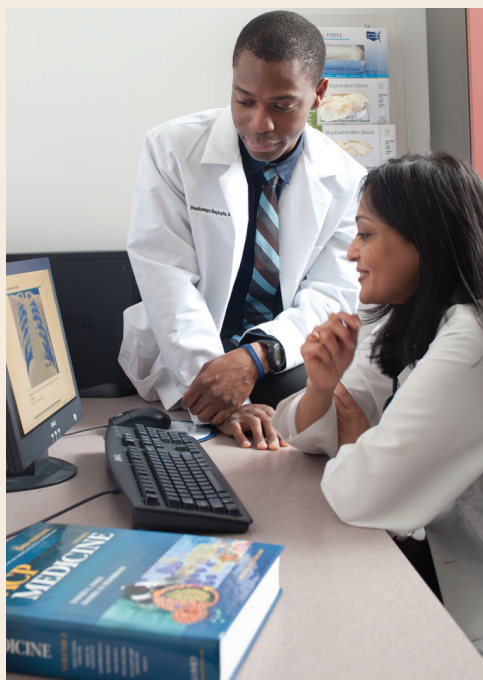


MEDICINE-PEDIATRICS



WESTERN MICHIGAN UNIVERSITY HOMER STRYKER M.D. SCHOOL OF MEDICINE (WMed) MEDICINE-PEDIATRICS RESIDENCY PROGRAM OFFERS AN INTEGRATED EDUCATION, TEACHING RESIDENTS BOTH THE SIMILARITIES AND SUBTLE DIFFERENCES OF INTERNAL MEDICINE AND PEDIATRICS.

WMed Medicine-Pediatrics residents experience a learning environment that is challenging, patient-focused, and offers the latest in state-of-the-art technology. Our residents are committed to providing comprehensive and compassionate patient care while building a strong foundation that will allow them to pass both specialty board exams, enter a fellowship, join the military, work in public health, or develop a successful Medicine-Pediatrics practice.



EXCELLENCE IN MEDICINE-PEDIATRICS

THE CURRICULUM

Our Med-Peds curriculum is divided into three academic levels. This design provides opportunities to practice internal medicine and pediatrics in both inpatient and outpatient settings, including a combined Med-Peds continuity clinic, and in every season of the year. All pediatric inpatient rotations are done at Bronson Children's Hospital.

LEVEL 1 (17 BLOCKS)

Med-Peds rotation may be used to help reduce stress involved with the switch from the first specialty to the second. First-year residents rotate between specialties every three blocks.

PEDIATRICS		MED-PEDS		INTERNAL MEDICINE	
Wards	3 blocks	Ambulatory	1 block	Wards	4 blocks
NICU	1 block	Emergency Med.	1 block	ICU/CCU	1 block
Outpatient Peds	1 block			Subspecialties	3 blocks
Term Newborns	1 block				
Developmental/ Behavioral	1 block				

LEVEL 2 (18 BLOCKS)

Second-level residents switch between specialties every three blocks.

PEDIATRICS		MED-PEDS		INTERNAL MEDICINE	
PICU	1 block	Emergency Med.	1 block	Geriatrics	1 block
NICU	1 block	Ambulatory	1 block	Ward Supervisor	2 blocks
Ward Supervisor	1 block	Adolescent	1 block	ICU/CCU Supervisor	1 block
Subspecialties	4 blocks	Med-Peds Elective	1 block	Subspecialties	3 blocks

LEVEL 3 (17 BLOCKS)

Senior residents switch between specialties every two blocks. You will have more opportunities for **combined Med-Peds experiences**, helping to prepare you for the realities of practicing both disciplines.

PEDIATRICS		MED-PEDS		INTERNAL MEDICINE	
Ward Supervisor	2 blocks	Ambulatory	1 block	Ward Supervisor	2 blocks
Emergency Med.	1 block	Med-Peds Electives	2 blocks	Electives	3 blocks
Subspecialty	1 block	Urgent Care	2 blocks		
Elective	3 blocks				

SUBSPECIALTY ROTATIONS FOR INTERNAL MEDICINE AND PEDIATRICS

Cardiology, Child Psychiatry, Infectious Disease, Dermatology, Hematology/Oncology, Nephrology, Rheumatology, Allergy/Immunology, Endocrinology, Pulmonary, Radiology, Pathology, Neurology, Gastroenterology. Combined Internal Medicine-Pediatrics rotations are available in almost all subspecialties.

MED-PEDS CONTINUITY CLINIC

Med-Peds residents see patients in a combined-specialty continuity clinic rather than attending separate internal medicine and pediatric clinics on alternating weeks. This gives you the opportunity to treat whole families or to see both children and adults in the same setting on the same day. The clinic uses a nationally recognized curriculum to support pre-clinic didactic conferences.

EXPANDING YOUR MEDICAL KNOWLEDGE BASE AND PROVIDING PATIENT CARE

Large internal medicine and pediatric primary and tertiary patient bases (1.3 million in southwest Michigan) provide you the experiences to master both specialties. You will develop the knowledge and critical thinking skills required of Med-Peds physicians through practical, patient-related experiences and strong didactics. In addition, a high faculty-to-resident ratio allows you opportunities for individualized teaching, helping you to develop your patient-care knowledge and judgment.

