



Department of Medicine

UNIVERSITY OF WISCONSIN

SCHOOL OF MEDICINE AND PUBLIC HEALTH

Internal Medicine Residency Applicant Packet 2019-20





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Pictured left to right: Betsy Trowbridge, MD, Interim Chair, Department of Medicine, Bennett Vogelman, MD, Vice Chair for Education and Residency Program Director, Kelly Lavin, MD, Associate Program Director and Director, Primary Care Track

Welcome to Madison

We are delighted you are interested in learning more about our Internal Medicine Residency Program. As chair, it is a privilege for me to work with the talented Medicine residents who train at the University of Wisconsin–Madison School of Medicine and Public Health. Our residency in Internal Medicine is central to the mission of the Department of Medicine. Drs. Vogelman, Lavin, and I collaborate closely to ensure that we have a great training environment for our postgraduate trainees. The department faculty supports the commitment to education, education innovations of the program, and the learner-centered approach of our training programs.

Dr. Vogelman's and Dr. Lavin'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 providing compassionate and high-quality care to patients and their families. We are looking for individuals who enjoy being part of an integrated multidisciplinary health care team. Our fundamental commitment to each of our trainees is to provide a supportive environment where she/he will develop the skills and gain the knowledge required to become a first rate internist. We are dedicated to providing opportunities for our residents to tailor their training according to their interests; whether they want to pursue primary care, specialty care, hospitalist medicine, research or education.

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

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

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PROGRAM HIGHLIGHTS

- Outstanding fellowship and job placement (see pages 30-31)
- Challenging and supportive academic environment with an emphasis on resident education as evidenced by an active, experiential learning curriculum, one-on-one and small group mentoring and a high boards pass rate for over 20 years.
- Our department is currently ranked 15th in NIH funding in the U.S. and offers outstanding research opportunities—UW consistently ranked in top 10 in the U.S. for research expenditures and PhDs graduated (see list of resident publications and national or regional presentations on pages 32-39).
- 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 (we were 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 is currently ranked 17th 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 U.S. for quality of care, employee satisfaction and patient satisfaction.
- Madison is a great place to learn, work, socialize and live.

Department of Medicine Residency Education Team

Faculty



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

Bennett Vogelman, MD

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



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

Sean O’Neill, MD

Associate Program Director
Director of Evidence Based Medicine Curriculum



“ I am passionate about preparing our next generation of internists for the ever-changing landscape of primary care, while maintaining work-life balance. General internal medicine offers the opportunity for meaningful, long-term relationships with patients and patient-care teams while always providing intellectual challenge. ”

Kelly Lavin, MD

Associate Program Director
Director, Primary Care Track



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

Mariah Quinn, MD, MPH

Associate Program Director
Director of Humanism in Medicine Curriculum and Wellness



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

Christopher Hildebrand, MD

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



“ I have had a passion for medical education ever since I was an intern. There is nothing for me like watching the light bulb go off in a learner in front of me. I feel continually grateful and lucky to have a job where I get to interact with such smart and challenging residents and students. ”

Jeremy Smith, MD

Associate Program Director
Director of Educator Development 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. ”

Robert Holland, MD

Associate Program
Director
Director of Resident
Performance
Improvement, QI
and Interprofessional
Curriculum



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

Amy Zelenski, PhD

Associate Program
Director for Education
Scholarship
Director of the
TEACH Program

Department of Medicine Residency Education Team

Chief Residents



“ My love for interacting with residents on a regular basis and desire to become a better teacher, along with my hope to make positive programmatic changes with regards to resident experience and wellness were driving factors behind my desire to be a Chief Resident. ”

Matthew Caldis, MD

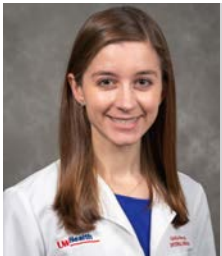
Bridges Family Endowed Chief Resident
Medical School: George Washington University



“ My three years in the program were spent learning and working beside some of the most entertaining, kind, and amazing people I’ve ever met. The decision to take on the role of Chief Resident was an easy one, as it gave me the opportunity to spend the year teaching and helping the same residents that have helped me grow into the person I am today. ”

Matthew Martini, MD

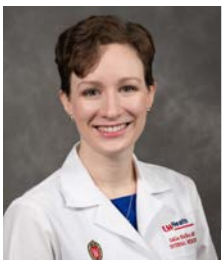
Page Family Endowed Chief Resident
Medical School: University of Illinois



“ I have always been passionate about Primary Care and I am very excited to help our residents increase their confidence in outpatient medicine, focus on relationship-centered care, and foster meaningful relationships with their patients and their interdisciplinary team over the next year. ”

Caitlin Peirce, MD

Trowbridge Endowed Primary Care Chief Resident
Medical School: University of Michigan–Ann Arbor



“ I was compelled to come to UW for residency by its remarkably supportive environment and strong emphasis on education. I look forward to propagating this culture by supporting and mentoring residents, as well as working to develop my teaching skills during the Chief year. ”

Callie Plafkin, MD

Vogelman/Carnes Family Endowed Chief Resident
Medical School: Mount Sinai SOM–New York 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. Vogelman and Dr. Holland



“ I am continually impressed by the highly intelligent, compassionate, and dedicated residents, faculty, and staff in this program. It is an honor to be able to contribute to their efforts and a privilege to learn and grow in the process. ”

Jennifer Dyken

Education Project and Evaluation Coordinator

UW-Madison Internal Medicine Residency

GOALS AND OBJECTIVES OVERVIEW



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 medicine.wisc.edu/housestaff/wisconsin-cares-program-aims

UW-Madison Internal Medical Residency

CURRICULUM AND WORK ENVIRONMENT

Comprehensive Curriculum

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

- Special Lectures Series targeted to interns each summer
- Internal Medicine Core Curriculum – two-hour 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 presentations
- Journal Club/Critical Reading of Literature/EBM
- High-value care
- M&M Conference
- Domestic Violence Training Course [annual]

Workshops

- Basic and Advanced Life Support
- Acute Situations Workshop Simulations
- Empathy, Self-care, Humanism, Communication Workshops
- Pap and Pelvic Workshop [annual for interns]
- WI-SMART (Wisconsin Intern & Staff Mentored Academic Research Training [annual for interns])
- Buprenorphine Waiver Course
- IUD and Nexplanon
- 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
- Point-of-Care Ultrasound workshop and clinical rotation
- Transitions of Care rotation

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, Addiction Medicine, Geriatrics) and General Medicine Clinics
- Addiction Medicine
- Procedures Service
- Dermatology
- 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 professional development day (PDD) at year end to learn leadership, teaching and PG-2 skills
- PG-2 PDD: professionalism, leadership and PG-3 skills
- PG-3 PDD to garner feedback about the program from those who know it best
- Town Hall quarterly meeting
- Mock interviews for fellowship and jobs
- WI-SMART for cultivation of research opportunities
- Board prep course
- Yearly in-training exam to gauge readiness for ABIM board exam

Research/Scholarly Opportunities

- Twelve weeks in the PG-2 and PG-3 year to pursue research/scholarship
- Advances in Medicine: scholarly presentations during the PG-2 and PG-3 year to residents and faculty are capstones for EBM training and an opportunity to publish
- Research mentors across campus in patient-oriented, epidemiology, health services, public health and basic science research fields
- Individualized training in evidence-based practice skills and presentations



Excellent Work Environment

- 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.
- Congenial and educationally conducive atmosphere attentive to house staff personal needs
- Lighter rotations without overnight call are scheduled to break up ward months
- Choice of faculty advisor for career counseling
- Wide selection of elective rotations to meet individual career needs
- 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
- 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, Lexicomp, E-textbooks, Dynamed 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
- Mentorship by well-established clinicians, scientists and educators

Benefits for Internal Medicine Residents

- Competitive salaries in low cost-of-living state
- On-call meals with a meal allowance card
- Outstanding disability policy with lifelong continuation option
- Family or individual medical insurance
- Embroidered lab coats
- Family and personal leave policies
- Three weeks of vacation and, for PG-2s and PG-3s, additional conference and interviewing time available
- Maternity/paternity flexible leave policy
- Free yearly citywide bus pass
- Free local boat rental for residents
- Reimbursements available for DEA and initial license fees
- 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 research university in the U.S.
- Big Ten 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 the 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

[Click for More Information on Research Centers](#)

[UW School of Medicine and Public Health — med.wisc.edu](http://med.wisc.edu)

