ELECTIVES 2013-2014

- **ADVOCACY AND LEADERSHIP ELECTIVE FOR INTERNAL MEDICINE RESIDENTS – Dr. Rita Lee**

  Description: The course will focus on development of advocacy and leadership skills to better serve the needs of the underserved and vulnerable populations. The elective will feature small group, seminar style sessions and panel discussions. This elective is designed to provide participants with a basic understanding of our current healthcare system and training on specific strategies that can be used to advocate on behalf of patients—through legislation, written pieces, media, coalitions, and community organizing. We will focus on moving from identifying a problem, to thinking of an idea to solve the problem, and then perpetuating that idea forward into action. A leadership curriculum and clinical rotation at an underserved clinic are incorporated into the course. **Vacation must be taken from (5/25 - 5/31).**

  **Course Objectives**
  1. Define the responsibilities of physicians in advocating for the underserved populations in clinical settings and in the community.
  2. Describe how the medical community can effectively partner with community organizations to better meet the needs of vulnerable populations.
  3. Identify public policy initiatives that could improve the health of vulnerable populations and communities.
  4. Describe legislative strategies to implement policy initiatives.

  **Participants**
  This is a one-month, inter-professional elective, open to participants from all graduate level training programs in the health sciences at the University of Colorado.

  **When**
  (May 1st – 24th, 2014). Mornings, except Wednesdays (for Internal Medicine education sessions), are all scheduled. **Morning continuity clinics should be moved to an afternoon time.** Afternoons will be allocated to either continuity clinic or rotation at an underserved clinic. Moonlighting while on this rotation is discouraged, but will not preclude participation.

  **Questions**
  Contact Dr. Rita Lee (Rita.Lee@ucdenver.edu) if you have any questions about participating in this elective. **50% clinical-ambulatory – 50% non-clinical (rev 2/25/13)**

- **ALLERGY, ASTHMA AND CLINICAL IMMUNOLOGY – Dr. Stephen Dreskin**

  oversees this elective. Know the clinical manifestations, presentations, pathophysiology and management of allergic and immunologic diseases including asthma, rhinitis, urticaria, angioedema, immunodeficiency diseases, food allergy, and eczema, learn how to perform and interpret spirometry, learn how to perform and interpret percutaneous skin tests. This is an outpatient experience. The residents see assigned patients with a broad mix of allergic and immunologic diseases and disease severity. Since the residents attend allergy, asthma and immunology clinics at both the University of Colorado Hospital and the National Jewish Medical and Research Center, they see a broad range of patients. Depending on the specific cases seen, residents may have the opportunity to perform spirometry, skin tests, rhinolaryngology, and skin biopsies. Resident duty hours are 50 hours per week. No evening or weekend call is required although the resident does have the opportunity to see in patient consults with the allergy fellow on call if this is desired. **100% Ambulatory (rev 2/4/13)**

- **ADULT URGENT CARE CLINIC (AUCC) AT DENVER HEALTH MEDICAL CENTER – Dr. Steve Kolpak**

  WHAT WE ARE: The AUCC is a busy urgent care center, with a wide variety of cases in medicine, surgery, gynecology, orthopedics and others. We also care for pregnant women up to twenty weeks gestation. Resident autonomy and independent decision-making are stressed. The AUCC at Denver Health offers a unique experience that most internal medicine residents don’t get anywhere else during their training. Here, you will see a broad spectrum of acute and sub-acute conditions that will present to your office as a practicing general internist, often requiring entirely different management skills than you have acquired on the wards. You won’t spend an hour suturing a laceration at the AUCC, but you may work closely with a surgeon diagnosing acute appendicitis, tap a hot joint, manage a complication of early pregnancy, or treat a straightforward case of strep pharyngitis. Residents tell us our biggest strengths are our great staff and tremendously varied patient population. The schedule of 40-45 hours per week will be primarily Monday through Friday business hours, but may include an occasional evening or weekend shift to ensure there are only one or two residents in the clinic at a time. For questions regarding the AUCC rotation, please contact Dr. Steve Kolpak at 303-851-4022 or skolpak@dhha.org. **100% Ambulatory (rev 2/23/13)**
• **ADOLESCENT MEDICINE – Dr. Molly Uhlenhake**: Adolescent medicine: Dr. Molly Uhlenhake. The primary healthcare of patients between 10 and 26 years of age. STD's, contraception, sports injuries, acne, and IVDU, at sites as diverse as a homeless shelter for youth, school-based clinics, La Clínica Tepeyac, High Street, AND the 16th Street Mall. 100% Ambulatory

• **AUCC/CONTINUITY CLINIC** – 40% continuity clinic/60% AUCC – a great way to get both ambulatory and continuity clinic requirement credit. Required for PC R1s. **100% Ambulatory**

