• **ALLERGY, ASTHMA AND CLINICAL IMMUNOLOGY** – Dr. Jenny Stitt (Jenny.Stitt@ucdenver.edu) 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. 3/7/2017)

• **ADDICTION MEDICINE ELECTIVE** – Dr. Mariah Hoffman (Mariah.Hoffman@dhha.org & scheduler Akemi.Iwanabe@ucdenver.edu): Outpatient 4 week elective focused on learning the spectrum of care for patients with addiction. Based at Denver Health working with Methadone clinic, OBHS, primary care suboxone prescribing, certified addiction counselors, psychiatry and others. Protected time will be provided for 8 hour online X-waiver training, such that resident will be licensed to prescribe suboxone along with their DEA license upon graduation. Skills that will be a focus of this rotation include 1) Identify risky substance use, 2) recognizing and treating opioid addiction in patients with chronic pain, 3) Motivational interviewing as a tool for helping patients achieve healthy changes, 4) Harm reduction for all risk taking behaviors, 5) prescribing for opioid addiction, 6) prescribing for alcohol addiction, 7) prescribing for nicotine addiction. **100% Ambulatory. Location: Denver Health (Main) and other community sites. PC Elective – Primary care residents will get priority but all tracks will be considered.** (New 3/6/2018)

• **CARDIOLOGY CONSULT SERVICE** – Dr. Peter Buttrick, Program Director (Peter.Buttrick@ucdenver.edu or Program Manager/Scheduler Holly.Ables@ucdenver.edu) -- 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 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. **Location options: DH or VA only. 10% Ambulatory** (Rev. 1/23/2018)

• **CARDIOLOGY (Outpatient)** – Dr. Peter Buttrick, Program Director (Peter.Buttrick@ucdenver.edu or Program Manager/Scheduler Holly.Ables@ucdenver.edu) – This rotation focuses on the ambulatory treatment of patients with cardiovascular disease. Residents will rotate through clinics at the University, Lone Tree and Denver Health. General cardiology clinics and sub-specialty clinics include electrophysiology, lipid clinic, and vascular clinic. There is also time to participate and learn about ambulatory cardiology procedures like stress testing, echocardiography (and TEEs), and catheterizations. **100% Ambulatory.** (Rev. 1/23/2018)

• **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. 1/23/2018)

• **COMPLEMENTARY AND INTEGRATED HEALTH (CIH)** – Dr. Amira del Pino Jones (Amira.delpino-jones@ucdenver.edu & scheduler Akemi.Iwanabe@ucdenver.edu) **Priority to PC.** This elective is designed to help residents develop a broad understanding of complementary and integrative therapies.
Residents work with University, Kaiser and community providers who specialize in various complementary and integrative health healing disciplines, including acupuncture, naturopathy, yoga therapy, hypnosis, meditation, and shamanism. Residents must truly be interested in learning more about CIH therapies and are required to submit 1-2 paragraphs to the elective director outlining their interest in CIH (what they hope to gain from the rotation and how they will apply knowledge gained in their future practice). In order to maximize the experience, your predetermined vacation in your cohort may need to be changed as this elective relies on the ability of residents to gather on the same days to meet with certain providers. This rotation is offered to 2 residents per 3-4 week block during the following months: 1 rotation in fall (Sept-Nov), 3 rotations in spring (Jan-June). This rotation is not offered over holidays. 100% Ambulatory Location: UCH (Rev. 1/22/2018)

- **CLINICAL NUTRITION (optional during CIH) –** [Dr. Amira del Pink Jones](mailto:Amira.delpinkjones@ucdenver.edu) & [scheduler Akemi.Iwanabe@ucdenver.edu] (optional during CIH) Priority to PC. This one-two week elective focuses on active learning through time with registered dietitians, mid-level nutrition providers, and physicians who run nutrition specialty clinics. Experiences are scheduled based on resident's areas of interest and career goals, as well as clinic and preceptor availability. 100% Ambulatory (Rev. 1/12/2018)

- **DENVER HEALTH URGENT CARE –** Dr. Lindsey Fish ([Lindsey.Fish@dhha.org](mailto:Lindsey.Fish@dhha.org) & [scheduler Akemi.Iwanabe@ucdenver.edu](mailto:Akemi.Iwanabe@ucdenver.edu)) Priority to PC. Denver Health now offers two different settings for providing urgent care services. In both settings, there is a wide variety of cases in medicine, surgery, gynecology, orthopedics and other fields. This elective offers a unique experience that most internal medicine residents don’t get elsewhere in their training. The Adult Urgent Care Clinic is a busy urgent care center that works in conjunction with the Emergency Department to provide urgent care to adult patients. The Adult Urgent Care Clinic has the resources of the hospital including advanced imaging and specialist consultations. The Southwest Family Health Center Urgent Care Clinic is an urgent care clinic in a new Denver Health Primary Care Clinic which treats patients of all ages. The resources at Southwest are more limited but include x-ray radiology and labs. You may have the opportunity to work with the dental department, podiatry and sports medicine in this setting. Resident autonomy and independent decision-making are stressed. In both settings, 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 will suture lacerations, perform incision and drainage of abscesses, diagnose 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, tremendously varied patient population and wide variety of medical conditions treated. The schedule of 40-45 hours per week will be primarily Monday through Friday business hours, but may include occasional evening or weekend shifts to ensure there are only one or two residents in the clinic at a time. For questions regarding the urgent care rotation, please contact Dr. Lindsey Fish at [Lindsey.Fish@dhha.org](mailto:Lindsey.Fish@dhha.org). 100% Ambulatory Location: Denver Health Adult Urgent Care Clinic & The Southwest Family Health Center Urgent Care Clinic (Rev. 1/23/2018)

- **DERMATOLOGY AT KAISER –** Dr. Tina Suneja ([toffee108@gmail.com](mailto:toffee108@gmail.com) & [scheduler Akemi.Iwanabe@ucdenver.edu](mailto:Akemi.Iwanabe@ucdenver.edu)) - PC 3rd and 2nd year residents only. This one month of out-patient dermatology clinic in a multi-specialty group setting is one of our most popular! Residents achieve independence with basic dermatology diagnosis, treatment and biopsy procedures. 100% Ambulatory Location: Kaiser (Rev. 1/23/2018)

- **DERMATOLOGY/PODIATRY/WOUND (scheduler Akemi.Iwanabe@ucdenver.edu)** – Emphasizes dermatology clinics but may include wound clinic, vascular clinic, podiatry. Earliest start is August. 100% Ambulatory (Rev. 1/22/2018)