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

[UW Carbone Cancer Center — cancer.wisc.edu/research](http://cancer.wisc.edu/research)

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

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

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

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

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

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

[Collaborative Center for Health Equity \(CCHE\) — cche.wisc.edu](http://cche.wisc.edu)

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

[Global Health Institute — ghi.wisc.edu](http://ghi.wisc.edu)

[Health Services and Care Research \(HSCR\) Program — medicine.wisc.edu/geriatrics-and-gerontology/health-services-and-care-research-program](http://medicine.wisc.edu/geriatrics-and-gerontology/health-services-and-care-research-program)

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

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

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

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

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

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

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

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



Department of Medicine Research

Faculty members in the Department of Medicine conduct basic, translational, clinical, and health services research within 11 clinical divisions. They interact with scientists throughout the 27 departments and 22 institutes and centers in the UW School of Medicine and Public Health (UW SMPH) as well as extraordinary researchers across this great public research university. The University of Wisconsin-Madison ranks fourth amongst the top institutions for research expenditures in the U.S. The UW SMPH ranks in the top quintile in NIH funding among U.S. medical schools and has received over \$80 million from NIH for the Clinical and Translational Science Award (CTSA). The Department of Medicine ranks 15th in the U.S. with over \$90 million of NIH grant funding per year. 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 UW SMPH; six of these training grants are headed by Department of Medicine 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 and transplantation, stem cell biology, syncope, preventive cardiology and imaging in Cardiovascular Medicine
- Diabetes, metabolism, aging, innate inflammation in mucosal diseases, 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, osteoporosis, 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 Carbone Comprehensive Cancer Center, the McArdle laboratory, and the Department of Human Oncology. The opportunities are too numerous to list. (See 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. They establish national guidelines for treatment of tobacco dependence.
- Our department has national leaders in Health Services Research advancing our knowledge in health equity, geriatrics, cardiology, hospital medicine, transplant medicine, oncology, gastroenterology, general medicine, rheumatology and infectious diseases.

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 and more can be requested.

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 strategies to adapt to the new learning environments they will enter
- Help them engage in critical self-reflection and examine their current assumptions about themselves and residency as a whole
- Have them take initial and follow-up steps in developing an independent learning plan for their upcoming rotations and professional development

The Empathy Course: Communication, Empathy and Humanism Curriculum

- At the core of medical practice are the relationships that are formed between physicians and their patients. When strong, these relationships, support correct diagnosis, effective treatment, greater meaning, and greater well-being in work.
- The Empathy Course is a three-year curriculum that aims to support our residents in increasing their relationship skills such as self-awareness, sensing emotion in others, communicating empathetically, 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 in a way that is restorative rather than draining.

Innovations Throughout Residency

Annual Chart Audit for Practice-Based Learning and Improvement

- Residents reflect on their most recent chart audit from their continuity practice, decide which outcomes they wish to improve, declare in the Commitment to Action Goals Report the actions they will take to improve a selected parameter, and predict what measured improvements they expect to see 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
- POCUS: Interns participate in an in-person, hands-on session introducing fundamentals of diagnostic and therapeutic bedside point of care ultrasound, followed by a clinical rotation as a resident to continue honing their image acquisition and interpretation skills on wards.

UnityPoint Health-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 Action.

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

Learning objectives include:

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

Evidence Based Medicine (EBM)

- 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 systematic literature reviews and PG-3 Journal Club to demonstrate mastery of EBM skills

Improvement in Patient Outcome Core Measures

- During the PG-3 VA rotation, two residents each month lead a quality improvement project team. Using the IHI's model for improvement, the residents champion rapid cycle redesign projects across key quality areas impacting inpatient and outpatient care
- Residents present their project to peers and faculty for review and discussion to demonstrate mastery of their QI skills

Commitment to Action

- 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
- This 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 30 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 admits 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 to outpatient specialties
- Lighter rotations interspersed with wards and ICU
- Vacation: three weeks [need not be taken in a block], coordinated with partners and life events
- PG-1s will have about 28-33 overnight call shifts for the year. Almost all are 14-16 hours duration and up to four are 18 hours.
- 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 two- to four-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, and interprofessional transitions of 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, radiology and anesthesiology available
- Vacation: three weeks [need not be taken in a block], plus meeting and interview time of the resident's choice, coordinated with partners and life and career 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 four hours of follow-up care and 15-20 overnight shifts (≤ 16 hours), including night shifts. 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 two- to four-week blocks, 50% outpatient
- Outpatient Service: one to three four-week blocks
- Research: one 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, radiology and anesthesiology available
- Vacation: three weeks [need not be taken in a block], plus meeting and additional interview time of the resident's choice, coordinated with partners and life and career events
- QI Rotation (To create projects that improve care processes and outcomes on resident run rotations): four weeks
- Call: 10-15 24-hour calls with four hours of follow-up care and 10-15 overnight shifts (≤ 16 hours). Clinics canceled post-call.

Call frequency while on wards/unit are:

- UW General Medicine: every sixth night
- VA General Medicine: every sixth night
- UW ICU: Every fourth night for residents 24-hour + four-hour call, interns every fourth night 16-hour shift
- Community (UnityPoint Health – Meriter) hospital: Seven 13- to 16-hour night shifts per month
- UW Cardiology/CCU: No senior resident overnight call
- UW Hematology: No resident overnight call
- VA Cardiology: No resident overnight call

All ward unit/teams take shifts per ACGME rules, keeping patients they admit overnight on their team for continuity of care. Cross coverage at night is done by a night-float.

Clinics:

Starting in mid-July of the PG-1 year, all residents have a weekly general medicine clinic, which they keep for three years. The primary care track has a 10-week general medicine outpatient block and the categorical track a one-month block.

Very popular offering: During the PG-2 and PG-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 and field of their choice. The primary care track residents have two general medicine clinics per week in the PG-2 and PG-3 years in addition to 12- to 14-week blocks in subspecialty and general medicine clinics during each of their PG-2 and PG-3 years. Both tracks have additional clinic blocks in a host of subspecialties, and the categorical track has an additional block in their general medicine clinic.

Primary Care Track



Kelly Lavin, MD
Director of the Primary Care Program

Welcome to our Primary Care Training Program. It is such an honor to support residents in learning to be an empathetic, efficient and effective primary care physician. I believe it is our responsibility to teach the skills necessary to have a successful clinical practice, and fulfill professional goals while maintaining a positive work-life balance. As the Associate Program Director, I aim to help each resident grow to their full potential.

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 Division of General Internal Medicine here at the UW is made up of 95 internists. These physicians work in nine different clinic practices which provide great resources to our residents as they envision the kind of setting in which they would like to work.

Program Highlights

- Residents spend 12 months over the course of three years (14 weeks as a PG-1, 18 weeks as a PG-2, 20 weeks as a 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 measurable 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 present 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 UnityPoint-Health Meriter, which has been named a “top 100 private hospital” in the U.S. on several quality measures.
-



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, diabetic nurse educator, nurse care coordinator, and pharmacist.

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 community 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 – PG-1					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Primary Care Clinic, Women's Health	Endocrine	Neurology	Primary Care Clinic	Chief Rounds: Primary Care Education
PM	GI/Hepatology	Infectious Disease, HIV	Sports Medicine	Continuity Clinic	Geriatrics
Primary Care Ambulatory Block – PG-2					
AM	Primary Care Conference, Rheumatology	Cardiology	Pulmonology	High Risk Breast Cancer Screening Clinic	Chief Rounds: Primary Care Education
PM	Spine Clinic	Continuity Clinic	Psychiatry Journey Mental Health	Continuity Clinic	Dermatology
Primary Care Ambulatory Block – PG-3					
AM	Primary Care Conference, Nephrology	Gynecology (University Health)	Hematology	Osteoarthritis Clinic	Chief Rounds: Primary Care Education
PM	Urology	Continuity Clinic	Palliative Care	Continuity Clinic	Primary Care (University Health)

*Primary Care Track Residents also attend the conferences listed on page 27

The Education Academy for Clinical Housestaff (TEACH) PATHWAY



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

Structure of the TEACH Program

Residents apply for acceptance into the TEACH Program during the spring of their PG-1 year. The application process includes a statement of intent to fully participate in TEACH 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. Those interested in participating in the full TEACH Program are each paired with a faculty mentor. The pair meets periodically throughout the PG-2 and the PG-3 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 - Choose 3)*

- 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
- Active Learning Techniques
- Social Influence Theory

Assignments

- Teaching Philosophy
- Prepare two articles (or book chapters) for Education Journal Club (one for Teaching Distinction)*
- Review of education literature in one area of interest (can also be Advances topic)
- Observations of your teaching (three)
- Attend 6 journal club sessions (three for Teaching Distinction)*

Journal / Book Club

- Quarterly Review of Education Literature (must attend three-fourths)

Capstone Learning Project – Required for TEACH Pathway

Needs to be completed by end of training.