• **CARDIOLOGY CONSULT SERVICE – Dr. Jennifer Doroz** -- Residents rotating through the cardiology service are primarily responsible for inpatient consultative cardiology, generally for surgical and general medical services, with additional exposure to coronary care unit patients. Residents are expected to become proficient in the evaluation of common consultative cardiologic problems, especially preoperative risk assessment, chest pain, and atrial fibrillation. Considerable emphasis is put on the history, physical examination, and the proper interpretation of cardiologic tests. Residents have the opportunity to become more proficient if they wish in EKG interpretation and in the performance of stress tests. Residents wishing more specialized exposure to cardiology topics, such as hemodynamic monitoring or echocardiography, may do so by prior arrangement. Night or weekend call is not expected. **10% Ambulatory (rev 2/4/13)**

• **CARDIOLOGY (Outpatient) (NEW)** – Detailed description not yet available. This rotation will be **100% ambulatory**. (3/20/13)

• **CARDIOLOGY (Private Practice) with South Denver Cardiology** - Only available to PC residents. This large general cardiology group allows you to tailor your time with them to your needs. You will spend time with the senior partners (many of whom are former UH faculty) seeing patients with them, but their first question to you is, "What do you want to get out of this time?" They are happy to let you spend time interpreting ECHOs, nuclear stress tests, seeing inpatient consults, or doing more treadmill tests. The partners are excellent general cardiologists who place an emphasis on CAD prevention (primary/secondary) and have a thriving cardiac rehab program. **100% Ambulatory** (rev 3/22/11)

• **COMPLEMENTARY/ALTERNATIVE MEDICINE AND NUTRITION** - This elective is designed to help residents develop a broad understanding of complementary and alternative therapies. Residents work with the University, Kaiser and community providers who specialize in various alternative healing disciplines, including acupuncture, naturopathy, yoga therapy, hypnosis, meditation, and shamanism. **(100% Ambulatory)** This elective is offered for the following months with the predetermined vacation week:
  - September 2013 – Vacation 9/2 – 9/8
  - October 2013 – Vacation 10/21-10/27
  - February 2014 – Vacation 2/3 – 2/9
  - May 2014 – Vacation 5/25-5/31

Clinical Nutrition: Residents have the option to spend two weeks of the elective on clinical nutrition. Experiences may include endocrine, eating disorders, and the Women and Children’s clinics as well as inpatient nutrition rounds. (revised 1/25/13)

• **CONSULT/NEUROLOGY (UCH) — Dr. Brian Wolfe** - This month is designed to meet the needs of future hospitalists or inpatient subspecialists but covers many core principles of any internal medicine practice. Hospitalist and other hospital-based internists spend nearly 30% of their clinical care contact providing consultation and co-management in coordination with other non-medicine service. On this rotation residents will divide their time between inpatient medicine consults, co-management of orthopedic patients and co-management of stroke patients. This clinical experience emphasizes good communication skills, the art of consultation, pre-operative evaluations and post-operative medical management. In addition, it exposes residents to clinical decision-making around acute hemorrhagic and ischemic strokes, transient ischemic attacks, seizures, and other acute neurologic issues mimicking stroke. Completion of this rotation will count as the resident’s neurology requirement. A separate PGY2 and PGY3 formal curriculum covering perioperative, neurology and general consult medicine exists and is utilized in didactic sessions. This rotation provides 2 days per week off and a cap on the number of patients a resident will see in a day. Non-hospitalist program residents and PGY2 hospitalist track residents may take vacation during this month. **100% inpatient (rev 2/1/13)**

• **DERMATOLOGY/PODIATRY** -- Emphasizes dermatology clinics but may include wound clinic, vascular clinic, podiatry (and continuity clinic for R2/R3). **100% Ambulatory** (rev 1/27/2013)
• **DIABETES MANAGEMENT (Inpatient)** - Dr. Boris Draznin  OPEN TO PGY2 AND PGY3 RESIDENS ONLY. During the elective rotation in In-Patient Diabetes Management, residents will round 5 days a week at University of Colorado Hospital (Anschutz Outpatient Pavilion). They will see patients with diabetes: Type 1, Type 2, and gestational diabetes (ante – and post-partum). They will also see patient with stress- or steroid-induced hyperglycemia, diabetic patients post bone marrow and solid organ transplantation, and patients with cystic fibrosis-related diabetes. They will be part of a team consisting of 3 or 4 attending physicians and 2-3 diabetes nurse-practitioners who are also certified diabetes educators. Second or third year endocrine fellows may be on the team as well. There is no night call, but they are expected to round with an attending physician one weekend per month. Residents are expected to attend the weekly Endocrine Grand Rounds and other monthly clinical conferences organized by the inpatient diabetes management service. **100% Inpatient (3/3/11)**.