SPECIAL MED-PEDS CONFERENCES

Med-Peds residents attend an annual Med-Peds topic-based retreat. In addition, Med-Peds residents meet monthly to discuss program-related issues.

ON CALL

With the evolution of new ACGME work-hour restrictions, designed to ameliorate resident fatigue and improve both resident and patient safety, the concept of call has changed dramatically. As of July 1, 2011, PGY-I residents are not permitted to work more than 16 continuous hours, and thus 24-hour call is no longer possible. At WMed, we have implemented day- and night-shift teams for inpatient and ICU rotations in most cases. Each team of residents works either a 12-hour day or night shift beginning Sunday evening (night shift) or Monday morning (day shift). It is anticipated that each team will spend an equal length of time on days and nights and that “switches” will occur every one or two weeks; however, the exact structure will depend upon further guidance from the ACGME, which is currently pending.

The team approach has many advantages in the area of teaching and continuity of patient care, but clearly residents must also have time off for themselves. Therefore, the weekend (Friday evening to Sunday evening) consists of either two 24-hour shifts or four 12-hour shifts that are staffed by “cross-cover” residents. These residents are selected from those who are on elective rotations in the department, and in general, a resident will cover at most two 24-hour or four 12-hour shifts during an elective block.

PROCEDURES

As your procedural skill level improves through hands-on learning experiences, you will find that supervision decreases and your autonomy increases. You will have ample opportunities to learn many procedures in both internal medicine and pediatrics. The chart below is a sample of the most common procedures. Biannual procedure workshops also allow residents to train on patient simulators and manikins to perfect their skills. In addition, during a special orientation prior to the first ICU rotation, residents are able to practice procedures and running simulated codes.

INTERNAL MEDICINE AND/OR PEDIATRICS

ROTATIONS	PROCEDURES
Outpatient	Arthrocentesis, casting/splinting, stress testing, echocardiography, spirometry, venipuncture, suturing, bladder catheterization, subcutaneous and intradermal incision, cyst removal, abscess drainage, local and regional anesthesia, toenail removal, cryotherapy, reduction of nursemaid’s elbow, endometrial biopsy, slit lamp exam, skin biopsy
Inpatient	Arterial blood gas, arterial line placement, Swan-Ganz catheter placement, ACLS, PALS, chest tube placement, thoracentesis, pleural biopsy, bone marrow biopsy and aspiration, central line placement, endotracheal intubation, paracentesis, interosseous line placement, umbilical artery line placement

MED-PEDS CAREERS

Graduates from our program have gone on to enter private practice, pursue fellowships, and med-peds hospitalist and academic positions.

FACULTY

You will learn the art of integrating the two specialties from our full-time, dual-certified med-peds faculty. In addition, you will interact with more than 30 other full-time faculty dedicated to your education and more than 100 volunteer faculty, all board certified in their specialties. For a complete faculty list, visit our web site at med.wmich.edu.

APPLICATION / INTERVIEW PROCESS

Applications and the following documents are accepted through ERAS (Electronic Residency Application Service):

- › USMLE results
- › Dean’s letter
- › Three letters of recommendation
- › Personal statement
- › Medical school transcript
- › Recent photo (optional)
- › Curriculum vitae (optional)

FOR MORE INFORMATION

Visit the WMed Medicine-Pediatrics Program website: med.wmich.edu

Contact the program coordinator:
(855) 275-9633
medpeds@med.wmich.edu



**WESTERN MICHIGAN UNIVERSITY HOMER STRYKER M.D.
SCHOOL OF MEDICINE GLOBAL HEALTH COMMITTEE**

Increasingly, healthcare professionals are needed who can meet the challenges of providing healthcare in resource-poor settings. The WMed Global Health Committee is a certificate-awarding program aimed at educating and exposing residents to aspects of global health to minimize the disparity of medical care in developing countries. The certificate program provides residents with the skills needed to meet the complex demands for healthcare professionals to function competently in resource poor settings. Residents will earn certification through:

- › Learning within a structured group-oriented curriculum
- › Experiential hands-on learning in WMed faculty-approved sites such as Madagascar or other developing countries as well as immersion in a low resource healthcare setting
- › Online training

MISSION STATEMENT

The Western Michigan University Homer Stryker M.D. School of Medicine (WMed) Global Health Committee provides exposure to global health matters for the academic and general community through a structured curriculum and experiential learning.

VISION STATEMENT

To diversify trainees' perceptions of medical practice and to improve health and healthcare both locally and globally.

OBJECTIVES AND COMPETENCIES

Recognize and assess the needs of resource-poor, healthcare challenges in international, cultural, and socioeconomic contexts.

Apply professional core competencies and skills needed to function in various global healthcare settings.

Gain a rich perception of medical practice to improve health and healthcare both locally and globally.

Gather and analyze data and conduct research in resource-constrained, unique settings.

For more information, please contact the Medicine-Pediatrics coordinator at medpeds@med.wmich.edu



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