peter Kleinschmidt  
 Scott Saunders  
 Kevin Wenzke

### Medical School

University of Illinois  
 Tulane University  
 University of Wisconsin-Madison  
 Baylor College  
 University of Maryland  
 University of Washington  
 University of Virginia  
 University of Wisconsin-Madison  
 University of Texas-Medical Branch  
 Medical College of Wisconsin  
 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 Wisconsin-Madison  
 SUNY-Upstate  
 Albany Medical College  
 Ohio State University  
 University of Rochester  
 University of Wisconsin-Madison

### Medical School

University of Wisconsin-Madison  
 University of Wisconsin-Madison  
 Baylor College  
 Ohio State University