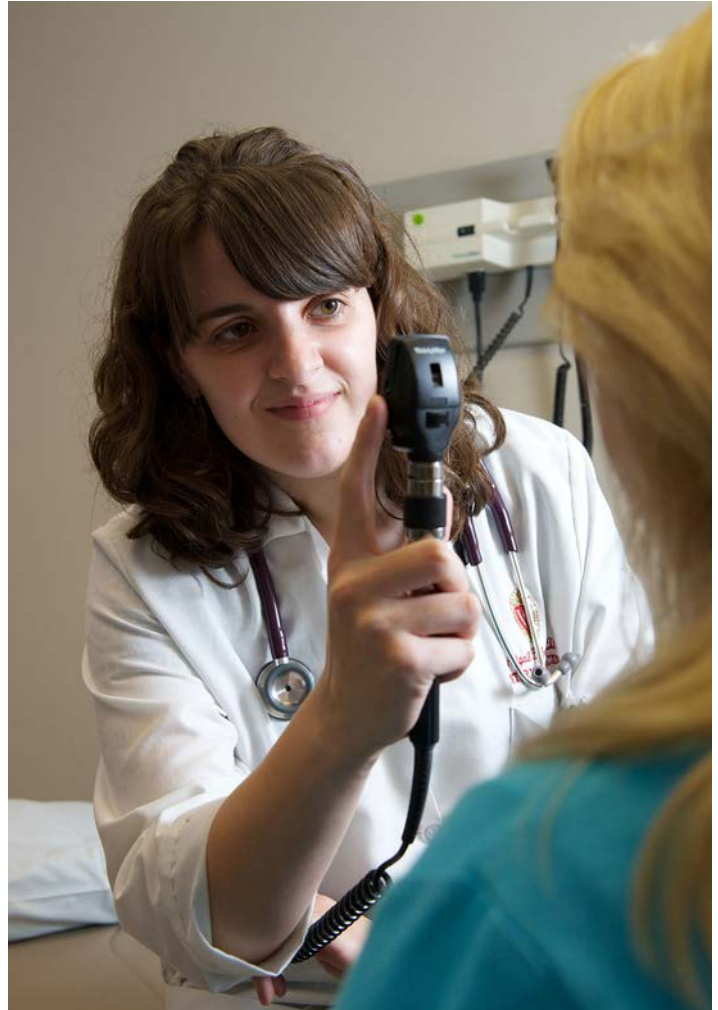
- Curriculum developed and evaluated
- Educational Research project completed

* 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 are also 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).

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 2019, the University of Wisconsin–Madison School of Education was tied for No. 1 among public schools of education by *U.S. News & 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. One of our associate program directors is also a graduate of the UW–Madison 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.



Hospitalist and Subspecialty Learner-Directed Pathways



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 offer rotations for interested residents (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, interprofessional skills 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 consultative care of patients with acute and chronic illnesses and in research scholarship in the respective field.

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

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

Residents may elect rotations from the following:

- Subspecialty consult experiences: inpatient, outpatient or a hybrid with both
- Focused subspecialty experiences (e.g., Heart Failure, Hepatology, Asthma, HIV, Alzheimer’s, Osteoporosis, Diabetes/Thyroid, Single Disease Hematology/Oncology Clinics, Palliative Care/Hospice, Acute Renal Care, Transplant, Women’s Health) in their area of interest
- Three dedicated research rotations (12 weeks) in resident’s field of choice, more if needed
- A second continuity clinic in subspecialty, Women’s Health, or focused subspecialty of choice in the 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.

Health Equity and Health Disparities



Overview

Advancing health equity is inherent in the values of the UW School of Medicine and Public Health. Through teaching, discovery and advocacy, we promote equity in access to quality health care. We strive to ensure that residents gain the skills and experience needed to champion health equity. This includes developing the capacity for skillful and equity-informed approaches to patient care and communication and identifying ways to become a change agent for equity at the health care system and societal levels.

Our approach to health equity topics is to include them as integrated threads throughout residency, allowing an immersive approach that reflects how deeply interwoven health equity issues are within local, national, and global societies.

Goals and Learning Objectives

Residents will:

- Gain the knowledge, skills, and attitudes to provide care that is equitable among all those they serve.
- Account for the social determinants of health when they care for individuals.
- Care for individuals from the full spectrum of cultures and belief systems as well as lifestyle choice, gender, sexual orientation, socioeconomic and ethnic backgrounds.
- Care for individuals who have been victimized, imprisoned, and who have addiction disorder, psychiatric illness, obesity, and disabilities.

- Be aware of the impact of racial and ethnic disparities in healthcare.
- Promote the consistency and equity of care through the use of evidence-based guidelines, while maintaining awareness that such guidelines might be based on biased research or research that did not take race and ethnicity into account.
- Know how to work with the support of language and cultural interpretation services.
- Understand systems (health care systems, payor systems, and other systems) that perpetuate or mitigate disparities.
- Be fluent in trauma-informed care.
- Be able to mitigate their inherent implicit biases.

Learning Opportunities

- Required courses: Implicit Bias Workshop, Domestic Violence training, Empathy course
- During required rotations: care of the vulnerable elderly, care of correctional system inmates on all UW services, care of our Veterans
- Electives: care for individuals facing homelessness and housing insecurity, addiction medicine, health services research, global health curriculum and clinical experience, resident-led community health service project, health services seminars

Global Health Curriculum



Overview

The Global Health Curriculum provides Internal Medicine residents and fellows with in-depth opportunities to understand and experience the practice of global health. The curriculum guides trainees in how to incorporate global health work into their future careers by creating opportunities for global engagement at both the local and international level through education, clinical care, and research. The curriculum is led by Dawd Siraj, MD, MPH.

Learning Objectives

Objectives of the program are to:

- Provide educational opportunities on core concepts of global health including:
 - Social determinants of health, access to health care, and resource allocation
 - Cultural humility in the provision of health care
 - Caring for individuals with limited access to resources
 - Caring for underserved populations
 - Knowledge about diseases that are prevalent in low- and middle-income countries (LMIC), including tropical diseases
- Connect participants to projects, faculty, and organizations that will provide venues for global health-related research during their training
- Provide clinical experiences pertinent to global health

Learning Opportunities

The Global Health Curriculum director works with the residency director to align the goals with milestones for each trainee participating in the program. Learning opportunities include:

- Curriculum focused on core concepts in global health, as defined by competencies named in 2014 by the Consortium of Universities for Global Health.
- Connecting participants to projects, organizations within and outside of UW–Madison, and a consortium of faculty members with expertise in global health. Through these connections, pathway members can explore venues for global health-related research during their training.
- Engaging in clinical experiences pertinent to global health through our partnerships with institutions in Ethiopia, including the flagship Jimma University Hospital as well as Addis Ababa University and Hawassa University. Program participants will work with with faculty in Wisconsin and Ethiopia to identify research topics of interest and to complete a one-month elective rotation in Jimma, Ethiopia at Jimma University and the Jimma University Specialized Hospital (JUSH) as their third-year international global health experience.
- Other learning and experiential opportunities are available through the [UW–Madison Global Health Institute \(ghi.wisc.edu\)](http://ghi.wisc.edu).
- Applications are solicited from each intern class to take part in the three-year global health curriculum.

Women in Medicine



Women Find Collaboration and Success at UW

At UW, women physicians lead and succeed at every stage of their careers. Residents work side-by-side with some of the most influential women in medicine in the nation, including preeminent researchers, 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 half of the Vice and Associate Vice Chair positions and key leadership roles in the School of Medicine and Public Health (two Deans) and our affiliated hospitals.
- Fifteen of 27 departments in the School of Medicine and Public Health are chaired 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
Associate Director, UW Collaborative Center for Health Equity

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. 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 is a Fellow of the American Psychological Association, received the John Holland Award for Outstanding Achievement in Career or Personality Research by the Society of Counseling Psychology and received a Champion of Change Award from the White House. 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
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
Principal Investigator, Bias Reduction in Internal Medicine (BRIM) study

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. 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.