• **ENDOCRINOLOGY – Dr. Cecelia Wang**  Residents will attend 5 half-day clinics per week (University of Colorado Hospital Anschutz Outpatient Pavilion, Denver VAMC and Denver Health. Inpatient consult rounds will be conducted daily at 1-2 of the 3 hospitals each day. Residents will see new and follow-up consults on patients with a variety of endocrine/metabolic disorders including diabetes (all types), thyroid dysfunction, thyroid nodules and cancer, endocrine tumors (pituitary, adrenal, pancreatic), dyslipidemias, osteoporosis, disorders of calcium metabolism, hypopituitarism, male and female gonadal disorders, obesity, endocrine hypertension, and adrenal insufficiency. They will be part of a team consisting of 3 first year endocrine fellows, 1-4 residents, and 0-1 medical student. There is no night or weekend call. Residents are expected to attend the weekly Endocrine Grand Rounds, the monthly multidisciplinary thyroid/parathyroid and pituitary conferences, and other conferences deemed relevant. Residents may be asked to give a presentation to the team on a selected endocrine topic. **50% Ambulatory (rev 1/18/13)**

• **FELLOWS AND RESIDENTS AS MEDICAL EDUCATORS ELECTIVE – Dr. Suzanne Brandenburg**  This elective will provide residents and fellows with the knowledge, attitudes, and teaching skills necessary for an academic teaching physician. The course has three components. The first component is a series of workshops and lectures that introduce fundamentals of teaching. The second component is a teaching practicum for applying newly learned skills. The third component is a project for trainees to develop and apply their teaching skills to an area of their choice (curriculum development, procedural teaching, etc). Specific elective goals include:
  1. To develop teaching skills
  2. To encourage resident and fellow engagement in medical education
  3. To promote excellence in medical education

**Elective Design:**
The first week may be used for project development, vacation, or clinic time. The second week is a series of workshops. The third and fourth weeks include required teaching practicum (see below), didactics, and time to work on projects.

**Course Content:**

**I. Workshops/Lectures:**
The workshops will be led by faculty who have experience in each topic. The workshops are designed to be interactive and allow for practicing new skills. Examples of workshops offered include:
  - Understanding How Learning Styles Impact the Way You Teach
  - Teaching at the Bedside
  - Teaching Procedural Skills
  - Teaching in a Clinical Setting
  - Teaching with Evidence Based Medicine
  - Learner/Trainee Assessment
  - Giving an “On the Fly” Lecture
  - Teaching to a Large Group
  - Small Group Facilitation
  - Giving Effective Feedback
  - Your Future Career as a Medical Educator

**II. Teaching Practicum:**
There are multiple opportunities for teaching practicum in the clinic and classroom setting. Teaching practicum opportunities include, but are not limited to:
  - Foundations of Doctoring- teaching medical students communication and physical exam skills
  - Leading 3rd and 4th year medical student small groups
  - Bedside rounding
• Giving morning report or a specialty specific conference

III. Project:
Residents and fellows will design and implement a "medical education" project specific to their residency or fellowship program. Trainees will identify a project and project mentor prior to the start of the elective with the assistance of the Academy of Medical Educators and/or assistance of training program. The project will allow trainees to implement their skills in an area of interest. Possible projects include:
- Designing a formal evaluation/feedback tool for residents and fellows giving a journal club, ground rounds, or specialty specific conference
- Creating a formal opportunity to be observed and receive feedback on bedside teaching
- Designing and giving a conference or workshop on teaching skills for a specific specialty (i.e. Teaching procedural skills, Giving and receiving feedback, etc.)
- Developing a workshop for medical student interest groups (i.e. Reading ECGs, Airway management, Central Lines, Pediatric exam, etc.)

Vacation only allowed during the first week of the rotation.

- **GASTROENTEROLOGY** -- Based on a 5 days/week, no night-call schedule with Departmental and/or Divisonal conferences and continuity medical clinics as scheduled. One resident/student will be assigned to a core hospital (UH, VAMC, or DHMC) where they will become a component of the in-patient consultation team that includes at least one Fellow and one Faculty member. Assuming no conflict with continuity clinic, each resident/student will be required to attend two of the GI clinics within our system. This will include the clinic at the rotating hospital and a clinic at the VAMC. At the beginning of the rotation, each resident/student will be asked to review the core syllabus and identify knowledge areas which they believe are strengths, and those that are weaknesses. This will be communicated to the attending on the in-patient service as well as the clinic faculty to allow teaching to be focused on perceived areas of need. It is through the interactions during the clinics that the bulk of the ambulatory curriculum in gastroenterology will be taught. Faculty on the in-patient services will be asked to stress the pre- and post-hospital phases of the patients seen within the confines of an urgent problem that has necessitated admission to the hospital. These faculty will also be responsible for communicating the core curriculum’s content about the risks/benefits/costs of procedures; and teaching flexible sigmoidoscopy. Each resident/student will be expected, with the help and concurrence of their attending, to choose one focused area of ambulatory gastroenterology, research the topic beyond the confines of the syllabus, and present a 30 minute presentation to the consult team of which they are a member. The assessment of this presentation will be incorporated into the overall evaluation. **10% Ambulatory (2/22/11)**

- **GENETICS** -- During this unique rotation, residents will learn pedigree construction and interpretation, become familiar with available genetic tests, develop genetic counseling skills, and become familiar with the ethics and legal implications of genetic testing. Several clinic sites will be used to capture an array of diseases and styles of practice, and there are curricular offerings throughout the month to enhance learning built into the schedule. The main thrust of the month is to help Internal Medicine residents develop the skillset to understand and how medical genetics relates to Internal Medicine and to prepare for the continued evolution of clinical genomic medicine as applied to adults. The course director is Dr. Matt Taylor. If you are interested, contact Akemi.Iwanabe@ucdenver.edu prior to planning the rotation as the slot is limited.