- **EATING DISORDERS (ACUTE Center for Eating Disorders at Denver Health) –** [Dr. Margherita Mascolo](mailto:Margherita.mascolo@dhha.org) Rotation designed to expose patients to the care and medical complications associated with adults receiving in-patient medical care for various eating disorders. Residents will work under various ACUTE attendings and will be involved in daily decision making regarding patient’s care. Residents will become adept at understanding the pathophysiologic changes that occur with extreme starvation/purging and adept at recognizing and treating refeeding syndrome, superior mesenteric artery syndrome, severe constipation, pseudobartter's syndrome, osteoporosis in the adolescent population, as well as the rare medical manifestations frequently associated with severe malnutrition. Clinical rounds will be supplemented with various lectures from ACUTE attendings as well as M/M conferences, journal club, and self-directed learning. 100% Inpatient (no call or weekends) (New 2/14/2018)
• **ENDOCRINOLOGY – Dr. Cecilia LowWang (Cecilia.LowWang@ucdenver.edu)** Residents will do 5 half-days of Endocrine clinics per week (University of Colorado Hospital Anschutz Outpatient Pavilion, Denver VAMC and Denver Health) and inpatient consult rounds 4 days per week with our outstanding faculty, who are national and international leaders in the field. Residents will see new and follow-up consults on patients with a variety of endocrine/metabolic disorders including thyroid dysfunction, thyroid nodules and cancer, endocrine tumors (pituitary, adrenal, pancreatic), dyslipidemia, osteoporosis, disorders of calcium metabolism, hypopituitarism, male and female gonadal disorders, obesity, endocrine hypertension, diabetes (all types), and adrenal insufficiency. They will be part of a team consisting of 3 first-year endocrine fellows, 0-2 residents, and 0-2 medical students. There is no night or weekend call. Residents are expected to attend the weekly Endocrine Grand Rounds, weekly Journal Club, the monthly multidisciplinary thyroid/parathyroid and pituitary conferences, the monthly Diabetes clinical conference, and other conferences deemed relevant. Residents are given access to an online syllabus that includes relevant articles and references. For interested residents, 1-2 half days of inpatient glucose management team consult service can be arranged if enough advance notification is provided. **60% Ambulatory** (Rev. 2/9/2018)

• **ENDOCRINOLOGY at PSL – Dr. Sarah Bull and Dr. Leslie Gamache (Sarah.Bull@ucdenver.edu, Leslie.Gamache@healthonecares.com):** This elective is a predominantly ambulatory experience focusing on common as well as complex endocrinologic problems. Drs. 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. Contact Gina.Jecminek@HealthONECares.com for more information. **70% Ambulatory** (Rev. 1/31/2018)

• **FAMILY PLANNING/WOMEN’S HEALTH AT DENVER HEALTH – Dr. Michelle Cleves (michelle.cleeves@dhha.org) and scheduler Akemi.Iwanabe@ucdenver.edu**
  
  Only Available to one resident per month  – Available to PC only. This elective is focused on teaching Internal Medicine residents the knowledge and skills to manage out-patient women’s health, family planning, and sexual health conditions. Residents will rotate at a variety of outpatient clinics where care is focused on family planning counseling and procedures (including IUDs and contraceptive implant placement and removal), vasectomy counseling and procedures, STD testing and treatment, preventive women’s health, and pre-pregnancy counseling. This rotation will also include didactics in topics related to women’s health. Please contact Dr. Michelle Cleves at michelle.cleeves@dhha.org or Akemi Iwanabe, Akemi.Iwanabe@ucdenver.edu for more information. **100% Ambulatory** (NEW 4/9/2018)

• **FAMILY PLANNING at CHILDREN’S HOSPITAL – Dr. Molly Richards (Molly.Richards@childrenscolorado.org and scheduler Akemi.Iwanabe@ucdenver.edu) - Available to PC only.** The Adolescent Health clinic at Children's will take the Internal Medicine Residents for the Family Planning rotation. This is a Title X clinic within the Adolescent Medicine Clinic seeing patients under the age of 25 years. The rotating residents will focus on adolescent contraceptive counseling, including indications, contraindications, side effects and management. There will be emphases on 1) Adolescent psychosocial development and its influence on adolescent contraceptive and reproductive decision making and 2) Motivational interviewing for contraception and sexual health in the adolescent. Skills of IUD and implant insertion/removal will be taught and well-practiced during this rotation. Need Children's e-Pic training before the first day of rotation. The training includes online modules and on-site class 3 hour training. Please contact Dr. Molly Richards, Molly.Richards@childrenscolorado.org or Akemi Iwanabe, Akemi.Iwanabe@ucdenver.edu for more information and available months. **100% Ambulatory** (Rev. 1/22/2018)

• **GASTROENTEROLOGY INPATIENT – Dr. Paul Menard-Katcher (Paul.Menard-Katcher@ucdenver.edu and scheduler Barbara.Caufield@ucdenver.edu)** Based on a 5 days/week, no night-call schedule with Departmental and/or Divisional conferences and continuity medical clinics as scheduled. Residents will be assigned to UCH where they will become a component of the in-patient consultation team that includes at least one fellow and one faculty member. Residents will see new consultations as well as follow-up consults on patients with a variety of gastrointestinal conditions including: gastrointestinal hemorrhage (upper and lower GI bleeding), abdominal pain, Inflammatory Bowel Disease (IBD), anemia, abnormal liver associated enzymes, abnormal imaging, nausea and/or vomiting, diarrhea, odynophagia/dysphagia and pancreatitis. Residents are expected to attend weekly GI grand rounds (Friday 7AM), IBD conference (Tuesday noon) and other conferences deemed relevant. Assuming no conflicts with other required educational conferences, each resident/student will be assigned to 1-2 outpatient ½ day GI clinics to be determined at the beginning of the rotation based on resident interest. At the start of each month, residents will arrange a meeting with Dr. Menard-Katcher (paul.menard-katcher@ucdenver.edu) to discuss specific interests in Gastroenterology to better tailor the elective **20% Ambulatory** (Rev. 1/23/2018)
Basic Goals of the Elective will be:
- Exposure to the most common conditions resulting in inpatient Gastroenterological consultation
- Learn the procedural interventions available to the Gastroenterologist and to understand the risks, benefits and indications for GI procedural intervention
- Exposure to common chief complaints and evaluations in the outpatient Gastroenterology setting
- Understand the indications for outpatient/open-access GI procedures

- **GASTROENTEROLOGY OUTPATIENT – Dr. Paul Menard-Katcher (Paul.Menard-Katcher@ucdenver.edu and scheduler Barbara.Caufield@ucdenver.edu)** Upper level residents only. Outpatient rotation designed for senior residents with a subspecialty consultant career interest. Residents will provide outpatient consultations for 3-4 ½ days per week and observe a variety of endoscopic procedures for 2-3 ½ days per week. Schedules will be tailored to resident interest and involve experience in both general gastroenterology and with GI faculty with diverse sub-sub-specialty expertise (esophageal disorders, inflammatory bowel disease, obesity, anorectal disorders). Additional clinical exposure to GI physiology studies (esophageal and anorectal manometry, ambulatory pH studies, capsule endoscopy) is also possible. There may be opportunity for experience using an endoscopic skills simulator. Residents will be expected to present a Quality Improvement Project proposal to rotation supervisor and GI section chief at end of rotation. Residents are also expected to attend weekly conferences including IBD conference and GI Grand Rounds. 1 month before start of elective residents will arrange a meeting with Dr. Menard-Katcher (paul.menard-katcher@ucdenver.edu) to discuss specific interests in Gastroenterology to better tailor the elective. 100% Ambulatory (Rev. 1/23/2018)

