

General Medicine [R1, R2, R3 years]

The in-patient ward service comprised of two interns, one senior resident, medical students, pharmacy students/residents/attending pharmacist and a faculty attending occurs at Providence Sacred Heart Medical Center. The faculty's sole responsibility is to provide clinical teaching and patient management supervision. Patients come from emergency room admissions, our residency clinic and transfers from rural community hospitals. Residents caring for patients in the hospital often follow unassigned patients after discharge in their own continuity clinic.

- We have two services [orange & green] and proudly provide care for the majority of poor and underserved patients in our region.
- The breadth of disease is extraordinary with many complex patients that allows for development of triage skills, differential diagnosis and generation and practice in cost conscious medicine.
- These are 6 day rotations, working M-F and either Saturday or Sunday.

Purple Team [R1s, R2s]

This team consists of one senior, one intern, one medical student and one faculty attending. While patient care remains a corner stone, the team was created to develop the teaching and leadership skills of a new senior resident. The team provides graduated responsibility in providing interns with the transition from medical student to physician from intern to senior resident. Purple is an admissions-only team to allow residents to hone their triage skills and expand their clinical reasoning.

Night Float [R1, R2, R3 years]

We utilize four-week block rotations of night float. Residents assigned to the night float rotation work Sunday through Thursday from 1730-0700.

Friday and Saturday nights are covered by residents on elective or ambulatory rotations. Night shift pairs two R1s with a senior resident. The residents are responsible for cross-coverage of the housestaff teams, new patient admissions and running codes. Additionally, every intern also completes a rotation of ICU nights.

ICU [R1, R2, R3 years]

The ICU rotation occurs at Providence Sacred Heart Medical Center [PSHMC]. The team consists of two interns and a senior resident working under the supervision of intensivist faculty. Residents learn a multisystem approach to managing critically ill patients including ventilator management.

- The ICU utilizes a collaborative approach to bedside rounding and includes: nursing, pharmacy, social work, nutrition and chaplains.
- The ICU has 26 beds, CICU has 28 beds
- This is a six day a week rotation which includes M-F days and either Friday day or Saturday night for R1 call
- Many procedures are performed during this rotation [eg, central lines, arterial lines, endotracheal intubation]
- The ICU residents provide the primary code coverage during the day enabling them to be first responders, diagnosing and treating critically ill patients.
- Residents will have experience with trauma, transplants [heart, kidney, pancreas] and mechanical heart patients.

ICU Night Float [R1 year]

All R1s do an ICU night shift rotation with supervision by an in-house intensivist faculty. The intern works Sunday night through Thursday night from 1730-0700. Many procedures are performed during this rotation.

In addition, continued development of critical thinking skills occurs as residents respond to codes and rapid response situations.

Ambulatory [R1, R2, R3 years]

The Clinic provides a longitudinal experience for patient care. Each resident has their own patient panel and is responsible for the preventative, acute and chronic care of these patients. The residents are assigned to work with one primary Medical Assistant so they can develop an efficient working relationship. When they start, interns will have a month long orientation to clinic in either rotation #1 or #2. Generally, residents do not have clinic assignments when on housestaff or ICU at Providence Sacred Heart unless they are out of clinic for a long period of time and it is needed to ensure appropriate care for their clinic panel.

Cardiology [R1, R2, R3 years]

An active contingent of cardiologists and cardiothoracic surgeons has made Spokane a prominent center for the diagnosis and treatment of cardiovascular disease. Residents work with one of several teaching cardiology groups.

- For the R1s and R3s this is a hospital service with both ward and CICU patient management experience. PSHMC is home to advanced cardiac procedures such as transplant, LVAD and TAVR.
- The R2 gains additional experience in outpatient cardiology consultations and procedures when working in a cardiology clinic.
- Additional elective opportunities exist in the CICU and with the advanced heart failure team.

Consult Medicine [R2 year]

This experience with the hospitalist service is designed to enable residents to become more familiar with the role and function of hospitalist physicians as consultants. The rotation focuses on preoperative evaluation and risk assessment and covers a number of topics related to the medical co-management of patients and peri/post-operative care.

This is a 5-day per week rotation with continuity clinic on Mondays. A checklist is given to the residents as they rotate through the consult attendings to ensure adequate coverage of pertinent topics, such as.

- Congestive heart failure
- Coronary artery disease
- Diabetes Mellitus (insulin and oral agents)
- Valvular heart disease (particularly aortic and mitral stenosis)
- COPD / Asthma
- Bleeding diatheses
- Anticoagulation
- Appropriate DVT prophylaxis
- Necessity of routine preoperative testing
- Prevention and management of postoperative delirium
- Evaluation of post op fever

Deaconess Hospitalist Medicine [R1 year]

Occurring at Deaconess Medical Center, this rotation provides additional inpatient experience for the intern while working with the hospitalist team. This can also be an elective for a senior resident.

Dermatology

Residents are provided a framework for the diagnosis of skin disease. Common outpatient dermatologic procedures are taught and performed.

Electives

The American Board of Internal Medicine [ABIM] limits a resident to no more than six rotations in fields not considered part of traditional internal medicine. We advise and assist residents in choosing electives to make sure they meet ABIM standards and are ready for certifying exams. Some of the electives include: outpatient gynecology, hepatology, radiology, transplant, orthopedics, ENT, anesthesia, palliative care, ethics.

Emergency Medicine [R1 year]

Emergency medicine training is completed at Providence Sacred Heart Medical Center [PSHMC] under the supervision of board certified emergency physicians. The training exposes residents to a wide variety of common acute general medical problems, as well as experience in managing patients with multi-system problems that arrive at this Level II Trauma hospital.