Dawn Belt Davis, MD, PhD

Associate Professor and Director of Research, Endocrinology, Diabetes and Metabolism, Department of Medicine
Section Chief, Endocrinology – William S. Middleton Veterans Hospital

Dr. Dawn Belt Davis leads a federally-funded research laboratory that focuses on pancreatic beta cell biology. Her research program is aimed at elucidating the mechanisms underlying the growth response in the beta cell, which is a key process in obesity, prediabetes, increased demand for insulin during pregnancy, type 2 diabetes, and type 1 diabetes. An additional area of interest is beta cell death (apoptosis). She is dedicated to identifying new therapeutic targets to aid beta cell proliferation and survival. Her clinical research has included multidisciplinary, collaborative investigations into the mechanisms of hypoglycemia in patients who have undergone gastric bypass surgery, which has led to a novel treatment for the disorder. Clinical studies led by Dr. Davis focused on diabetes biomarker identification, dietary interventions for weight loss and diabetes prevention, and inpatient management of diabetes. She has received the American Federation for Medical Research (AFAR) Junior Physician Investigator Award, the UW Health Patient Experience Physician Champion Award, the Puestow Research Award, and the Excellence in Endocrine Teaching Award. She is the Chair of the Midwest Section of AFAR and a member of the National Council. Dr. Davis has mentored over 40 research trainees. She also teaches in medical school, graduate school, physician assistant program, and CME programs.



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, UW Department of Medicine Health Services and Care Research (HSCR) Program
Director, VA Coordinated Transitional Care (C-TraC) Demonstration Program
Co-Director, Memory Assessment Clinic of the Geriatrics Research, Education and Clinical Center at the William S. Middleton Memorial Veterans Hospital

Dr. Kind is a geriatrician who directs a nationally-recognized research program in health services. Her research focuses on assessing, understanding and improving care system fragmentation, particularly for highly vulnerable and disadvantaged older adult populations. Dr. Kind completed her BS, MD, fellowships (geriatric and older women's health), and PhD in Population Health Sciences at the University of Wisconsin-Madison and residency at Massachusetts General. Her Medicare-claims research has focused on issues of re-hospitalization in high-risk

Women in Medicine

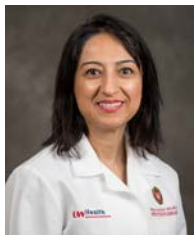
population, and her evidence-based models of care are being widely implemented nationally. She was invited to the Centers for Medicare and Medicaid to discuss her findings on the role of socioeconomic disadvantage in 30-day re-hospitalization rates for older adults.



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

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. In 2017, she was one of 102 individuals in the nation to receive the Presidential Early Career Award for Scientists and Engineers (PECASE). The award is considered to be the highest honor bestowed by the United States government on science and engineering professionals in the early phases of their independent research careers. 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. 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

Interim Chair and Clinical Professor, Department of
Medicine
Associate Vice Chair of Primary Care, Department of
Medicine

Dr. Trowbridge is an internist and has been the 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. 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 recognized as one of the best places to live and work in the nation, Madison was named in 2018 by National Geographic Traveler as one of the best small cities in America. It also has been named as #1 best city for an active lifestyle (WalletHub 2017), ranked #3 among Top Ten Healthiest Cities (Livability.com 2015), #1 Most Caring City in America (WalletHub 2017), #3 among America's Friendliest Cities (Travel + Leisure 2016), and #7 Best Area for STEM Professionals (WalletHub 2017), among other accolades. The region has a vibrant and diverse economy, a broad range of [activities](#) from concerts and nightlife to outdoor recreation and 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
8:00 am	VA Primary Care Report for PG-1/2/3s on outpatient rotations		VA Morning Report for PG-1/2/3s on outpatient rotations	VA Morning Report for PG-1/2/3s on outpatient rotations	Medical Grand Rounds
10:45[†] – 11:45 am	UW Morning Report for PG-1/2/3s on inpatient rotations	Intern Morning Report with Program Director and Joint Morning Report for PG-2/3s	UW Morning Report for PG-1/2/3s on inpatient rotations	Intern Conference Joint UW and VA Core Curriculum	UW Morning Report for PG-1/2/3s on inpatient rotations
12:00 – 12:50 pm		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

[†] 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 and Hepatology Clinical Case Conference: 4:30 pm
 Gastroenterology and 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. and 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: 9:30 am
 UW & VA Intern Joint Core Curriculum Lectures: 10:45 am – 1:00 pm *
 Heart Failure and Cardioregenerative Medicine Journal Club: 11:00 am
 Pulmonary and 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 *
 Boards Review: 3:30 – 5:00 pm

* Core Curriculum required attendance

These conferences are for UWHC and VAH

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 and 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 Projects

- Patient Safety
- Quality Assurance and Improvement
- Core Performance Measures
- Practice Improvement
- Leadership and Communications Skills
- Inter-professional Teamwork
- Crew Resource Management
- Human Factors Engineering
- Micro and 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 and 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

Point of Care Ultrasound Course

Our four-hour Point-of-Care Ultrasound (PoCUS) session for interns includes hands-on time with the ultrasound probe and standardized patients, and practical and knowledge-based assessment. Residents incorporate PoCUS skills into their evaluation of patients on wards, with guidance from well-trained mentors, using pocket and portable ultrasounds. UW and VA offer PoCUS training on specific rotations.

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 and 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 and Scleroderma
- Seronegative Spondyloarthropathies
- Update in RA

Seminars [half day to week long]

- Empathy, Humanism, Self-Care, Professional Identity, Communication
- Career Week [see career symposium]
- Basic and Advanced Life support
- 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
- Global Health Series

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 2019

10 Fellowships

- Univ of California-San Diego - Renal
- Univ of Chicago - Gastroenterology
- Baylor University - Geriatrics
- Ohio State University - Hematology/Oncology
- Univ of Wisconsin - Cardiology (2), Endocrinology, Gastroenterology, & Pulmonary/CC
- Yale University - Cardiology

1 Residency Match Position

- Univ of North Carolina-Chapel Hill - Preventive Medicine

7 Academic/Faculty Positions

- General Internal Medicine - National Health Service Corps
- General Internal Medicine - MercyHealth, Janesville, WI
- General Internal Medicine - Univ of Wisconsin, Madison, WI
- Hospital Medicine - Univ of Wisconsin (1) and William S. Middleton Veterans Hospital (3), Madison, WI

3 Private Practice Positions

- Hospital Medicine - Fairview Health, Minneapolis, MN
- Hospital Medicine - SSM Health St. Mary's Hospital, Madison, WI
- Hospital Medicine - Stoughton Hospital, Stoughton, WI

4 Chief Residents Prior To:

- Cardiology Fellowship
- General Internal Medicine
- Gastroenterology Fellowship
- Rheumatology Fellowship

Class of 2018

23 Fellowships

- Baylor - Gastroenterology
- Univ of Pennsylvania - Gastroenterology
- Medical College of Wisconsin - Cardiology, Gastroenterology
- Univ of Illinois-Chicago - Hematology/Oncology
- Univ of Kentucky - Cardiology
- Univ of Texas-San Antonio - Palliative Medicine
- Univ of Wisconsin - Allergy, Cardiology, Gastroenterology (2), Geriatrics (2), Hematology/Oncology (2), Infectious Disease, Palliative Medicine, Pulmonary/CC, & Rheumatology

Including 3 in our IMPACT Research Pathway + 1 T32 Trainee

- Univ of Wisconsin - Cardiology, Hematology/Oncology (2), Infectious Disease

4 Academic/Faculty Positions

- Hospital Medicine - Billings Clinic, Billings, MT
- Hospital Medicine - Univ of New Mexico
- Hospital Medicine - Univ of Wisconsin and William S. Middleton Veterans Hospital, Madison, WI (2)

1 Private Practice Position

- General Internal Medicine - Dean Clinic, Madison, WI

Class of 2017

18 Fellowships

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

Including 2 in our IMPACT Physician-Scientist Research Pathway

- Univ of Wisconsin - Hematology/Oncology (2)

8 Academic/Faculty Positions

- Hospital Medicine - Bethesda North Hospital, Cincinnati, OH
- Hospital Medicine - Kauai Veterans Hospital, Kauai, HI
- Hospital Medicine - UCHealth, Denver, CO
- General Internal Medicine - Univ of Wisconsin and William S. Middleton Veterans Hospital, Madison, WI (2)
- Hospital Medicine - Univ of Wisconsin and William S. Middleton Memorial Veterans Hospital, Madison, WI (3)

1 Private Practice Position

- General Internal Medicine - Dean Clinic, Madison, WI

Positions Obtained by UW-Madison Graduates

Class of 2016

17 Fellowships

- 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 William S. Middleton Memorial Veterans Hospital, Madison, WI (6)

1 Private Practice in Hospital Medicine

- SSM Health St. Mary's Hospital, Madison, WI

Class of 2015

16 Fellowships

- 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 William S. Middleton Veterans Hospital, Madison, WI (3)

3 Private Practice in Internal Medicine or Hospital Medicine

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

2015-2019 (partial) Resident Publications and National or Regional Presentations and Abstracts

2019 (partial)

Publications

Peugh J, Khalil A, Chan MR, Hansen KE. Teriparatide treatment for hypercalcemia associated with adynamic bone disease. *Journal of Bone and Mineral Research* – Vol 3(7). July 2019.