- **GASTROENTEROLOGY, DHMC – Dr. Donald Kirkpatrick** The Denver Health Gastrointestinal Rotation for Interns and Residents is designed to provide both an inpatient and outpatient GI experience. Physicians on the rotation will work directly with the first year GI fellow and the GI faculty attending on the inpatient service. Outpatient clinic exposure will be with faculty members both in luminal gastroenterology and hepatology. The percentage of inpatient/outpatient exposure will be determined on an individual basis to meet residency training requirements. Physicians expressing a desire to gain experience in flexible sigmoidoscopy will be provided training when possible. This rotation is 5 days/week, no night call, no weekends, and rotating physicians will not be expected to stay later than 5 PM on this elective unless they choose to do so. Up to 50% ambulatory, depending on the resident’s preference. 50% Ambulatory (Rev. 1/23/2018)

- **HEPATOLOGY, OUTPATIENT – Dr. Lisa Forman (Lisa.Forman@ucdenver.edu & scheduler Barbara.Caufield@ucdenver.edu)** Upper level residents only. Based on a 5 days/week, no night-call schedule with Departmental and/or Divisional 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. Residents will gain experience evaluating such diseases as HCV, HBV, autoimmune hepatitis, hepatocellular carcinoma, abnormal LFTs and liver masses. In addition they will manage complications of cirrhosis. Clinics are held 5 days/week, morning and afternoon. Residents also are required to attend weekly transplant selection meetings, pathology conference, and hepatobiiliary conference. 100% Ambulatory. (Rev. 1/23/2018)

- **HEME MALIGNANCY AND BONE MARROW TRANSPLANT (BMT) – Dr. Jonathan Gutman (Jonathan.Gutman@ucdenver.edu)** – For residents interested in learning more about blood cancers and stem cell transplantation, we are excited to offer this one month rotation. We have flexibility as to structure of the month and can consider a dedicated inpatient experience versus 2 weeks inpatient and 2 weeks outpatient. On the inpatient service, residents will be primary providers for patients undergoing stem transplants, leukemia inductions, or management of other heme malignancy complications. In the clinic, residents will have the opportunity to see patients with all major heme malignancy diagnoses, including new patient visits, and then staff them with attending physicians. Beginning summer 2017, all residents will participate in a 2 week outpt heme/heme malignancy rotation, and this elective will offer the opportunity to expand that experience for those with particular interest in the field. 100% inpatient or 50% inpatient/50% outpatient. (Rev. 2/23/2017)

- **HIV & URBAN UNDERSERVED ELECTIVE – Dr. Yasmin Sacro (Yasmin.Sacro@dhha.org and scheduler Akemi.Iwanabe@ucdenver.edu)** Outpatient 4 week elective offered for those who wish to learn
chronic care of HIV-infected individuals and the significant issues of underserved populations that can affect HIV care. Elective content will be based on the areas of HIV, substance abuse, hepatitis C and the social determinants that shape their health outcomes. Clinical sites will include HIV and infectious disease clinics across Denver, substance abuse clinics (with education with medication-assisted treatment such as methadone and suboxone), HIV testing community sites, correctional care facilities, and harm reduction center to name a few. Didactics, case discussions, and journal clubs will also be incorporated into this diverse clinical experience. 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. Residents will also have increased exposure in working with underserved populations such as patients with psychiatric disease, correctional care, LGBTQ, and substance use disorders. 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. **100% Ambulatory Location: Denver Health and other community organizations/clinics (Rev. 1/25/2017)**

- **HOSPITALIST PRECEPTORSHIP ELECTIVE (PEAK) - Dr. Patrick Kneeland**
  
  (Patrick.Kneeland@ucdenver.edu & scheduler Dr. Manuel Diaz (Manuel.Diaz@ucdenver.edu)
  
  Autonomy, one-on-one attending exposure, and an emphasis on education over service has led residents to report that HTT-Peak was one of the best months of residency! All residents considering a hospitalist career or working as a hospitalist before fellowship should rotate through this month, which is designed to simulate the job of a community hospitalist. Residents who rotate will develop their skills as an autonomous physician and 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 emphasizes 1:1 mentorship with a faculty member (many of whom serve as leaders in the hospital and health system) and includes a dynamic 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), improving work efficiency, transitions of care, resource utilization, working with mid-level providers, quality metrics, personal performance improvement, and health systems leadership. In summary, residents have told us that the experience and mentorship they received on the rotation were instrumental in them getting the jobs they want in the location they want in academic and community hospitals - including in transition before fellowship. Non-hospitalist program residents may take vacation during this month. Contact: Patrick Kneeland MD at University Hospital. **100% Inpatient (Rev. 1/22/2018)**

- **HOSPITALIST ROTATION PRIVATE, ROSE MEDICAL CENTER – Dr. Andrew Koch**
  
  (AndrewSKoch@gmail.com) This rotation is designed for second and third year residents who are interested in exploring private hospital medicine practice. There is heavy emphasis on autonomy, decision making and time management. Our curriculum is designed to complement, 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. **100% Inpatient (Rev. 2/1/2018)**

- **INFECTIOUS DISEASES CONSULTS – Dr. David Beckham (David.Beckham@ucdenver.edu & scheduler Kelly.Rico@ucdenver.edu)**
  
  Residents have the opportunity to work on 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.. Hours are 8AM to 6PM, Monday through Friday. Residents work closely with the ID Faculty, ID Fellow, medical students, ID pharmacy team, and the Microbiology Laboratory to care for a 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). Inpatient caseload is typically 1-2 new consults/day and 4-5 follow-up patients. Residents are required to attend all conferences in both Medicine and Infectious Diseases including the Infectious Diseases Lecture Series (4th Tuesday of each month, 7:30a-12:00p), Wednesday Case Management Conference (7:30a) and Infectious Diseases Grand Rounds (8:30a), and MWF Microbiology rounds (11:00a). For specific rotation requests or for additional information on specific ID consult services, please contact Ashley Runyan at 303-724-4932 or Ashley.Runyan@ucdenver.edu. **100% Inpatient Location: UCH, DHMC or VA (Rev. 1/22/2018)**
• **INFECTIOUS DISEASE CLINIC OUTPATIENT – Dr. David Beckham (David.D. Beckham@ucdenver.edu & scheduler Kelly.Rico@ucdenver.edu)**: This is an outpatient ID elective that is designed to provide internal medicine residents with a comprehensive experience in outpatient infectious diseases. Residents will be assigned to complete two weeks of outpatient ID clinic at UCH and at DHMC. The resident will work closely with assigned clinic providers Monday-Friday, 8AM-6PM, to provide specialized infectious disease care for a variety of patients including: HIV patients, ID outpatient consults, Outpatient Antimicrobial Therapy (OPAT) patients, Transplant Infectious Diseases, TB patients at DPH, and other rotating specialty clinics. For rotation requests or additional information, contact Ashley Runyan at 303-724-4932 or Ashley.Runyan@ucdenver.edu. **100% Ambulatory. Location: UCH and DHMC ID Clinics (Rev. 1/22/2018)**