- **HEPATOLOGY, OUTPATIENT** -- Based on a 5 days/week, no night-call schedule with Departmental and/or Divisonal conferences and continuity medical clinics as scheduled. One resident will be assigned to the hepatology clinic during months where there are no fellows assigned to outpatient hepatology. At the beginning of the rotation the resident will receive and are expected to read two handbooks including a set of core articles. The residents will shadow and then see primarily new patients (but also some return visits) that are seen in hepatology. This will include both pre-transplant and post-transplant clinics. Residents will present the cases to the attending and the attending will discuss areas of physical exam, differential diagnosis and management. Clinics are held 5 days/week, morning and afternoon. Residents also are required to attend weekly transplant selection meetings, pathology conference, and hepatobiliary conference. **100% ambulatory. (2/22/11)**

- **HEME/ONC -- Dr. Stephen Leong** -- This is a 4 week elective at a NCI-designated comprehensive cancer center. Residents will rotate through a variety of outpatient clinic based on their interests. Residents will also spend a week on the inpatient oncology consult service at University Hospital. The goals of this elective are to expose residents to common malignancies and benign hematologic disorders, and understand the etiology, epidemiology, molecular genetics, pathophysiology, clinical presentation, natural history, risks and benefits of various treatment options, and the long-term sequelae. At the start of each month, the resident will arrange a meeting with Dr. Stephen Leong, Director of Oncology Teaching Services, to devise a tailored schedule based on the resident’s prior experience, specific areas of interest and outside time commitments (continuity clinic, etc.). Dr. Leong is located in the RC1-S building Room 8120, pager 303-266-3574, email stephen.leong@ucdenver.edu. **75% Ambulatory (rev 2/1/13)**
• **HIV ELECTIVE:** Outpatient 4 week elective offered the month of October 2013 for those who wish to learn chronic care of HIV-infected individuals with a focus on the primary care of this population. The rotation will include diverse clinical sites as well as didactic lectures, journal clubs, and case discussions. With completion of the elective, residents will have the knowledge and skills to provide guideline-based preventive care specific to HIV patients, initiate anti-retrovirals, manage complications of treatment including viral resistance, and manage chronic co-morbidities. This is a required rotation for PC residents who wish to enter the HIV longitudinal program, but is open to all interested residents if space allows. Priority will be given to second year primary care residents. **Vacation must be taken 10/1-10/7/13.** This rotation is limited to 4 residents. Dr. Jennifer Adams is the course director. 100% Ambulatory (rev 2/27/13)

• **HIV MINI SABBATICAL (not a month long elective)** -- The Mountain-Plains Education and Training Center, part of the ID Division, conducts monthly HIV mini-sabbaticals which are 2-3 day exposures to HIV care including didactic sections, rotations at clinical sites, and more intensive and focused clinical rotations. Residents interested in participating in an HIV mini sabbatical should contact Akemi Iwanabe (303-724-2264) in the Primary Care Office once their schedules are finalized. Do not include this on your elective list – add it as an extra note near the bottom of the form. More information can be found at [www.mpaetc.org/pages/training.asp](http://www.mpaetc.org/pages/training.asp). 100% Ambulatory (3/8/11)

• **HOSPITALIST PRECEPTORSHIP ELECTIVE - Dr. Patrick Kneeland**  All residents considering a job as a hospitalist should rotate through this month, which is designed to simulate the job of a community hospitalist. Residents who rotate will better understand the excitement, enjoyment and challenges of hospitalist work. Utilizing a community hospitalist model, the resident will work closely with 1-2 attendings for the month. They will rotate typically on a usual hospitalist model of 5-7 days on and 5-7 days off. The resident service is capped to allow ample educational time. The month includes a lecture series covering issues such as billing and coding (residents will do the billing for the month to better learn this skill and enhance their future salary), transitions of care, transitions for the uninsured, resource utilization, working with mid-level providers, quality metrics and personal performance improvement. Non-hospitalist program residents may take vacation during this month. Past residents have commented that it is one of the best months of their residency because of the sense of autonomy, 1:1 attending exposure and emphasis on education over service. Contact: Darlene Tad-y, MD at University Hospital. 100% inpatient (2/26/12)

• **INFECTIOUS DISEASES CONSULTS – Dr. David Beckham**  Residents have the opportunity to work on a rotation from a variety of ID consult services at three different sites: UCH, DHMC, and the VA. Residents are encouraged to request a specific service that meets their interests including the UCH General ID consult service, the UCH Transplant ID consult service, or the General ID consult service at DHMC or the VA. ID consult work offers comprehensive training in Infectious Diseases, designed to prepare residents for IM Boards and future practice in multiple subspecialties. Hours are 8-9AM to 5PM, Monday through Friday. Residents work closely with the ID Faculty, ID Fellow, medical students, an ID pharmacy team, and the Microbiology Laboratory to care variety of patients on services throughout the hospital (e.g., Medicine, Oncology, Neurology, OB-GYN, MICU, SICU, Neurosurgery, Solid Organ Transplant and Bone Marrow Transplant). Caseload is typically 1-2 new patients/day and 3-4 follow-ups. Residents are encouraged to attend all conferences in both Medicine and Infectious Disease including Fundamentals of Infectious Diseases, Case Management Conference, and Infectious Diseases Grand Rounds. Learning objectives include: 1) Use of antimicrobial agents, 2) Disease presentation and management of common and unusual infections, 3) Test ordering and interpretation of cultures in the Microbiology Lab, 4) Introductory HIV medicine, 5) Approach to infections in immunecompromised hosts, and ICU infections 6) Principles of Infection Control. For specific rotation requests or for additional information on specific ID consult services, please contact Ashley Cannon at 303-724-4932 or Ashley.Cannon@ucdenver.edu. 100% Inpatient (rev 1/18/13)