Donohue SM, Haine JE, Zhanhai L, ...Tevaarwerk AJ. Cancer survivorship care plan utilization and impact on clinical decision-making at point-of-care visits with primary care: Results from an engineering, primary care and oncology collaborative for survivorship health. *Journal of Cancer Education*. PMID: 29098650. April 2019.

German M, Lee A, Hristov AD, Said A...Spengler E, et al. Outcomes of TIPS in refractory hepatic hydrothorax: A multi-center U.S. retrospective study of 1,260 patients. *American Journal of Transplantation* – Vol 19, Supplement 3. April 2019.

Sahasrabudhe KD, Otto M, Hematti P, Kenkre V. TCR $\alpha\beta$ + /CD19+ cell depletion in haploidentical hematopoietic allogeneic stem cell transplantation: A review of current data. *Journal of Leukemia and Lymphoma*. PMID: 30187806. March 2019.

Donohue SM, Haine JE, Zhanhai L, ...Tevaarwerk AJ. The impact of a primary care education program regarding cancer survivorship care plans: Results from an engineering, primary care, and oncology collaborative for survivorship health. *Journal of Cancer Education*. PMID: 28932992. February 2019.

Fricke SL, Payne SN, Favreau PF, Kratz JD, ...Deming DA. mTORC1/2 inhibition as a therapeutic strategy for PIK3CA mutant cancers. *Molecular Cancer Therapeutics*. PMID: 30425131. February 2019.

Presentations & Abstracts

NATIONAL

Garg S, Panzer SE, Hansen KE, Plafkin CE, Smith M, Bartels C. Renal arteriosclerosis predicts cardiovascular disease in lupus nephritis. Poster presentation. American College of Rheumatology Annual Meeting. Atlanta, GA. November 2019.

David N. Persistent fatigue as the sole symptom of a potentially fatal disease. Poster presentation. SGIM. Washington DC. May 2019.

Gillet VG, Feldstein DA, Baier L, Miller KA. Patient-directed cryotherapy as a cause of peripheral neuropathy. Poster presentation. SGIM. Washington DC. May 2019.

Hess D, Lewis B, Feldstein D, Baier L. These cuffs don't lie: An atypical presentation of a common condition. Poster presentation. SGIM. Washington DC. May 2019.

Kurecka P, Zhou T, Schmidt K, Rafn M, ...Kalscheur M. Out of hospital cardiac arrest: A deadly condition that goes undiagnosed too often. Poster presentation. Heart Rhythm Society. San Francisco, CA. May 2019.

Plafkin CE. Suspecting sarcoidosis: An unusual cause of heart failure. Poster presentation. SGIM. Washington DC. May 2019.

Plafkin CE, Lin TC. Not just hyperalgesia: Diffuse pain due to multifocal osteonecrosis in a lupus patient. Poster presentation. SGIM. Washington DC. May 2019.

Plafkin CE & Pelley EM. Bones and stones: Recognizing hyperparathyroidism as a secondary cause of osteoporosis. Poster presentation. SGIM. Washington DC. May 2019.

Plafkin CE, Zhong W, Singh T. ANCA vasculitis presenting as an active interstitial nephritis without glomerular involvement. Poster presentation. ASN. Washington DC. May 2019.

Dharmavaram N, Kipp R, Hess T, Dhingra R. ICD therapy in LVAD: Predictors of appropriate shock. Poster presentation. ISHLT. Orlando, FL. April 2019.

Han H, Alagusundaramoorthy S, Swanson K, Gardezi A, Chan MR. Acute candida albicans peritonitis in a patient with atypical hemolytic uremic syndrome treated with eculizumab. Poster presentation. ASDIN Annual Meeting. Atlanta, GA. February 2019.

REGIONAL

Banaszak LG & Alstott JD. Methemoglobinemia 2/2 cytochrome B5 reductase deficiency. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Clement BD. An atypical case of mesenteric ischemia: Gastric infarct. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Deiss-Yehiely N & Soni A. Rare case of protein losing enteropathy. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Donohue SM. Disseminated salmonella in returning traveler. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Fell KN. Gelatinous transformation of the bone marrow. Oral presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Fricke SL & Ciske DJ. Acute myeloid leukemia presenting with central diabetes insipidus. Oral presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Fricke SL & Quinn MA. Genitourinary blastomycosis: A deadly case of prostatitis. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Laurenzo SA, Holland RB, Braus NA. Excessive dynamic airway collapse: confounding factor in persistent nocturnal hypercapnia. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Ley DA & Balasubramanian P. BK nephropathy in a patient with native kidneys and allogeneic bone marrow transplant. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Li JC & Vogelmann BS. Recurrent bronchiectasis: A case of late diagnosis CF. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Li SX, Quinn MA, Deano RC. Constrictive pericarditis with tamponade physiology in a patient with TKI resistant CML. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Li SX, Quinn MA, Deano RC. Coxsackie B pericarditis complicated by cardiac tamponade. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Matthews LA & Maki DG. Keeping up with the Joneses: An unexpected cause of polyarticular arthritis. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Patel DA. Fibromuscular dysplasia and spontaneous coronary artery dissection. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Peters MA & Johannsen EC. Valley fever on my mind: A case of cocci meningitis. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Poterla JE & Nazeef M. Acquired pure red cell aplasia causing severe anemia in Jehovah's Witness. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Sadd CJ & Runo JR. Portopulmonary HTN following liver transplant. Oral presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Stanfield DA, Spiel AR, Saha S. Favorable outcomes among IBD patients undergoing bariatric surgery. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Weiss MJ, Banaszak LG, Yanke EM. Autoimmune sclerosing cholangiopathy in IgG4-related disease. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2019.

Dharmavaram N, Kipp R, Hess T, Dhingra R. ICD therapy in LVAD: Predictors of appropriate shock. Poster presentation. Wisconsin ACC. Pewaukee, WI. May 2019.

2018 Publications

Othman T, Tun H, Bainiwal JS, Andersen ES, Dharmavaram NL, ... Kim B. Incidental coronary artery calcification seen on low-dose computed tomography is a risk factor for obstructive coronary artery disease in patients undergoing liver transplant. *Transplantation Proceedings*. PMID: 30577226. December 2018.

Guerard EJ, Harmon GE, Sahasrabudhe KD, LoConte NK. Recent advances in non-surgical management of cancer in the elderly. *F1000Research*. PMID: 30505429. November 2018.

Giudice V, Banaszak LG, Gutierrez-Rodriguez F... Young NS. Diagnostic and prognostic roles of circulating exosomal microRNAs in acquired aplastic anemia and myelodysplastic syndromes. *Haematologica*. PMID: 29674506. July 2018.

Gertsvolf N, Andersen E, Othman T... Dharmavaram N, ... Shavelle D. Patent foramen ovale and neurologic events in patients undergoing liver transplantation. *Cardiovascular Revascularization Medicine*. PMID: 30104162. June 2018.

Phillips PK, Caldis MW, Hristov AD, Lee AS, Lucey MR. Indications for and outcomes of liver transplantation in patients with alcohol-associated liver disease. *Minerva Gastroenterologica e Dietologica*. PMID: 29243894. June 2018.

Lee AS, Griggs T, Sutherland B, Clements P, Weiss J. Characterization of histology and risk factors of precancerous colorectal polyps in adults less than 50 years old. *Gastroenterology Abstract – Volume 154(6), S-774*. May 2018.

Zhijie W, Zhao X, Banaszak LG, Gutierrez-Rodriguez F... Young NS. CRISPR/Cas9-mediated ASXL1 mutations in U937 cells disrupt myeloid differentiation. *International Journal of Oncology*. PMID: 29532865. April 2018.