• **INFECTIOUS DISEASES, PRIVATE PRACTICE at PSL – Drs. Ray Blum, Matt Terra, and Wendy Gill (contact Gina.Jecminek@HealthONECares.com for more information)**. 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 (Rev. 1/31/2018)**

• **INTERNAL MEDICINE MONTH OUTPATIENT -- INTERNAL MEDICINE CLINIC (Cherry Creek) CU-Denver Internal Medicine Group – Dr. Robert Doolan (Robert.Doolan@ucdenver.edu)** An excellent opportunity to participate actively in a busy 7 internist, 1 NP community-based practice located at 360 S. Garfield St, Suite 500, Denver, CO 80209. Our clinic is uniquely positioned as a CU School of Medicine clinic that is not located on the hospital campus. The clinic was in private practice until November 2015 when it joined CU. We have the benefit of running like a private practice, yet having the backing and resources of the University, including running Epic. We are also fortunate enough to have a case manager on site as part of the practice. Multiple opportunities to learn outpatient management, joint injections, skin biopsies, etc. Learn to code, refer, schedule testing, pre-authorize, use superbills, and understand the business of outpatient practice. Opportunity to participate in ongoing process improvement/PCMH meetings while at the clinic. 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. Site contact Dr. Robert Doolan, 303 315-6046, Robert.doolan@ucdenver.edu. **100% Ambulatory. (Rev 1/23/2018)**

• **MALIGNANT HEME & BMT at CBCI – Dr. Jeff Matous (Jeffrey.Matous@healthonecares.com)**: 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 with academic backgrounds 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, is extremely busy with great clinical exposure, 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. Tailored to the resident's needs. Great teaching. Anyone considering heme/onc fellowship would greatly benefit from this rotation. Those not also can learn a lot about diseases infrequently encountered on an inpatient service at other hospitals. We love to have residents- we love to teach and may try and talk you in to heme/onc! **50% Ambulatory Location: PSL Denver CBCI Ste 300 PP East (Rev. 1/23/2017)**

• **MEDICAL EDUCATORS ELECTIVE – Dr. Mel Anderson** This rotation is offered twice per year. The December dates are December 3rd – December 21st. Only 2 residents can be accommodated during session. The May dates are May 2nd – May 17th. 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 with 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
- 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.)

Non-clinical (Rev. 4/13/2018)

- **MEDICAL GENETICS – Dr. Matthew Taylor (scheduler Akemi.Iwanabe@ucdenver.edu)** -- During this unique rotation, residents will learn pedigree construction and interpretation, become familiar with available genetic tests, develop genetic counseling skills, and explore 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 slots are limited. As the rotation does not have a full clinical schedule all week, it may be necessary to add in some non-clinical time such as research days or other program-approved time in advance. **This rotation is very limited and may not be available in AY 2018-2019. Contact Akemi for availability in AY 2019 – 2020.**

- **MKSAP** 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 predetermined schedule. **50% Ambulatory** (Rev. 2/13/2018)

- **NATIONAL JEWISH CRITICAL CARE SERVICE AT ROSE MEDICAL CENTER – Dr. Elaine Schwartz SchwartzE@NJHealth.org** 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 (Rev. 3/9/09)**

- **Nephrology: Ambulatory** – Dr. James Cooper (James.Cooper@ucdenver.edu) Residents participating in the ambulatory nephrology elective will rotate through general nephrology clinics (5 half-days per week), renal transplant clinic (2 half-days per week), and home dialysis clinic (1 half day per week). Outpatient clinics take place at Denver Health Medical Center and The University Hospital. This diverse ambulatory experience will offer residents exposure to a wide variety of renal disorders commonly encountered in the ambulatory setting including chronic kidney disease, glomerulonephritis, nephrolithiasis, hematuria, proteinuria, hypertension, preparation for and management of end stage renal disease, as well as frequently encountered complications following renal transplantation. Residents will also participate in weekly attending didactic lectures and daily educational morning conferences. No night or weekend call. This rotation is ideal for residents pursuing a primary care pathway. **100% Ambulatory. (Updated 6/21/2017)**

- **Nephrology: Combined Consult/Ambulatory** – Dr. James Cooper (James.Cooper@ucdenver.edu) -- This elective is designed for medical residents wishing to gain further experience in both inpatient and outpatient-based nephrology. This rotation consists of: 1) 2 weeks of inpatient renal consult-based medicine at either Denver Health Medical Center or University Hospital where residents can expect to perform initial consults and follow up care for frequently encountered inpatient renal disorders as part of a team; and 2) 2 weeks of ambulatory nephrology and renal transplant clinic experience which involves a diverse combination of clinics at DHMC and UCH. This elective will provide opportunity for residents to become more familiar with a variety of renal disorders that commonly include acute kidney injury, chronic and end-stage kidney disease, proteinuria, hematuria, glomerulonephritis, acid base and fluid/electrolyte disorders, and post renal transplant immunosuppression and complications. Residents will also participate in weekly attending didactic lectures and daily educational morning conferences. Hours are 8 or 9am-5pm Monday-Friday without night or weekend call. This is an ideal rotation for residents contemplating a future fellowship in nephrology. **50% Inpatient, 50% Ambulatory. (Updated 6/21/2017)**

- **Nephrology: Inpatient Consult** – Dr. James Cooper (James.Cooper@ucdenver.edu) Residents rotating on the Nephrology Inpatient Consult Elective will work closely with the renal consult team at either Denver Health Medical Center or University Hospital. Residents will gain experience in the diagnosis and management of renal disorders and procedures frequently encountered in the inpatient setting that include acute kidney injury, fluid/electrolyte disorders, acid/base disorders, emergent hypertension, continuous renal replacement therapy, and renal biopsy. The high volume renal consult services at both DHMC and UCH offer exposure to a large variety of renal disorders commonly seen in both acute care and floor medicine settings. Residents will work as part of a team consisting of attending, fellow, and 0-2 medical students. Residents will also participate in weekly attending didactic lectures and daily educational morning conferences. Hours are 8 or 9am-5pm Monday-Friday without night or weekend call. This is an ideal rotation for residents pursuing the hospitalist track, or those interested in critical care or cardiology fellowships. **100% Inpatient. (Updated 6/21/2017)**

