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General Medicine [R1, R2, R3 years]

The in-patient ward service comprised of two interns, one senior resident, medical students, pharmacy students/residents/attending and a single 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 [R1, R2 years]

This team consists of one R2, 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 transition from medical student to physician and from intern to senior resident.

A few of the teaching topics include:

- One minute preceptor
- Goal setting for a team
- Motivational interviewing in the hospital
- Inpatient efficiency
- Physical exam teaching using the Stanford 25 Curriculum
- How to give feedback
- Topic presentation for teaching conference using Spokane 10
- How to give bad news; family conferences
- Evidence-based medicine with journal articles
 - Faculty assisted selection and personal feedback about critical article appraisal

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 electives or ambulatory. Night float pairs two R1s with a senior resident. The residents are responsible for cross-coverage of the 3 housestaff teams as well as new patient admissions. Additionally, every intern also completes a rotation of ICU night float.

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 [many rooms have been newly remodeled]
- This is a six day a week rotation which includes M-F days and either Friday or Saturday day/night
- Many invasive procedures are performed during this rotation
- 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, transplant (heart, kidney, pancreas) and mechanical heart patients.

ICU Night Float [R1 year]

All R1s do an ICU night float 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 occur 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 are responsible for the preventative, acute and chronic care of these patients. The residents work with one Medical Assistant so they can develop an efficient working relationship. Residents will have a month long orientation to the clinic in either Rotation #1 or #2 in their intern year. Typically residents do NOT have clinic assignments when on inpatient services at Providence Sacred Heart.

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 has many, busy cath labs and is also home to advanced cardiac procedures such as transplant, LVADs and TAVRs.
- The R2 gains additional experience in outpatient cardiology consultations and procedures when working in a cardiology clinic.

Consult Medicine [R2 year]

This experience with the Faculty 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. 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	Anticoagulation
Coronary artery disease	Appropriate DVT prophylaxis
Diabetes Mellitus (insulin and oral agents)	Necessity of routine preoperative testing
Valvular heart disease (particularly aortic and mitral stenosis)	Prevention and management of postoperative delirium
COPD / Asthma	Evaluation of postoperative fever
Bleeding diatheses	

Deaconess Medicine [R1 year]

Occurring at Deaconess Hospital, this rotation provides additional inpatient experience for the intern. The traditional team model, interns, senior resident and attending is used. The intern will work in the ICU and on the inpatient wards.

Dermatology [R1 year]

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

Electives [R1, R2, R3 years]

Electives include outpatient gynecology, hepatology, radiology, transplant, orthopedics, ENT, anesthesia, palliative care, ethics and others.

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 which might be encountered should they find themselves practicing in more isolated locations [rural communities or foreign countries as opposed to urban areas] or in tertiary hospitals.
- 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 has recently been remodeled and includes a fast track section, a children's ED and psychiatry triage.

Endocrinology [R2 or R3 year]

This outpatient rotation focuses on assisting residents with diagnosis of complex endocrine diseases. The majority of the rotation is devoted to helping residents hone their skills in treatment of diabetes and thyroid disease.

Gastroenterology [R1 year]

The R1 on this hospital rotation works one-on-one with a gastroenterologist seeing patients referred for consultation. A broad spectrum of clinical GI problems is covered.

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. Residents work with the hepatobiliary surgeons as well as hepatology.

General Internal Outpatient Medicine [R2 year]

Each R2 has two weeks to experience ambulatory medicine in a variety of clinical environments. Residents can rotate at the VA, Providence clinics and other private practice models. The experience allows the resident to participate in the fulfilling long-term relationships between PCP and patient in a very efficient, busy outpatient clinic.

Geriatrics [R2 year] - VA

While a large number of patients that internists care for are “older” and in the “geriatric age group”, 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, completed at the VA Hospital. 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. Residents are also exposed to various systems of medicine including value-based purchasing and hospital billing. The fast pace of this rotation helps residents work on organization and efficiency.

- Residents have the opportunity to 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.
- All residents work on a unit-based rounding team and participate in multidisciplinary discharge planning meetings.

- 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—IMRS clinic; Tues-Sun—Hospitalist Service 7AM-7PM

Week 2: Monday—Hospitalist Service; Tues—AM IMRS clinic; Wed-Sun—OFF

Week 3: Monday—IMRS clinic; Tues-Sun—Hospitalist Service 7AM-7PM

Week 4: Monday—Hospitalist Service; Tues—AM IMRS clinic; Wed-Sun--OFF

Infectious Disease [R2 year]

This inpatient rotation uses a multi-hospital consult team and works with the Antimicrobial Stewardship pharmacy team. 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 [R2 or R3 year]

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 2 neurology rotations at least one of which occurs in the inpatient setting.

- 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]

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. PHSMC is a bone marrow transplant site allowing residents to care for immunocompromised patients.

Psychiatry Consultation [R2 year]

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

Pulmonology [R2, R3 year]

Inpatient pulmonology occurs at Deaconess Hospital during the R3 year. 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.

Outpatient pulmonology. The resident provides consultation for a variety of pulmonary diseases as well as ongoing care for the most difficult to treat pulmonary problems during the R2 or R3 year. Residents will develop continuing skills in interpreting PFTs. An introduction to Sleep Medicine is also included.

Rheumatology [R2 or R3 year]

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

Systems of Medicine [SOM] [R2 year]

This is a 2-week seminar in which senior residents expand their knowledge of patient safety and quality improvement as well as gain a more in-depth view of patient perspective through computerized modules, faculty-and-staff moderated discussion and didactics.

Residents apply models of patient safety to different scenarios in mock root cause analyses and demonstrate understanding of institutional safety resources. In teams, they identify and develop a QI project with a faculty mentor. Residents gain a non-physician perspective of the institutional systems of medicine in place by:

- 1) Attending meetings with key players to better understand institutional workflow/processes.
- 2) Rounding with nurse leaders on hospitalized patients to better understand patients' hospital experiences.
- 3) Broadening understanding of socioeconomic disparities and how they relate to health outcomes.

Other topics of study:

- IHI module discussion
- Utilization review
- Mortality audits
- Risk management
- Peer review