Banaszak LG, Giudice V, Zhao X... Young NS. Abnormal RNA splicing and genomic instability after induction of DNMT3A mutations by CRISPR/Cas9 gene editing. *Blood Cells, Molecules, and Diseases*. PMID: 29324392. March 2018.

Lewandowski D, Pierce D, Barnett A, Sampene E, Safdar N, Field ME, Wright JM. Impact of antimicrobial prophylaxis on catheter associated urinary tract infections for atrial fibrillation ablation. *Journal of Interventional Cardiac Electrophysiology*. PMID: 29445984. March 2018.

Nahleh Z, Botrus G, ... Biswas S, Jennings M, Elzamy S. Clinico-pathologic disparities of breast cancer in Hispanic/Latina women. *Breast Disease – Volume 37(3)*, 147-154. March 2018.

Medlin JL, Hansen KE, McCoy SS, Bartels CM. Pulmonary manifestations in late versus early systemic lupus erythematosus: A systematic review and meta-analysis. *Seminars in Arthritis and Rheumatology*. PMID: 29550111. January 2018.

Mowers EE, Sharifi MN, Macleod KF. Functions of autophagy in the tumor microenvironment and cancer metastasis. *FEBS*. PMID: 29356327. January 2018.

Presentations & Abstracts INTERNATIONAL

Boike J, Ge J, German MN, Hristov AD, Lee A... Jest N, Moreeli G, et al. Contemporary practice patterns and outcomes after transjugular intrahepatic portosystemic shunt placement: A multicenter U.S. experience of 1,146 patients. Oral presentation. EASL, The International Liver Congress. Paris, FR. April 2018.

NATIONAL

Haigh P, Swearingen S, Chaddha A, Hess T, Wright JM. Ischemic evaluation in patients presenting with atrial fibrillation with rapid ventricular rates and elevated troponin levels does not impact outcomes. Poster presentation. AHA Scientific Sessions. Chicago, IL. November 2018.

Melvinsdottir IH, Hess T, Dhingra R. Differential association of various cardiac hemodynamic parameters with renal dysfunction in end-stage heart failure patients. AHA Scientific Sessions. Chicago, IL. November 2018.

Vuong B, Hess T, Saari S, Jacobson K, Gepner AD. Less invasive and more efficient: Transcatheter aortic valve replacement with transthoracic echocardiography vs. transesophageal echocardiography. Oral presentation. AHA Scientific Sessions. Chicago, IL. November 2018.

Kharadjian T, Pietruszka M, Singh T. Outpatient drug dosing for patients with chronic kidney disease: is it time to include pharmacists? Poster presentation. American Society of Nephrology. San Diego, CA. October 2018.

McKown TF, Unnithan R, Ye T, Wang X, Ezeh N, Bartels C. Smoking status predicts earlier SLICC damage index progression in a large SLE cohort. Poster presentation. American College of Rheumatology Annual Meeting. Chicago, IL. October 2018.

Benson M, Hubers J, Caldis MW, Gopal D, Pfau P. Safety and efficacy of moderate sedation in super obese patients: A case-control study. Poster presentation. DDW. Washington DC. June 2018.

Boike J, Ge J, German MN, Hristov AD, Lee A... Jest N, Moreeli G, et al. Contemporary practice patterns and outcomes after transjugular intrahepatic portosystemic shunt placement: A multicenter U.S. experience of 1,146 patients. Poster presentation. American Transplant Congress. Seattle, WA. June 2018.

Deiss-Yehiely N, Genev I, Emford AJ, Gomez K, Popejoy S, Nonevski I. Endoscopic, demographic and clinical factors influencing the diagnostic yield of *Helicobacter Pylori* detection in 1,000 patients undergoing endoscopy with biopsy in a large community-based gastroenterology practice. DDW. Washington DC. June 2018.

German M, Lee A, Hristov AD, Said A... Spengler E, et al. Outcomes of TIPS in refractory hepatic hydrothorax: A multi-center U.S. retrospective study of 1,260 patients. Poster presentation. DDW. Washington DC. June 2018.

Hristov AD, Kalra A, Saha S. MyChart message use does not offset phone encounters or office visits in patients with inflammatory bowel disease. Poster presentation. DDW. Washington DC. June 2018.

Lee AS, Griggs T, Sutherland B, Clements P, Weiss J. Characterization of histology and risk factors of precancerous colorectal polyps in adults less than 50 years old. Poster presentation. DDW. Washington DC. June 2018.

Panzer S, Plafkin C, Astor B, Djamali A, Singh T. Kidney transplant patients with polycystic kidney disease have a lower risk of post-transplant BK infection compared to other causes to ESRD. Oral presentation. American Transplant Congress Annual Meeting. Seattle, WA. June 2018.

Chapla KJ, Bringgold WR, Kory PD. Impact of peripheral pressors and midodrine in the ICU. Poster presentation. American Thoracic Society Conference. San Diego, CA. May 2018.

Bringgold WR, Berg KM, Smith SS, Piper ME, Jorenby DE. Does dual use of electronic cigarettes and conventional cigarettes confer a pulmonary health advantage? A baseline cohort analysis. Poster presentation. SGIM. Denver, CO. April 2018.

Galusha B, Addington-White J, Kleinschmidt P, Manwell LB, Feldstein D. Beyond bronze diabetes: A case of hereditary hemochromatosis. Poster presentation. SGIM. Denver, CO. April 2018.

Lang A, Sosman JM, Ciske B. When is less more? Asymptomatic EKG findings in an elderly male. Poster presentation. SGIM. Denver, CO. April 2018.

Little K, Kleinschmidt P, Addington-White J, Feldstein D, Baier L. Importance of assuring contraception and accessing health literacy in a newly diagnosed SLE patient. Oral presentation. SGIM. Denver, CO. April 2018.

Miller KA, Galusha B, Manwell LB, Micek M. Management of knee and hip osteoarthritis in primary care. Poster presentation. SGIM. Denver, CO. April 2018.

O'Neill S, Yang Y, Hall M, Haun N. An interdisciplinary approach to resident quality improvement in the inpatient clinical microsystem. Poster presentation. Society of Hospital Medicine Annual Conference. Orlando, FL. April 2018.

Peirce C, Kleinschmidt P, Addington-White J, Feldstein D, Baier M. Common drugs implicated in microscopic colitis. Poster presentation. SGIM. Denver, CO. April 2018.

Unnithan R, Kleinschmidt P, Addington-White J, Feldstein D, Manwell LB. Acute inflammatory demyelinating polyneuropathy after bacterial meningitis and its impact in an amish patient. Poster presentation. SGIM. Denver, CO. April 2018.

Arndt KK, Viswanathan R, Mathur SK. Clinical characteristics of patients in allergy clinic with presumed diagnosis of mast cell activation syndrome. Poster presentation. AAAAI Conference. Orlando, FL. March 2018.

Bringgold W. Does dual use of electronic cigarettes and conventional cigarettes confer a pulmonary health advantage? A baseline cohort analysis. Poster presentation. Society for Research on Nicotine and Tobacco Conference. Baltimore, MD. February 2018.

REGIONAL

Banaszak LG & Seibert C. An atypical case of acute renal failure. Oral presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

Banaszak LG & Balasubramanian P. Hemoptysis, hoarseness, and horner syndrome. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

David N & Miller KA. Lymphovascular abnormalities in the presentation of classical Hodgkin lymphoma. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

Gillet VG & Miller KA. Patient-directed cryotherapy as cause of peripheral neuropathy. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

Hristov A. Kaposi sarcoma. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

Kharadjian T & Maki D. Cellulitis following vaccination. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

Li S, Quinn M, Yanke E. A case of 5-FU induced coronary vasospasm. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

McIntyre A & Yanke E. Acute liver injury: not always an 'auto'matic diagnosis. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

Melvinsdottir I & Ewer S. Pembrolizumab-induced myocarditis. Oral presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

Patel DA & O'Neill S. Monoplegia with west nile encephalitis. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

Patel DA & O'Neill S. Evans syndrome and SLE. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

Pierce D. Daptomycin induced lung injury. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

Plafkin CE & Haun N. Pneumococcal mycotic aortic aneurysm. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

Stanfield D, Schoenberg H, Ghouse Y. Acute necrotizing myositis. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

York Z & Change J. EBV associated cold agglutinin disease. Poster presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2018.