- **Medical Oncology** – Dr. Stephen Leong (Stephen.Leong@ucdenver.edu) – This is a 4-week outpatient elective at the University of Colorado Cancer Center which is an NCI-designated comprehensive cancer center and a member of the NCCN network. Residents will rotate through a variety of outpatient clinics gaining exposure to common solid tumor malignancies. Residents will learn about the etiology, epidemiology, molecular genetics, pathophysiology, clinical presentation, natural history, risks and benefits of various treatment options. 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 specific areas of interest. Dr. Leong is located in the RC1-S Room 8120, pager 303-266-3574, email stephen.leong@ucdenver.edu. **100% Ambulatory** (Rev. 1/23/2018)

- **Palliative Care and Hospice** – Dr. Jeanie Youngwerth (Jean.Youngwerth@ucdenver.edu or 720-848-8530) **Priority to PC.** This month is designed to provide the resident with exposure to both palliative care and hospice experiences, including inpatient/outpatient hospice, hospital palliative care consultative services (University Hospital with options for ambulatory care) and Denver Health (ambulatory or inpatient). 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.
Not available in July. Takes 1 resident at a time, 2 with special approval. **25 - 50% Ambulatory** (Rev. 1/22/2018)

- **PRIMARY CARE - PRACTICAL ORTHOPEDICS FOR INTERNAL MEDICINE** – Dr. Ted Parks  
  ([scheduler Akemi.Iwanabe@ucdenver.edu](mailto:scheduler Akemi.Iwanabe@ucdenver.edu)) **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, in addition to a half to one day Sports Medicine Clinic with Dr. Brad Changstrom. **66% Ambulatory** (Rev. 1/26/2018)

- **PRECEPTORSHIP INDIAN HEALTH SERVICE** ([scheduler Akemi.Iwanabe@ucdenver.edu](mailto:scheduler Akemi.Iwanabe@ucdenver.edu)): **Priority to PC & Upper Level Residents only.** Residents can take advantage of wonderful opportunities in Arizona, New Mexico, Cherokee and Alaska 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. Residents will 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. Vacation may not be allowed. **100% Ambulatory** (Rev. 1/12/2018)

- **PRECEPTORSHIP REFUGEE HEALTH** - Dr. Jamaluddin Moloo ([Jamaluddin.Moloo@ucdenver.edu & scheduler Akemi.Iwanabe@ucdenver.edu](mailto:Jamaluddin.Moloo@ucdenver.edu & scheduler Akemi.Iwanabe@ucdenver.edu)) **Priority to PC.** Global health - locally! Approximately 2500 refugees are resettled into the Denver metro region each year. The rotation will provide each of you with a unique perspective into the lives of refugee populations as well as a clearer understanding of the many social determinants of health. In conjunction with community based organizations you may participate in: Home visits, conducting educational workshops at senior centers serving refugee patients as well as assisting newly arriving refugees when they arrive at DIA. Your effort is invaluable to the patients we serve! Please page Dr. Moloo (303-266-0399) to discuss and to obtain approval to enlist in the rotation. **100% Ambulatory Location: community settings/outreach** (Rev. 1/23/2018)

- **PRECEPTORSHIP (RURAL) UNDERSERVED** ([scheduler Akemi.Iwanabe@ucdenver.edu](mailto:scheduler Akemi.Iwanabe@ucdenver.edu)) **Priority to PC.** 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. 1/23/2018)

- **PRECEPTORSHIP (URBAN) UNDERSERVED** ([scheduler Akemi.Iwanabe@ucdenver.edu](mailto:scheduler Akemi.Iwanabe@ucdenver.edu)) **Priority to PC.** Available at Denver Health and Hospitals Clinics, Refugee Clinic, Stout Street Clinic, MCPN, Wheat Ridge Regional Center and 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. 1/23/2018)

- **PRIVATE PRACTICE MONTH -- INTERNAL MEDICINE CLINIC** (Main office in PARKER, Satellite in AURORA) Drs. Aboaf, Burroughs, Gilmer  
  ([scheduler Akemi.Iwanabe@ucdenver.edu](mailto:scheduler Akemi.Iwanabe@ucdenver.edu)) **Available to PC only.** An excellent opportunity to participate actively in a busy 3 internist, 1 PA, 1 NP community-based practice located at Arapahoe and Potomac Street in Centennial 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 the CMS initiatives known as the Medicare Shared Savings Program (MSSP). We are also part of a large ACO managed by Physician Health Partners (over 200+ primary care physicians). 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. They are affiliated with the Medical Center of Aurora and Parker Adventist Hospital. **100% Ambulatory.** (Rev. 1/23/2018)
PRIVATE PRACTICE MONTH, KAISER – Dr. Meighan Elder (scheduler Akemi.Iwanabe@ucdenver.edu): Available to PC only. Kaiser Permanente is a non-profit integrated health system (primarily HMO with some PPO and high-deductible plans) caring for more than 450,000 members in 17 clinics throughout Denver and Boulder. Primary care internists host residents at their clinic site where the resident will work with 2-3 internists seeing patients, performing clinic-based procedures, attending CMEs and business-related meetings of interest. 100% Ambulatory. (Rev. 1/23/2018)

PRIVATE PRACTICE MONTH, ROSE - Drs. Mellman, Mangalik and Dawson (scheduler Akemi.Iwanabe@ucdenver.edu): Priority to PC. Busy private practice with former CU grads at Rose with the possibility of doing some treadmills during the month as well. 100% Ambulatory (Rev. 1/23/2018)

PSYCHIATRY FOR THE GENERAL INTERNIST – Dr. Karen Chacko (scheduler: Akemi.Iwanabe@ucdenver.edu) Priority to PC. 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, mix of 2 sites will be used to maximize the experience. Please request your preferred sites from Akemi Iwanabe.

*Didactic- if the resident does not have their IM Wednesday Morning Session, he/she will attend the psychiatry didactics at 500 Bldg on Anschutz Campus.

Clinic experiences can include:

**Denver Health** (Dr. Liz Lowdermilk) Intake evaluations, treatment of mental health conditions in primary care, common psychiatric diagnoses such as anxiety and mood disorders, substance use disorders, women’ health clinics for pregnant females, and psychiatric emergency services.

**University** (Dr. Brian Rothberg) 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.

**VA** (Dr. Mitzi Wasserstein) The C-L setting lends itself to a large variety of psychiatric issues and illness severity, which correlates well with the pathology that Internal Medicine residents will likely see in their future practice. In this setting, residents will get experience in diagnostic formulation, assessing for suicidality and violence, determining pharmacotherapy, and some basic principles of psychotherapy in patients with comorbid medical and mental health issues. Additionally, the C-L service conducts geriatric psychiatry consults for inpatient med/surg at the VAMC, so IM residents will be able to evaluate, assess and develop treatment recommendations for geriatric patients as well as younger veterans. The residents work on an interdisciplinary team along with Psychiatry attendings and residents, MSIII and MSIV students, and, intermittently, Pharmacy residents, Neurology residents, and Nursing students. This provides a valuable opportunity for collaboration and mutual education. Time is regularly set aside for seminars with attending psychiatrists covering major topics in psychiatry. Some outpatient mental health experience may be available upon request. 100% Ambulatory (Rev. 1/23/2018)

PSYCHIATRY INPATIENT – Drs. Erica Rapp and Thida Thant (Erica.Rapp@ucdenver.edu, Thida.Thant@ucdenver.edu and scheduler Kimberly.Slavsky@ucdenver.edu) - An opportunity for residents or fellows in other medical specialties to join the inpatient psychosomatic medicine psychiatry consultation team.