- This additional experience managing more acute medical problems allows our residents a greater degree of comfort when confronted with the broad spectrum of medical emergencies. This has been a valuable educational experience should the resident end up practicing rurally, internationally or in urban areas.
- The resident is the first physician to begin the evaluation of the patient. They will develop the initial assessment which is then discussed with the ED physician. Together the plan is finalized.
- The PSHMC Emergency Department includes a fast track section, a children's ED and psychiatry triage.

Endocrinology

This outpatient rotation focuses on assisting residents with diagnosis of complex endocrine diseases. The majority of the rotation is devoted to helping residents refine their skills in treatment of diabetes and thyroid disease, hypogonadism, adrenal disease and hypercalcemia among others.

Gastroenterology

The resident on this hospital rotation works one-on-one with a gastroenterologist seeing patients with a broad spectrum of clinical GI problems.

Management of patients on the service is the responsibility of the resident with supervision and direction from the gastroenterologist. Residents also have the opportunity to observe an array of advanced procedures including ERCP, EUS and balloon enteroscopy.

Geriatrics [R2 year]

While we care for many geriatric patients in our continuity clinic, a structured geriatrics rotation provides a framework for comprehensive management. These patients typically have multiple comorbid conditions, many of which may compete with one another. Older patients present unique challenges which are addressed in this required rotation. In addition, end of life issues will be explored with an introduction to hospice and palliative care.

Core topics include:

- Dementia/delirium
- Polypharmacy
- Incontinence
- Mobility/falls

- Osteoporosis
- Challenges faced by different geriatric populations (community dwellers compared to nursing home resident)

Hospitalist Rotation [R3 year]

During this 4-week exposure to hospitalist medicine, senior residents work directly with an attending Faculty Hospitalist. With supervision, the resident is the primary physician for a team of approximately 10 hospitalized patients with varied medical problems; they often work with subspecialty consultants and gain skills in interprovider communication and coordination of care. The fast pace of this rotation helps residents work on organization and efficiency.

- Residents work within a multidisciplinary care team to provide excellent care to their patients, including utilizing the skills of the hospitalist teams' Care Transition Coordinators to help coordinate patients' transitions of care.
- Residents also have the option of spending a week doing hospitalist admitting shifts.
- The schedule is designed to mimic a typical hospitalist schedule:

Week 1: Monday—IMR clinic; Tues-Sun—Hospitalist Service 7AM-7PM
Week 2: Monday—Hospitalist Service; Tues—AM IMR clinic; Wed-Sun—OFF
Week 3: Monday—IMR clinic; Tues-Sun—Hospitalist Service 7AM-7PM
Week 4: Monday—Hospitalist Service; Tues—AM IMR clinic; Wed-Sun--OFF

Infectious Disease [R2 year]

This inpatient rotation is a consultative service. The resident learns to perform a thorough physical exam with infectious etiologies in mind. The resident also learns to communicate his/her conclusions to the referring physician succinctly. Each resident physician leaves this service with a secure “framework” for choosing antibiotics.

Nephrology

This is primarily an inpatient rotation. The resident assists with admissions and consultations for critically ill patients. The intricacies and indications for dialysis are explored. Ongoing care of the chronic kidney disease patient from an internist's perspective is an important aspect of this rotation.

Neurology – [R1, R2 or R3]

Each resident completes 1-2 neurology rotations at least one of which occurs in the inpatient setting. Read more....

- Goals include:
 - Efficient, nuanced neuro exam
 - Mastery of common outpatient neurologic diseases
 - Rapid diagnosis/treatment of coma, CVA, tumor, other neurologic emergencies
 - Lumbar puncture proficiency

Oncology/Hematology [R2 or R3 year]

Primarily an office based rotation. This rotation explores the diagnosis and treatment of common oncologic and hematologic diseases. The resident works with all aspects of the care team to provide care – nursing, social workers, pharmacists, oncologists and radiation oncologists. PSHMC is a stem cell transplant site. This gives residents the opportunity to care for immunocompromised patients.

DMC ICU [R3]

Occurring at Deaconess Hospital, this rotation assists the senior residents to consult on the most critically ill patients. The senior resident leads a team of interns and supervision is provided by intensivists and Pulmonary/Critical care physicians.

Pulmonology Outpatient [R2 or R3]

The resident provides consultation for a variety of pulmonary diseases as well as ongoing care for the most difficult to treat pulmonary problems. Residents will develop continuing skills in interpreting PFTs. An introduction to Sleep Medicine is also included.

Psychiatry Consultation [R2]

This is an inpatient service. Psychiatric diseases are a common internal medicine problem. This rotation assists the resident to provide consultation for hospitalized patients.

Goals include:

- Honing of psychiatric history taking
- Developing psychiatric diagnostic skills
- Framework for psychiatric medication prescribing
- Understanding of psych resources in the community

Rheumatology

The rheumatology rotation occurs in an outpatient setting. The resident is exposed to common rheumatologic diseases and often performs diagnostic and therapeutic joint-based procedures.

Systems of Medicine [SOM] [R2]

This is a 2-week seminar in which senior residents expand their knowledge of the many systems in place that affect healthcare.

This rotation focuses on:

- patient safety
- quality improvement
- healthcare disparities
- provider well-being
- professionalism
- working within interdisciplinary teams.

Residents from multiple residency programs [IM, Psych & TY] come together for this learning experience.