2017 Publications

McElligott M, Welham G, Pop-Vicas A, Taylor L, Crnich CJ. Antibiotic stewardship in nursing facilities. *Infectious Disease Clinics of North America*. PMID: 29079152. December 2017.

Zurbriggen LD, Fallon M, Ketchum C, Mattison R. Outcomes in acute lymphoblastic leukemia at the University of Wisconsin: An institutional review. *Blood*. Online publication: 130:5005. December 2017.

Eccleston JL, Lucey MR. Substance use disorders and liver transplantation. *Clinical Liver Disease*. October 2017.

McDanel DL, Azar AE, Dowden AM, Murray-Bainer S, ...Haleem A. Screening for beta-lactam allergy in joint arthroplasty patients to improve surgical prophylaxis practice. *Journal of Arthroplasty*. PMID: 28236547. September 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.

Benson M, Patel RJ, Austin KA, Caldis MW, Rikkers AM, Gopal DV, Soni A, Pfau P. Improvement in patient-centered procedure quality through novel endoscopist feedback program. *Gastrointestinal Endoscopy – Supplement*. May 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.

Koh C, Sakiani S, Surana P, Zhao X, Eccleston J, ...Heller T. Adult onset cystic fibrosis liver disease: Diagnosis and characterization of an under-appreciated entity. *Hepatology*. PMID: 28422310. 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.

Mowers EE, Sharifi MN, Macleod KF. Autophagy in cancer metastasis. *Oncogene*. PMID: 27593926. 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.

Presentations & Abstracts

INTERNATIONAL

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.

NATIONAL

Kharadjian T, Astor B, Panzer S, Sing T. Long-term prognosis of kidney transplant patients with rapidly progressing glomerulonephritis (RPGN). Poster presentation. American Society of Nephrology. New Orleans, LA. November 2017.

Melvinsdottir I, Hess T, Gunnarsson SI, Kohmoto T, Lozonschi L, Dhingra R. Heart and kidney transplants: Should they be combined or subse-quent? Analysis from the United Network Organ Sharing Database. Anaheim, CA. November 2017.

Yang Y, Mukadam Z, Laxova A, Braun AT, Meyer KC, Hollatz T. Attitudes on pain and opioid prescription practices in cystic fibrosis centers. North American Cystic Fibrosis Conference. Indianapolis, IN. November 2017.

German MN, Lutz MK, Pickhardt PJ, Bruce RJ, Said A. Prediction of hepatocellular carcinoma in non-alcoholic fatty liver disease in a screening cohort. Poster presentation. AASLD Annual Meeting. Washington DC. October 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.

Lutz MK, Weiss JM. Therapy associated polyposis: A case report. 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.

Lewandowski D, Pierce D, Barnett A, Sampene E, Safdar N, Field ME, Wright JM. Impact of antimicrobial prophylaxis on catheter associated

urinary tract infections for atrial fibrillation ablation. Poster presentation. Heart Rhythm Society Scientific Sessions. 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.

Stadmeyer PG. Utility and cost of endoscopic ultrasound in common bile duct dilation. Poster presentation. Digestive Disease Week. Chicago, IL. 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.

Donohue S, Haine J, Li Z, Feldstein D, ...Tevaarwerk A. Cancer survivorship care plan utilization and impact on clinical decision-making at point-of-care visits with primary care: Results from an engineering, primary care and oncology collaborative for survivorship health. Poster presentation. SGIM National Meeting. Washington DC. April 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, Vogelstein 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, Dhingra 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.

Rosenberg D, Mathur SK, Viswanathan RK. Clinical characteristics of idiopathic angioedema. Poster presentation. AAAAI Annual Meeting. Atlanta, GA. March 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.

REGIONAL

Arain 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

Publications

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.

Nelsen E, Laine J, Grimes I. A rare complication of esophageal band ligation. *Journal of Gastroenterology & Hepatology*. PMID: 27163510. December 2016.

Yang Y, Lotta L, Beutner G, Li X, Schor NF. Induction of expression of P75 neurotrophin receptor intracellular domain does not induce expression of enhance activity of mitochondrial complex II. *Oxidative Medicine & Cellular Longevity*. PMID: 26843908. 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.

Mowers EE, Sharifi MN, Macleod KF. Novel insights into how autophagy regulates tumor cell motility. *Autophagy*. PMID: 27439889. September 2016.

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

Eccleston JL, Su H, Ling A, Heller T, Koh C. Adult presentation of intestinal malrotation. *Journal of Gastroenterology and Hepatology*. PMID: 27060900. August 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.

Presentations & Abstracts

NATIONAL

Hertz-Tang AL, Astor BC, Mandelbrot D, Mohamed MA, Djarnali 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.

Tierney K, Ho A, Yu M, ...Ramratnam M. Save the kidneys: Using a scoring system to reduce contrast-induced nephropathy following cardiac angiography. Poster presentation. American Society of Nephrology Kidney Week. Chicago, IL. November 2016.

Taylor LN. Structure and process of antibiotic stewardship in Wisconsin nursing homes: A follow-up survey. Poster presentation. ID Week. New Orleans, LA. October 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.

Dhingra R, Yu MD, Kohmoto T, Johnson M, Ahkter SA, Ellis T. High pre-transplant total mean fluorescence intensity is a risk factor for death. Oral Presentation. International Society of Heart and Lung Transplantation Annual Meeting. Washington DC. April 2016.

Benson M, Spiel A, Gopal D, Pfau P. Cecal intubation rates improved with the use of the ultraslim colonoscope. Poster Presentation. DDW. San Diego, CA. May 2016.

Lin J, Buhr K, Kipp R. Effect of left ventricular lead capture threshold on mortality with cardiac resynchronization therapy - a secondary analysis of the COMPANION trial. Poster Presentation. Heart Rhythm Society Scientific Session. San Francisco, CA. May 2016.

Nelson E & Lochmann-Bailkey AR. Low Yield and High Cost of Gastric and Duodenal Biopsies for Investigation of Symptoms of Abdominal Pain During Routine Esophagogastroduodenoscopy. Poster Presentation. DDW. San Diego, CA. May 2016.

Saunders S, Hollis Z, Brown B, Hoffmayer K, Wright J, Teelin T, Kopp D, Leal M, Eckhardt L, Field M, Kipp R. Incidence, predictors, and outcomes of patients with improved systolic function following guideline-directed ICD implantation. Poster Presentation. Heart Rhythm Society Scientific Session. San Francisco, CA. May 2016.

Spiel A, Nelson E, Benson M, Weiss J. Performance of multitarget stool DNA test for colorectal cancer screening in clinical practice. Poster Presentation. DDW. San Diego, CA. May 2016.

Wenzke KE, Donato P, Kalscheur M, Aste M, Oddone D, Solano A, Maggi R, Croci F, Page RL, Brignole B, Hamdan MH. Outcome post-pacing in patients with bifascicular block and syncope. Poster Presentation. Heart Rhythm Society Scientific Session. San Francisco, CA. May 2016.

Chaddha A, Wenzke KE, Wasmund S, Page R, Hamdan M. Baroreflex gain is elevated in patients with a positive tilt table test with greater values noted in patients with tilt induced asystole. Poster Presentation. ACC. Chicago, IL. April 2016.

Chaddha A, Wenzke KE, Wasmund S, Page R, Hamdan M. The heart rate during tilt is lower in patients with vasovagal syncope and positive tilt table test when compared to patients with vasovagal syncope and negative tilt table test with no significant change in the baroreflex. Poster Presentation. ACC. Chicago, IL. April 2016.

King CC, Gepner AG, Piper ME, Fiore MC, Baker T, Stein JH. The longitudinal impact of smoking and smoking cessation on inflammatory markers. ACC. Chicago, IL. April 2016.

Peebles K, Craddock L, Swanson A, Longley JB. Central nervous system vaso-occlusion and hemorrhage in a neonate with Incontinentia Pigmenti. Oral Presentation. AAD Gross & Microscopic Symposium. Washington DC. March 2016.