**Goals**

1. To become competent in identifying and treating behavioral and psychological symptoms associated with medical and / or psychiatric illnesses.
2. To understand normal versus abnormal responses to serious medical illness and end of life
3. To understand the basics of specific psychotherapeutic modalities.

Time frame: Rotation can be a block of 4-6 weeks or can be a day or 1/2 day over a year or 6 months. Further information / queries: Alison Heru MD, medical director psychiatry, psychosomatic medicine fellowship director. Tel: 303 724 4715. 100% Inpatient. (Rev. 5/30/2018)
- **PULMONARY CONSULTS ROTATIONS - Dr. Jim Maloney (James.Maloney@ucdenver.edu)** - These rotations are designed to allow IM residents that opportunity to acquire and develop skills in diagnosing and managing inpatients and outpatients (about 10% outpatient experience) with lung disease and critical illness requiring consultative care. There are no admit or discharge duties. Additional knowledge and skills will be acquired by seeing patients under the guidance and supervision of pulmonary and critical care attendings and fellows. Specifically, residents will consult on patients with COPD, pleural disease, PE, ILD, hemoptysis, respiratory failure, PHTN, pulmonary nodules and masses, and infections. Bronchoscopies on patients on the inpatient services or outpatients are also performed. Other procedures (intubations, chest tubes, thoracentesis, pleural imaging) are performed as well. This is a 5 day work week, non-call schedule. Residents are encouraged to attend all conferences offered by Pulmonary Sciences & Critical Care Division (Pulmonary Grand Rounds: Thursdays, 7:30am Heitler Hall National Jewish Health, UCH ILD Case Conference Fridays 1-2:30pm AIP2 5.516-5.517 if at UCH). For specific rotation requests or for additional information, please contact Dr Maloney, above. Two sites are available:

  - UCH pulmonary consults rotation: work directly with a 2nd or 3rd year fellow: bronchs, CCU intubations and vent management, general consults; attending also covers separate stepdown service but resident/fellow do not; some residents will like the UCH environment, upper year fellow teaching and experience; also an opportunity to attend subspecialty clinics (PHTN, PE-CTEPH, ILD, asthma) as pace of the service allows.
  - VA consult rotation: work with a 1st yr fellow, good mix of ICU and ward consults, bronchs, procedures, vent management, nodule clinic (Weds PM); there are 2 pulmonary fellows at VA and occasionally the 2nd year will cover the first year fellow and interact with the resident.

10% Outpatient (Rev. 4/25/2018)

- **PULMONARY OUTPATIENT – Dr. Abigail Lara (Abigail.Lara@ucdenver.edu)** – This outpatient elective is designed to provide IM residents with a broad experience in general pulmonary medicine, as well as, augment their experience with highly specialized areas of pulmonary medicine. Residents will spend one week in General Pulmonary Clinic, Pulmonary Hypertension clinic and Lung Transplant clinic. The clinics run Monday – Friday 8:30am to 5pm. Residents will work predominantly with P/CCM faculty, as well as, P/CCM fellows. Case load of patients vary, but will typically review 1 new patient and 2-4 follow-up patients. Residents are encouraged to follow patients for procedures (i.e. bronchoscopy, whole lung lavage, etc.). Residents are encouraged to attend all conferences offered by DOM (Grand Rounds Wednesday noon) and Pulmonary Sciences & Critical Care Division (Pulmonary Grand Rounds: Thursdays, 7:30am Heitler Hall National Jewish Health, UCH ILD Case Conference Fridays 1-2:30pm AIP2 5.516-5.517). For specific rotation requests or for additional information, please contact Cheryl.Loudd@ucdenver.edu. 75% Outpatient (Rev. 1/30/2018)

- **REHAB MEDICINE – Dr. Elizabeth Knight (Elizabeth.Knight@va.gov)** This is an ambulatory rotation with Physical Medicine and Rehabilitation at the Veterans Administration Medical Center. Internal medicine residents will have the opportunity to hone their skills in musculoskeletal evaluation and clinic-based procedures, and gain exposure to electrodiagnostic medicine and interventional spine procedures. If interested, residents may also participate in clinics directed at chronic pain management, traumatic brain injury, spinal cord injury, multiple sclerosis or amputee care. Not available in July, October or December. 100% Ambulatory. Location: Denver VA Medical Center, 2C-101 (Rev. 1/29/2018)

- **RESEARCH, PRIMARY CARE – Drs. Joseph Frank and Jacinda Nicklas (Joseph.Frank@ucdenver.edu, Jacinda.Nicklas@ucdenver.edu and scheduler Akemi.Iwanabe@ucdenver.edu): Available to PC only.** The objective of participating in primary care research is to allow residents exposure to the process of conducting research while exploring issues that are relevant to them. As a secondary objective, we encourage presentation of research results at regional or national meetings as well as publication in a peer-reviewed journal. Suggested objectives for the initial research month include: 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 (can include working with a statistical analyst) and interpretation, 3) Preparation of abstract/manuscript, 4) Preparation for abstract presentation at a meeting. Other objectives, including work on existing projects, will be reviewed on a case-by-case basis. Prior to beginning the research month, residents must identify a research mentor who will be able to work closely with them to achieve the above goals. Drs. Frank and Nicklas provide oversight to the research program and can assist in identifying research mentors, defining projects and obtaining research funding. They will also be available to provide study design and analytic advice. 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 approved by Dr. Frank or Dr. Nicklas at least 60 days prior to the rotation. This step is to ensure your research project is appropriate for a resident, including feasibility within the length of time available. We also want to ensure that any necessary regulatory requirements for the research are in place. It is always a good idea to also speak to other residents who have been involved in research about their experiences. **Non-clinical (Rev. 2/1/2017)**

- **RESEARCH – Dr. Brian Graham** 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. Residents are encouraged to speak to more than one prospective mentor. You are welcome to participate in basic or clinical research.