• **MKSAP**  With at least 5 months notice, residents may request a board review elective during the month their child is born. Residents will be eligible for this elective if they are on track to meet their ACGME and ABIM requirements (1/3 of training in the ambulatory setting and a maximum of 3 non-clinical months). Residents who participate in this elective will be required to complete MKSAP practice tests and turn them into the housestaff office on a pre-determined schedule. Residents will attend two clinics per week and Wednesday Education. You must take one week of your vacation during this rotation.

• **NATIONAL JEWISH CRITICAL CARE SERIVCE AT ROSE MEDICAL CENTER – Dr. Michael Schwartz**  Residents will work one-on-one with the National Jewish critical care faculty in the Rose Intensive Care Unit, a 21 bed, mixed medical-surgical-cardiovascular ICU. As such the medical residents will gain exposure to the full range of critical care including post-operative general surgery and cardiovascular surgery patients, neurology and neurosurgery patients, and OB/GYN patients as well as medical patients with critical illness. Residents will gain
extensive exposure to ICU procedures including central line placement, arterial line placement, intubation, thoracentesis and paracentesis. The schedule is 5 days per week, no night call. 100% inpatient (3/9/09)

- **NEPHROLOGY – Dr. James Cooper** -- Residents rotating on the nephrology service are assigned to the University of Colorado Hospital, the Veteran’s Administration Medical Center or Denver Health Medical Center. Residents typically see inpatients in consultation on a variety of primary services throughout the hospital, including general internal medicine, surgery, geriatrics, hepatology, and obstetrics and gynecology. Residents also attend two one-half day per week outpatient clinics at two of the three hospitals. Renal conferences are held every weekday and residents are expected to attend. Learning objectives for this rotation include achieving a basic understanding of the evaluation and treatment of patients with each of the following: 1) acute kidney injury; 2) essential and secondary hypertension; 3) disorders of sodium, potassium, acid-base or water metabolism; 4) calcium, phosphorous, magnesium metabolism and kidney stones; 5) chronic kidney disease; 6) glomerulonephritis with nephrotic and/ or nephritic syndromes; and 7) hereditary disease of the kidney. In addition, residents will become familiar with acute and chronic dialysis; including hemodialysis, peritoneal dialysis and continuous renal replacement therapies. Residents may take a maximum of one week (7 calendar days) of vacation OR one week (7 calendar days) of educational leave but not both. 30% Ambulatory (3/7/11)

- **UCH NEUROLOGY – Dr. Mary Anderson and Dr. Sharon Poisson**
  Open to PGY2 AND PGY3 HOSPITALIST RESIDENTS ONLY FOR THE 2013-2014 AY. This new rotation is designed to provide additional inpatient neurology training for residents interested in hospital medicine. Residents can customize their experience to meet their individual learning needs, in that they can choose to rotate for 2 weeks on the general neurology service, for 2 weeks on the stroke service, or for 1 week on each. On the general neurology service, residents will care for patients with a wide range of neurologic conditions, including seizures, multiple sclerosis, and movement disorders. On the stroke service, residents will manage patients with acute ischemic and hemorrhagic strokes, transient ischemic attacks, and other stroke mimics. They will also have the opportunity to take the lead in stroke alerts. Both services are staffed primarily by the neurohospitalists at UCH. Residents will have weekends off. Residents are encouraged to pair this rotation with 2 weeks of UCH Palliative Care if availability permits. 100% Inpatient (rev 2/4/13)

- **OCCUPATIONAL MEDICINE (NEW)** – Detailed description not yet available. This will be an outpatient elective at Denver Health. 100% Ambulatory

- **PALLIATIVE CARE ELECTIVE - 2 week – Dr. Jeanie Youngwerth** *(combine with 2 weeks HTP Neuro)* This 2 week elective is designed to provide the resident with exposure to the palliative care experience in the inpatient setting, including the Palliative Care Unit. The focus of the rotation is on care for the seriously ill and their loved ones. Skills covered include acute pain and non-pain symptom management, advanced communication/complex family meetings, goals of care clarification, advance care planning and end-of-life transitions. Residents will integrate into the interdisciplinary team approach for the care of patients. Didactic education sessions occur at least weekly, in addition to weekly palliative medicine conferences. There are no weekend or evening call responsibilities. This rotation is not offered for the months of July, August and October. 100% Ambulatory (rev 2/6/13)