REGIONAL

Chaddha A. PJP pneumonia in a non-HIV host. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Chodara AM and Weber CA. Hypertension in a pregnant woman. Oral Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Ciske B and Ahrens S. Panic: Profound QT prolongation and hypophosphatemia. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Coggins K and Kory P. Rapid dissemination of blastomycosis in late pregnancy. Oral Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Hall M. A diagnostic challenge: sarcoidosis as the cause of hepatic granulomas. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Kessler M and Ley M. Capnophaga canimorsus: an uncommon, frequently lethal zoonotic infection recognized by clinical features and context in rapidly progressive septicemia with DIC and multi-organ systems failure. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Kosciuk P and Smith J. Severe hypertriglyceridemia-induced acute pancreatitis treated with plasma exchange. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Kratz JD, Sandbo NK, Williams EC. Anti-phospholipid syndrome presenting with necrotic esophagitis. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Laine J. ANCA vasculitis and breast cancer: connection or coincidence? Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Lewandowski D, Brooks E, Caponi B. An unusual case of recurrent sepsis: colonic perforation from an IUD. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Lewis B and Vogelmann B. Steroids and ritonavir: a case of drug-induced Cushing's syndrome. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Lutz M, Holobyn T, Balasubramanian P. Large pericardial and pleural effusion due to severe pulmonary hypertension as a result of limited systemic sclerosis. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

MacDonald M, Bzdawka W, Chu Y. Overwhelming sepsis and waterhouse-friederichsen syndrome caused by *Capnocytophaga Canimorsus* in an immunocompetent host. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Nan J and Hughes P. Another reason for an abnormal troponin result – heterophile antibodies. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Steinberg K and Caponi B. To test or not to test (urinary antigen): Legionella pneumonia mimicking acute coronary syndrome. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Steinberg K and Kory P. Utility of a remote image acquisition and feedback tool in promoting point-of-care ultrasound skills among critical care trainees. Oral Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Swearingen S. Dying of a broken heart: Cardiogenic shock in takotsubo cardiomyopathy. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Tierney K and Goldman T. Not your everyday asthma: differentiating primary pulmonary hypertension from Eisenmenger syndrome. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Weiker M. Crystalline induced chronic kidney disease. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Yang Y and Quinn M. To fly or not? Air travel in patients at risk for pneumothorax. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Yu MD. Anomalous connections of the heart: a case of coronary artery fistula. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2016.

Craddock L, Reizner G, Longley JB. Disseminated pustular blastomycosis. Poster Presentation. WDS Spring Conference. Madison, WI. September 2016.

2015 Publications

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2015 Presentations & Abstracts

NATIONAL

Benival-Patel P, Lochmann-Bailkey AR, Ley D, Saha S. Nutritional Parameters in Pregnant Women with Inflammatory Bowel Disease. Poster Presentation. *Advances in Inflammatory Bowel Diseases: Crohn's & Colitis Foundation's Clinical & Research Conference*. Orlando, FL. December 2015.

Lee SS, Fallon M, Mably M, Jared J, Mulkerin D, Liu G, Callander N. Evaluation of Institutional Non-Core Chemotherapy Regimens Approved for the Treatment of Leukemia and Multiple Myeloma. Poster Presentation. *American Society of Hematology*. Orlando, FL. December 2015.

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Pistner A, Ferguson JS. Malignant mesothelioma after thorascopic diagnosis of nonspecific pleuritis. Poster Presentation. American Thoracic Society International Conference. Denver, CO. May 2015.

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REGIONAL

Bzdawka W. Insulinoma causing refractory hypoglycemia. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.

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

Hertz-Tang A & Weber C. The use of tris-hydroxymethyl amionmethane (THAM) to treat a case of severe metformin-induced lactic acidosis. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.

Ho AK, Gunnarsson SI, Kipp RT. Arrhythmia and blues. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.

Hofer A & Addington-White J. A rare case of post-infectious cerebellitis from EBV in an adult. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.

Hofer A & O'Neill S. Fulminant hemophagocytic lymphohistocytosis triggered by EBV. Oral Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.

Joachim E & Djamali A. A rare case of polycystic kidney disease acquired through renal transplant. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.

Lin J & Hollatz TJ. Nitrous oxide induced subacute combined degeneration. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.

Lochmann-Bailkey A & Saha S. Nutritional parameters in pregnant patients with inflammatory bowel disease. Oral Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.

MacDonald M & Yanke E. Not your grandfather's typical gout: Axial gout as a source of spinal pain. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.

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Nan J & Tattersall M. A case of cardiac sarcoidosis. Oral Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.

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Tischendorf J & Kenkre P. Case of disseminated varicella zoster in a patient with acquired immune deficiency syndrome. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.

Tran N. A case of metronidazole-induced encephalopathy. Oral Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.

Wenzke K & McMahon J. A subdural empyema from poor dentition presenting with paresthesias and headache. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.

Yu MD. Hemoglobinopathy and sarcoidosis: Confounding presentations. Poster Presentation. ACP WI Annual Meeting. Wisconsin Dells, WI. September 2015.

Craddock L. Metformin as adjunct in metastatic melanoma. Oral Presentation. WDS Spring Conference. Madison, WI. April 2015.

Craddock L, Endo J, Longley JB. Acral lupus erythematosus profundus. Poster Presentation. WDS Spring Conference. Madison, WI. April 2015.

Department of Medicine Residents

2019 – 2020



PG-1

Kirsten Alman
Rosemary Bailey
Cassandra Chiao
Rachel Coburn
Andrew Davis
John Davis
Sarah Floden
Matthew Folstad
Matthew Goldsmith
Christina Healy
Matthew Jergenson
Kyu Lee
Kirsten Lipps
Maxwell Machurick
Nicoll Martins-Manhica
William Page
Tara Rao
Priya Roy
Michael Scolarici
Adam Stepanovic
Adam Strand
Nadia Sweet
Thorunn Thordardottir
Dejan Vrtikapa
Gabrielle Waclawik
Matthew Wood
Emily Wynja



Preliminary Year Interns

Katherine Dalzotto
Chintan Pathak
Graham Campbell
Alexander McDonald
Isaiah Tan

Medical School

California at Davis
Tufts University
Medical College of WI
University of Nebraska
Perelman at Pennsylvania
UW Madison
University of Iowa
UW Madison
Creighton
Case Western Reserve
University of Minnesota
Thomas Jefferson University
Northwestern University
UW Madison
University of Iowa
Saint Louis University
Washington University
University of Pittsburgh
Saint Louis University
Indiana University
South Dakota -Sanford
UW Madison
University of Iceland
Saint Louis University
UW Madison
Temple University
South Dakota - Sanford

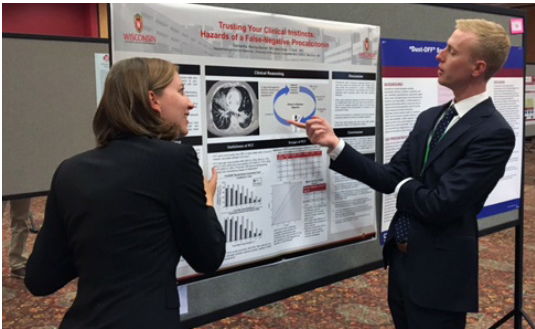
Medical School

Case Western Reserve
Northwestern University
University of Arkansas
Missouri-Columbia
Unniversity of Illinois



Department of Medicine Residents

2019 – 2020



PG-2

Benjamin Clement
Nimrod Deiss-Yehiely
Johnathan Ebben
Stephanie Fricke
Mark Frommelt
James Halsey
Scott Hetzel
Christina Hughey
Scott Laurenzo
Dana Ley
Jennifer Li
Corey Macrander
Joseph Maier
Justin Massey
Lindsay Matthews
Melissa Murray
Anatoliy Nechyporenko
Emily Owen
Andrew Pap
Johanna Poterala
Corey Sadd
Michael Segal
Ryan Smith
Amy Taylor
Matthew Weiss
Nathan Wheeler
Katrina Wolfe
Salwa Zahalka
Cydney Zeman

Medical School

Oakland University
University of Illinois
Medical College of Wisconsin
University of Wisconsin-Madison
University of Iowa
University of Iowa
University of Wisconsin-Madison
University of Kansas
University of Iowa
University of Wisconsin-Madison
Northwestern University
Wayne State University
University of Oklahoma
University of Wisconsin-Madison
Tulane University
University of Kentucky
University of Wisconsin-Madison
University of Washington
University of Iowa
Rush Medical College
University of Texas - Houston
University of Pittsburgh
University of Minnesota
University of Miami
Loyola University
Indiana University
Creighton University
Northwestern University
University of Wisconsin-Madison

Department of Medicine Residents

2019 – 2020



PG-3

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

Chief Residents

Matt Caldis
 Matthew Martini
 Caitlin Peirce
 Callie Plafkin

Medical School

George Washington University
 University of Illinois
 University of Michigan-Ann Arbor
 Mount Sinai SOM - New York Univ