We have identified “resident research liaisons”: faculty in each specialty who can direct residents to research mentors who have a track record of success; the list of these faculty is located at the bottom of this page: [http://www.ucdenver.edu/academics/colleges/medicalschool/departments/medicine/intmed/imrp/RESOURCES/fellowship/Pages/Contacts-for-Research-Projects-by-Division.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/departments/medicine/intmed/imrp/RESOURCES/fellowship/Pages/Contacts-for-Research-Projects-by-Division.aspx)

We also annually survey the faculty for those who are interested in mentoring residents; this is indexed by division or research category, and online at this page: [http://www.ucdenver.edu/academics/colleges/medicalschool/departments/medicine/Pages/Research-Projects-with-Residents-and-Students.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/departments/medicine/Pages/Research-Projects-with-Residents-and-Students.aspx)

Residents are also welcome to talk with Dr. Graham, their APD, or others about choosing a mentor. 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. Graham at least 60 days prior to the rotation. This elective form is available at this page: [http://www.ucdenver.edu/academics/colleges/medicalschool/departments/medicine/intmed/imrp/FORMS/Pages/Research-Approval-Form.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/departments/medicine/intmed/imrp/FORMS/Pages/Research-Approval-Form.aspx)

This approval process 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. All residents who complete a research elective are strongly encouraged to submit an abstract to a national conference and attend the conference and present their work as a poster or oral presentation. Funds are available to attend conferences to present your work; the form (pay attention to the details!) is here: [http://www.ucdenver.edu/academics/colleges/medicalschool/departments/medicine/intmed/imrp/FORMS/Pages/default.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/departments/medicine/intmed/imrp/FORMS/Pages/default.aspx)

It is hoped that you will also be able to publish your work in a peer reviewed journal. Other types of scholarly work can be a “progress report” for projects that are still ongoing, an IRB submission packet, clinical protocol, review article, 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. You may also be asked to give a 10 minute presentation during Wednesday Educational Sessions on your research. Non-clinical (rev 1/23/2018)

- **RHEUMATOLOGY Outpatient – Dr. Jennifer Stichman (Jennifer.Stichman@dhha.org) & scheduler Becky.Alberti-Powell@ucdenver.edu** During the elective rotation in Rheumatology, residents will attend 6 half-day clinics at University of Colorado Hospital (Anschutz Outpatient Pavilion), the Denver VAMC, and Denver Health. Residents will work in clinic alongside medical students and rheumatology fellows. 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. If a resident has interest, there are opportunities to spend time in autoimmune lung clinic or spondyloarthropathy clinic if arranged in advance. Residents will attend the weekly Tuesday morning Rheumatology Division grand rounds and teaching conferences, except during the summer. There is no night or weekend call. Location: UCH (AOP), Denver VA, Denver Health. 100% Ambulatory (rev 1/8/2019)

- **RHEUMATOLOGY ACUTE CARE ROTATION – Director: Dr. Kevin Deane (Kevin.Deane@ucdenver.edu)** Rheumatology encompasses a wide range of autoimmune and inflammatory diseases. The majority of rheumatology clinical practice is performed in the outpatient setting; however,
many interesting and acutely ill patients with rheumatic diseases are seen on the inpatient service, and as emergent outpatient evaluations. These diseases include severe lupus, vasculitis, or complications of immunosuppressive therapy such as infection that, because of the relative rarity of these conditions, a resident may not otherwise encounter during their training. In addition, inpatients and emergent outpatients are often patients that require joint aspiration for diseases such as crystalline arthropathy. EDUCATIONAL GOALS: The resident will learn the appropriate evaluation and management approaches for patients with rheumatic diseases with a special focus on those patients that are acutely ill. This can include evaluations for vasculitis or lupus that include biomarker testing, imaging and tissue biopsy, and management strategies for patients with acute rheumatologic illness including but not limited to high-dose corticosteroid therapy, plasmapheresis and other forms of immunomodulation, as well as perioperative management of patients with rheumatic disease. In addition, the resident will learn the rationale, techniques and appropriate testing (e.g. synovial analyses) related to joint aspiration. This education will be applicable to residents interested in rheumatology as a career, as well as residents who may choose to do hospitalist medicine where familiarity with inpatient management of rheumatic diseases and joint aspiration will be of benefit. SCOPE OF WORK AND TIME COMMITMENT: For this rotation, the resident will serve as the primary rheumatology consultant for patients assigned to them. They will work with the rheumatology fellow to identify patients that the resident will evaluate on either an outpatient or inpatient basis. The resident will then perform the initial evaluation and discuss the diagnostic and management plan with the rheumatology fellow and attending, follow the patients as appropriate, and performing appropriate medical documentation. It is estimated that the resident will spend ~60% of their time performing urgent outpatient evaluations (clinic or emergency room), and 30% with inpatient evaluations. In addition, they will have approximately ½ day a week of rheumatology education (MONDAY AM lectures and TUESDAY AM conferences). Based on the current monthly average of inpatient and emergent outpatient rheumatology consults, outside of the scheduled clinics, it is estimated that the resident will evaluate approximately 20 patients monthly (10 inpatient and 10 emergent outpatient), and perform approximately 4 joint aspirations/injections. The resident’s duty hours will be approximately 730 AM to 530 PM Monday through Friday. They will NOT perform overnight or weekend call. Of note, this rotation is separate from the rheumatology outpatient elective rotation. 70% Ambulatory (Rev. 1/22/2018)

- **SYSTEMS BASED PRACTICE (scheduler Akemi.Iwanabe@ucdenver.edu):** Offered once a year in spring. Priority to PC. Residents learn about the health care system, participate in high level medical decision meetings, and meet many of the people around town who make policy decisions. Designed to give residents a glimpse “behind the curtain” of how the health systems around us are driven, financed, operated, and managed. We 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”, how are coverage decisions made and who is making them?) This elective is more didactic-heavy and relies on the ability to gather residents in group on the same days to meet faculty and providers. In order to maximize the experience, advanced arrangement and coordination is required. Please contact Akemi.Iwanabe@ucdenver.edu for availability. Non-clinical (Rev. 1/3/2018)

- **TRANSITIONS OF CARE – Dr. Chi Zheng (Chi.Zheng@dhha.org) and Dr. Alisha Skinner (Alisha.Skinner@dhha.org)** Priority to upper level PC and HTT residents. Transitions of care are vulnerable times for our patients due to changes in location of care as well as the corresponding care providers. This elective is designed for residents interested in careers in general internal medicine, hospital medicine, primary care as well as subspecialties that have a large inpatient practice such as cardiology, pulmonology, oncology, GI and nephrology. This elective provides a mixture of clinical and didactic learning. The focus will be on the care for medically complex “superutilizers” in the Intensive Outpatient Clinic and on patients being discharged from Denver Health in a newly created DH post-discharge clinic. There will be options to tailor additional experiences to the resident’s interests (e.g. home visits, medical respite and Healthy Hearts Clinic). Given this rotation is based at Denver Health, there will also be an education component that focuses on transitions of care for the underserved. The didactic components will include topics such as readmission risk assessment, interventions and bundles aimed at reducing readmissions, disease states that have been targeted, optimal communication around discharge, how to improve hospital-primary care relationship and physician satisfaction, as well as optimal opioid prescribing during the transitions period. Residents interested in procedures will also have the opportunity to perform procedures in the post-discharge clinic and IOC. Residents will have ample time for self-directed learning as well as opportunities for career mentorship in general internal medicine. There is no weekend or evening call on this rotation. 100% Ambulatory (New 1/19/2018)