- **PALLIATIVE CARE AND HOSPICE ELECTIVE – Dr. Jeanie Youngwerth** This month is designed to provide the resident with exposure to both palliative care and hospice experiences, including inpatient hospice care centers (The Denver Hospice and Hospice of St John), home hospice care (The Denver Hospice and Hospice of St John), and hospital palliative care consultative services (University Hospital). The focus of the rotation is on care for the seriously ill and their loved ones. Skills covered include acute pain and non-pain symptom management, advanced communication/complex family meetings, goals of care clarification, advance care planning and end-of-life transitions. Residents will integrate into the interdisciplinary team approach for the care of patients. Didactic education sessions occur at least weekly, in addition to weekly palliative medicine conferences. There are no weekend or evening call responsibilities. This rotation is not offered for the months of July, August and October. 100% Ambulatory (rev 2/6/13)

- **PRACTICAL ORTHOPEDICS FOR INTERNAL MEDICINE at PSL – Dr. Ted Parks**, Only available for Primary Care residents and limited to one resident per month. This popular rotation has been rated as one of the most valuable outpatient experiences. Practical experience with a personable, superb clinician-educator. Learn good joint exam skills and injection techniques. 66% Ambulatory (rev 1/22/13)

- **PRECEPTORSHIP INDIAN HEALTH SERVICE**, Residents can take advantage of wonderful opportunities in Arizona, New Mexico, Alaska and Cherokee with the Indian Health Service. Please note these are offsite rotations and can be used to meet your preceptorship requirement on second year. Residents will practice the full
spectrum of internal medicine including outpatient clinics and inpatient rounding in this unique practice setting. During this rotation, residents live on the reservation affording them an opportunity to become fully immersed in the unique culture and community found on the reservations. Please contact Akemi.Iwanabe@ucdenver.edu for the location request at the beginning of academic year, and also notify her for any change/cancellation 6 months in advance. 100% Ambulatory (rev 1/22/13)

**PRECEPTORSHIP (URBAN) UNDERSERVED**. Available at Stout Street Clinic, Denver Health and Hospitals Clinics, Correctional Facility, Refugee Clinic and many others. Having the opportunity to spend a month at a single site will allow residents to experience the rewards of providing primary care to underserved populations. NOTE: Stout Street Clinic takes only 2nd and 3rd year residents. These sites will meet your preceptorship requirement in second year. 100% Ambulatory (rev 1/28/13)

**PRECEPTORSHIP (RURAL) UNDERSERVED**
Residents may choose from a large number of rural clinical sites that incorporate both inpatient and outpatient medicine. Most of these sites qualify for loan repayment and are looking for new internists to join their group. Please request the location(s) you would like from Akemi.Iwanabe@ucdenver.edu 6 to 12 months in advance. 100% Ambulatory (rev 1/28/13)

**PRIVATE PRACTICE MONTH -- INTERNAL MEDICINE CLINIC (Main office in PARKER, Satellite in AURORA):** Drs. Aboaf, Burroughs, Gilmer. An excellent opportunity to participate actively in a busy 3 internist community-based practice with a variety of managed care plans (HMOs, PPOs, POS, and indemnity insurance). In addition, they participate with several Medicare Advantage Care Plans for seniors and participate in one of 32 nationwide CMS initiatives known as the Pioneer ACO. Multiple opportunities to learn, joint injections, skin biopsy, etc. Learn to code, refer, pre-authorize, use superbills and understand the myriad variations of insurance reimbursement. Some exposure to overhead and traditional office expenses. Opportunities to attend peer review, medical staff leadership, nursing home directorship meetings, IPA Utilization Management and other IPA related meetings, and quality management meetings. A terrific opportunity to get accustomed to practicing in the real world. For 3rd year residents or for 2nd year residents with the approval of the primary care program director. 100% Ambulatory. They are affiliated with the Medical Center of Aurora and Parker Adventist Hospital. (rev 2/10/13)

**PRIVATE PRACTICE MONTH - Rose Private Practice with Drs. Mellman, Mangalik and Dawson.** Busy private practice with former CU grads at Rose with the possibility of doing some treadmills during the month as well. 100% ambulatory (rev 2/4/13)

**PSYCHIATRY FOR THE GENERAL INTERNIST – Dr. Danielle Loeb** There are 3 sites we will use for the psychiatry rotations – Denver Health, University, and VA. Residents can specify which site(s) they would prefer based on the offerings at each site, and we will make every attempt to accommodate educational requests during these months. Generally, some mix of all 3 sites or at least of 2 sites will be used to maximize the experience. Full listings of all offerings at each site are available through Akemi Iwanabe once the month has been assigned.

Clinic experiences can include: intake evaluations, common psychiatric diagnoses such as anxiety and mood disorders, addiction and substance abuse clinics, and women’ health clinics for pregnant females, eating disorders clinics, geriatric clinics, and motivational interviewing.

