

INTERNAL MEDICINE



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THE WESTERN MICHIGAN UNIVERSITY HOMER STRYKER M.D. SCHOOL OF MEDICINE (WMed) INTERNAL MEDICINE RESIDENCY PROGRAM HAS SUCCESSFULLY TRAINED RESIDENTS SINCE 1973.

The WMed Internal Medicine Residency Program is accredited by the ACGME and the AOA. The program equally fosters the necessary allopathic and osteopathic principles, philosophies, and clinical environments that residents need to develop successful medical practices, enter subspecialty fellowships, and pass board exams. Our faculty members are committed to medical education and enthusiastically nurture the joy of patient care.

OSTEOPATHIC RECOGNITION

Residents (DO or MD) may elect to have an osteopathic focused track as part of their residency program. This will not alter curriculum for rotations, but will allow additional education and training in the Osteopathic Principles, with hands-on training for osteopathic manipulation and education in the principles of physician and patient health and wellness.



EXCELLENCE IN INTERNAL MEDICINE



THE CURRICULUM

The curriculum design provides you opportunities to practice all facets of internal medicine in both inpatient and outpatient settings. The Kalamazoo and Battle Creek area has a varied and challenging patient base (of more than one million) with a broad range of pathology. Rotations are individualized to help meet personal career goals.

CURRICULUM REQUIREMENTS

PGY-I Rotation	4 Week Blocks	
Ambulatory Medicine – WMed Clinic	1	
Critical Care	2	
Electives	3	
Emergency Medicine	1	
General Ward Medicine	4	
Infectious Disease	2	
PGY-II Rotation	4 Week Blocks	
Ambulatory Medicine – VA	1	
Critical Care	2	
Electives	5	
Geriatric Medicine	1	
Night Float – Borgess	1	
Palliative Medicine	1	
General Ward Medicine	2	
PGY-III Rotation	4 Week Blocks	
Academic Medicine / Ambulatory Medicine	4	
Critical Care	1	
Electives	5	
Essential Services Selective	1	
Night Float – Bronson	1	
Scholarly Activity / CPC	1	

EXPANDING YOUR KNOWLEDGE BASE

We want our residents to be compassionate and caring but we also want them to be smart and clinically sharp. Patient-based education is stressed from daily morning conferences to bedside teaching. We promote lifetime learning by emphasizing the challenge and the FUN of learning. The program provides MKSAP, NEJM Knowledge+, and other board review material.

ACQUIRING PROCEDURAL COMPETENCE

Since we have no fellowships at WMed, our residents have the opportunity to achieve competence in many procedures, particularly in the critical care unit. The following are some of the common procedures that you will have ample opportunity to master.

Rotati	ons	Procedures
Outpa	tient	Arthrocentesis, EKG interpretation, office orthopaedics/sports medicine, osteopathic manipulative medicine, point-of-care ultrasound, skin biopsy
Inpati	ent	Arterial lines, endotracheal intubation, lumbar puncture, ultrasound guided central line placement, ventilator management

PROCEDURE WORKSHOP

Biannual procedure workshops allow residents to train on patient simulators to perfect their skills. In addition, during a special orientation prior to each ICU rotation, residents are able to practice procedures and running simulated codes.

FOUNDATIONS OF CLINICAL MEDICINE WORKSHOPS

These annual workshops, held at the beginning of each year, are designed to educate incoming interns on many of the basic diagnostic and procedural skills they will use during residency.

Due to the diversity of our intern class, our program uses these workshops to make sure everyone is on the same page in regard to performance expectations from the start of the residency. Senior residents assist in the training, as well as Internal Medicine faculty and community physicians.

WHAT TO EXPECT ON YOUR ROTATIONS

You will receive frequent opportunities for individualized teaching because a low resident-to-faculty ratio allows you to work one-on-one with faculty members.

Outpatient rotations involve continuity clinic and ambulatory months with full-time faculty as well as subspecialty rotations in offices and clinics.

Inpatient rotations include critical care medicine, academic medicine with full-time faculty, hospitalist medicine, and subspecialty medicine. All rotations place a strong emphasis on teaching and patient care over service obligations. **Residents never work shifts lasting more than 12 hours.** On critical care and academic medicine rotations, residents always work in a team to emphasize supervision and fun.

THE FACULTY

During your residency, you will interact with our 13-member full-time faculty and other attending physicians, all certified by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

APPLICATION / INTERVIEW PROCESS

For all applicants, MD, DO, and international medical graduates (IMGs), applications and the following documents are accepted through ERAS (Electronic Residency Application Service):

- > USMLE results or COMLEX results
- > Three letters of recommendation
- Personal statement
- Medical school transcript
- > Dean's letter
- Recent photo (optional)
- Curriculum vitae (optional)
- > ECFMG status report (if applicable)

FOR MORE INFORMATION

Visit WMed's Internal Medicine Program website: **med.wmich.edu**

Contact the Program Coordinator: (269) 337-6361 internalmedicine@med.wmich.edu





Resident working with a Malagasy physician

Surgical intervention for critical patient

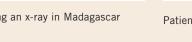


Viewing an x-ray in Madagascar

INTERNATIONAL MEDICINE ELECTIVE



Patients arriving at the clinic in Madagascar



Residents at the PGY-II level or higher are eligible to participate in an International Health rotation in a developing country. The elective focuses on poverty-related and tropical diseases and offers residents a rare opportunity to experience medical care in a cross-cultural environment.

Participating residents:

- > Treat patients without the benefits of modern-day technology and facilities.
- > Learn to rely solely on their medical knowledge and physical exam skills.
- > Develop culturally appropriate patient-care plans.
- > Share the latest medical knowledge and procedural techniques with local physicians.

Residents who have participated in this elective say that the experience has given them a new appreciation and awareness of the cultural diversity and poverty-related health issues in their own clinic practices.



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