- **MASTER CLINICIANS ELECTIVE ULTRASOUND - Integrated Hypothesis-Based Physical Exam & Point of Care Ultrasonography in bedside Diagnosis. Co-Directors: Gerard Salame, MD; Cason Pierce, MD; Joseph Walker Keach, MD; Maria (Gaby)Frank MD (Contact: Joseph.Keach@dhha.org)**

This three-week elective will be targeting internal medicine residents. It will include didactic and hands-on
involves diagnosis and treatment of sexually transmitted infections, performance of well-woman
examinations, and the management of chronic gynecologic conditions. This rotation is Monday-Friday with
weekends off. Rotation will run twice every year. It will be a 3-week rotation, with a requirement to take a vacation at
the beginning or end of rotation. **Next Start dates: TBD. 67% Inpatient; 33% Ambulatory (Rev. 1/17/2018)**

- **UCH NEURO – Dr. Jennifer Simpson (Jennifer.Simpson@ucdenver.edu)** - This 2-week rotation includes neurology experiences on the inpatient neurology services at the University of Colorado Hospital. Hostipalist residents will focus on the subspecialty of stroke, working with neurohospitalists on the stroke service. Non-HTP residents may have an experience on either the stroke or general neurology services. This rotation emphasizes the neurologic exam, differential diagnosis, interpretation of neuroimaging, and therapeutic approach. Two half-days per week will be dedicated to the outpatient clinic experience. With advance notice, specific neurology subspecialty experiences can be arranged. Residents are invited to attend neurology resident didactic sessions and stroke didactics and stroke case conferences. A curriculum with suggested readings covering the intersection of internal medicine and neurology will also be provided. PGY2 hospitalist residents will pair the 2-week UCH Neuro rotation with a 2-week UCH Consults rotation. Non-HTP residents are encouraged to do the same. This rotation is Monday-Friday with weekends off. Non-HTP residents may take vacation during this rotation. **25% Ambulatory Location: UCH (Rev. 1/22/2018)**

- **UCH CONSULTS – Dr. Mary Anderson Wallace (Mary.Wallace@ucdenver.edu)** - This rotation 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 services. Residents will divide their time between (1) general medicine consultation, (2) co-management of orthopedic patients, and (3) co-management of urology patients. This clinical experience emphasizes good communication skills, the art of consultation, pre-operative evaluations, and post-operative medical management. A separate PGY2 and PGY3 formal curriculum is utilized in didactic sessions. PGY2 hospitalist residents will pair a 2-week UCH Consults rotation with the 2-week UCH Neuro rotation. PGY3 hospitalist residents will complete a 4-week UCH Consults rotation, which includes a 1-week ambulatory “Stroke Systems of Care Curriculum,” with experiences on telestroke, on an acute rehabilitation unit, in physical therapy clinic, and in stroke clinic. Non-HTP residents are encouraged to take the UCH Consults rotation either as a 2-week elective (ideally paired with UCH Neuro) or as a 4-week elective. This rotation is Monday-Friday with weekends off. Vacation may be taken during 4-week but not 2-week rotations. **25% Ambulatory for HTP residents; 0% Ambulatory for non-HTP residents (Rev. 1/22/2018)**

- **WOMEN’S HEALTH/NEUROLOGY - Drs. Carol Stamm, Katherine Anderson, Michael McDermott, Lynn Barbour, John Slocumb and colleagues (Carol.Stamm@ucdenver.edu and scheduler Akemi.Iwanabe@ucdenver.edu) : Available to PC only.** 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 Uptown 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. 1/23/2018)

- **WOMEN'S HEALTH ADVANCED STUDIES AND/OR RESEARCH – Dr. Carol Stamm** (Carol.Stamm@ucdenver.edu and scheduler Akemi.Iwanabe@ucdenver.edu) Priority to PC. 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. 1/23/2018)

- **VA PRIMARY CARE SUBSPECIALTY BLOCK – (Scheduler Akemi.Iwanabe@ucdenver.edu)**: Currently not accepting residents. This is a 1 to 6 month block of subspecialty clinics (in the 4+1, residents will spend 4 months on this and then 1 month in their continuity clinics as usual.) The VA R3 block is an opportunity for residents interested in primary care to spend 1- 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 project. Furthermore, 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 the VA course director AND Dr. Chacko. 100% Ambulatory (Rev. 1/12/2018)

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INTERNATIONAL ROTATIONS

**GUATEMALA** for up to 13 residents per year (one per 4 week block), conversational Spanish required. This program includes room and board.

The Guatemala (Trifinio) Global Health Elective is at the Southwest Trifinio outpatient clinic site located 45 minutes south from the town of Coatepeque, Quetzaltenango, Guatemala. The area is located in the coastal lowlands, home to approximately 23,000 people from 20 different communities. The Center for Global Health and the Jose Fernando Bolaños Foundation have developed a clinic and community programs in the area. The clinic serves a population of banana plantation workers and mostly their families (maternal health and pediatrics). Rotators will also include pediatric and family medicine residents. For more details see http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/globalhealth/education/Pages/GLOBAL-Health-Elective.aspx

There is a GME requirement that residents give a presentation upon returning from an international rotation. Upon return, residents are to arrange with the Chief Residents to present during a resident conference at UCH, DH or PSL. Please advise Nicole Goodwin and Suzanne Brandenburg of scheduled presentation dates. (Rev. 1/31/2018)

Application can be found here: http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/globalhealth/education/Documents/Guatemala%20GHA%20Elective%20Application%20Form.pdf

**ZIMBABWE** - Colorado-Zimbabwe International Exchange (CoZIE) program in Harare, Zimbabwe: for 2 to 4 residents per academic year interested in a resource poor mostly inpatient clinical experience with a commitment to teaching medical students and other learners. This program includes airfare and housing (additional positions may be available that include housing only).

CoZIE is a bilateral exchange program between the Department of Medicine in the University of Colorado School of Medicine (DOM UCSOM) and the Department of Internal Medicine in the University of Zimbabwe College of Health Sciences (UZCHS). UZCHS is a medical school in an urban resource poor setting.
Residents who participate in this elective will work in teams with UZCHS faculty, residents and medical students. The objectives of CoZIE are:

- Provide meaningful exposure to healthcare provision in resource diverse academic settings.
- Model modern methods of clinical teaching.

There is a GME requirement that residents give a presentation upon returning from an international rotation. Upon return, residents are to arrange with the Chief Residents to present during a resident conference at UCH, DH or PSL. Please advise Nicole Goodwin and Suzanne Brandenburg of scheduled presentation dates. (Rev. 1/29/2018)

Zimbabwe GHA Elective Application