Internal medicine residents will get experience in diagnostic formulation, assessing for suicidality and violence, pharmacotherapy, and some basic principles of psychotherapy. At the University, there is also an opportunity to have your interactions videotaped to allow feedback from observed interactions. The VA has some interesting telehealth interventions which residents can participate in as well as couples counseling and exposure to veterans returning home from war. 100% Ambulatory (3/21/11)

**PULMONARY** – No description available. 10% Ambulatory

**REHAB MEDICINE (NEW)** – Detailed description not yet available. This rotation will be an ambulatory rotation with Physical Medicine and Rehab at the Veterans Administration Medical Center. 100% Ambulatory (3/20/13)

**RESEARCH, PRIMARY CARE – Dr. Ingrid Binswanger** The objective of participating in primary care research is to allow residents exposure to the process of conducting research while allowing them to explore issues that
are relevant to them. As a secondary objective it is our aim to encourage presentation of research results at a national meeting as well as publication in a peer-reviewed journal.

Objectives for this initial month are: 1) Conduct complete literature review, 2) Develop research protocol study plan, 3) Confirm data sources, availability and reliability, 4) Develop study timeline. Objectives for subsequent research months are: 1) Conduct proposed study, 2) Data analysis (working with statistical analyst) and interpretation. 3) Abstract/manuscript, 4) Preparation for abstract presentation meeting. Prior to beginning their research month we encourage residents to begin to identify a research mentor who will be able to work closely with them to achieve the above goals. Dr. IngridBinswanger provides oversight to the research program and can assist in identifying research mentors and defining projects. She will also be available to you to provide study design and analytic advice, and should be contacted for approval of research block electives. It is always a good idea to also speak to other residents who have been involved in research about their experiences. **Non-clinical**

### RESEARCH – Dr. Joshua Klopper
Residents interested in academic careers and/or fellowship are encouraged to participate in research. Up to 3 months of research elective will be considered for residents per ABIM guidelines. Once a research elective is scheduled, the resident must complete a short research elective application form that is signed by their mentor for review and approval by Dr. Klopper 60 days prior to the rotation. This step is to ensure your research project is appropriate for a resident with the length of time available and that all details, such as regulatory requirements for the research to be done, are in place. One should take an appropriate amount of time to thoroughly complete this form as inadequate proposals will be returned to the resident and mentor for revision. At the end of your elective – please prepare your scholarly work. It can be a “progress report” for projects that are still ongoing. It can be an abstract, paper, IRB submission packet, clinical protocol, review article, manuscript, or simply an “end of project report”. Sometimes the data is negative, but that is still worth summarizing! This submission will count as your annual Scholarly Activity and as evidence of satisfactory completion of your research elective. If you are doing more than one month of research in an academic year, it is ok to wait until the last research month is completed before turning this in. However, one submission per academic year that you are doing research is needed. **Non-clinical**

### RHEUMATOLOGY – Dr. Robert Janson
During the elective rotation in Rheumatology, residents will attend 50% non-clinical, 50% ambulatory 6 half-day clinics at University of Colorado Hospital (Anschutz Outpatient Pavilion), the Denver VAMC, and Denver Health. They will see outpatients with a variety of rheumatic and autoimmune disorders including regional rheumatic disorders, crystal diseases, spondyloarthropathies, rheumatoid arthritis, osteoarthritis, lupus, Sjögren’s, myositis, vasculitis, and other autoimmune disorders. They will be part of a team in clinic including rheumatology fellows and 1-2 medical students. Residents will attend the weekly Tuesday morning Rheumatology Division grand rounds and teaching conferences. In addition, residents will attend a series of formal didactic lectures on various rheumatic diseases given by the rheumatology faculty. There is no night call. **100% Ambulatory**

### ROSE MEDICAL CENTER PRIVATE HOSPITALIST ROTATION – Drs. Meg Austin and Carrie Horn
This rotation is designed for third year residents who are interested in exploring private hospital medicine practice. Late second year residents may apply on a space-available basis. There is heavy emphasis on autonomy, decision making and time management. Our curriculum is designed to compliment, not replicate the University Hospitalist month. In addition to picking up patients each morning, the resident will provide inpatient consultations and do 1-2 admissions per day. Daily activities include reviewing notes and daily billing and identifying ways to improve efficiency. Teaching by both the attending and the resident is expected. One of our primary goals is to encourage self-reflection and to assist the resident in identifying his or her practice style and approach to management in order to make the transition to attending physician. Elective coordinators and preceptors are Meg Austin and Carrie Horn. They are both graduates of the HTT program. They are committed to practicing both private hospitalist medicine and teaching. 1.5 shifts per month, including clinic days, ~7 on 7 off; 6-8 patients per day with 1-2 admits or consults; One on one attending interaction with daily feedback; Daily teaching and learning points; Optional pre-operative clinic; Optional nocturnist shifts (based on availability)

### SYSTEMS BASED PRACTICE (Offered in April 2014)
Residents learn about the health care system, participate in quality improvement projects and meet many of the people around town who make policy decisions. It will change the way you read the newspaper, watch the news, and interact with patients and multidisciplinary health care teams. I would encourage people to do the elective if you think you are going to like the topics (understanding healthcare systems, what’s Medicare/Medicaid, who pays, how do you define “quality”, what is a quality improvement plan?) **Vacation must be taken during the week of 4/21-4/25/14** (or additional clinic duty for that week will be assigned). **50% non-clinical, 50% ambulatory**
• **TREADMILL – Dr. Judy Regensteiner**: What happens when you send a patient for a stress test? Residents will learn how to do stress testing of many types in this course. In this course, we discuss picking the right test for each patient and what kind of testing protocol to use. In addition, we discuss reasons for testing, interpretation of data (EKG, functional status including oxygen consumption, etc) as well as safety considerations. At the end of the course, you should be able to conduct exercise testing independently and we will certify you as ready to do this if you have proctored at least 50 stress tests and taken the pre and post tests. You must also do 25 stress tests per year to remain certified. Many physicians who have completed this rotation are now performing treadmills in their practice settings. **100% Ambulatory (1/18/13)**

• **WOMEN'S HEALTH/NEUROLOGY** - Drs. Carol Stamm, Katherine Anderson, Michael McDermott, Lynn Barbour, John Slocumb and colleagues: The Women's Health elective provides residents exposure to several diverse outpatient clinical experiences including gestational diabetes, metabolic bone disease, breast and thyroid clinics, high risk OB, medical aspects, pelvic pain and benign GYN clinics. Each schedule is adapted according to resident interest by Dr. Stamm. The High Street Women's Services GYN clinic involves diagnosis and treatment of sexually transmitted infections, performance of well-woman examinations, contraception, treatment and management of abnormal pap smears, workup of abnormal and dysfunctional uterine bleeding, diagnosis and work-up of incontinence including urodynamics, and hormone therapy counseling. Residents will receive the course syllabus and reading materials via email from Gina.Jecminek@HealthONEcares.com. You may request the syllabus in advance. Residents who wish a more "hands-on" rotation should contact Dr. Stamm carol.stamm@ucdenver.edu early for scheduling. **100% Ambulatory (rev 1/17/13)**

• **WOMEN’S HEALTH ADVANCED STUDIES AND/OR RESEARCH** - Dr. Carol Stamm will craft special rotations to meet advanced needs in women’s health, or gynecologic procedures, or the opportunity to do a clinical research project on an area of women’s health. Advance notification and approval is needed. If a GYN procedure rich experience is desired, much advance preparation is required. Contact Dr. Stamm early for optimum results. A separate advanced women’s health syllabus is available from Gina.Jecminek@HealthONEcares.com. **100% Ambulatory (rev 1/17/13)**

• **VA PRIMARY CARE SUBSPECIALTY BLOCK**: This is a 1 to 6 month block of subspecialty clinics. See Dr. Tom Meyer for information. The VA R3 block is an opportunity for residents interested in primary care to spend 3-6 months working in a variety of specialty clinics. In addition to seeing patients in these clinics recent residents have spent time learning to do treadmills, sigmoidoscopies, simple derm surgeries, joint injections and research projects. In addition to medical clinics residents have attended urology, podiatry, ENT and other specialty clinics. This rotation is a good one for those going into primary care internal medicine and want to improve their clinical experience in a variety of outpatient clinics. This subspecialty block requires the approval of Dr. Meyer AND Dr. Chacko. **100% Ambulatory (rev 3/20/13)**

• **PSL ENDOCRINOLOGY – Dr. Sarah Bull and Dr. Leslie Gamache**: This elective is a predominantly ambulatory experience focusing on common as well as complex endocrinologic problems. Dr’s Bull and Gamache are superb clinicians and educators who serve as a tremendous resource to the patients, medical staff and trainees at Presbyterian St. Luke’s. **70% Ambulatory**

• **GASTROENTEROLOGY AT PSL -- Office, Consultative and Hospital-Based Gastroenterology – Drs. Kevin Sieja (former CU IM resident and Tom Trouillot (former CU Hepatology staff): Join an exceptional practice that combines outstanding ambulatory and inpatient experiences. Receive teaching from highly ranked (by housestaff) and acknowledged superb clinician-educators with lots of practical experience. **50% Ambulatory**

• **HEMATOLOGY AND ONCOLOGY AT PSL – Drs. Jeff Matous, Mark Brunvand, Mike Maris, Tara Gregory, and colleagues**: This one-month elective has become perhaps one of the most popular rotations among primary care and categorical housestaff. Join a group of enthusiastic, highly-rated clinician-educators working in a state-of-the art ambulatory and hospital facility. Huge referral practice seeing a wide array of hematologic issues. The group specializes in hematologic malignancies and hematopoietic stem cell transplantation and performs cutting edge research in these fields. There is strong emphasis in leukemia, myeloma and lymphoma. Combined ambulatory and hospital consultative experience but opportunity for consultative work and inpatient bone marrow transplant unit exposure as well. **50% Ambulatory (rev 11/7/13)**

• **PRIVATE PRACTICE INFECTIOUS DISEASES at PSL – Drs. Ray Blum, Matt Terra, and Wendy Gill**: Join some of central Denver’s most respected and popular clinician-educators in their busy, diverse ambulatory and hospital-based (primarily infectious diseases) practice. Two superior clinicians and the former Chief of Medicine at P/SL (Dr. Blum) offer an exciting educational opportunity. **33% Ambulatory**

Revised 11/7/13