

DOWNLOAD PDF COLLEGE HEALTH, AN ISSUE OF PEDIATRIC CLINICS (THE CLINICS: INTERNAL MEDICINE)

Chapter 1 : About the Program | Medical College of Wisconsin

College Health, An Issue of Pediatric Clinics (The Clinics: Internal Medicine) 1st Edition by Donald E. Greydanus MD Dr HC (Athens) (Author), Mary Rimsza MD (Author), Dilip R Patel MD FAACPDM FAAP FSAM FACSM (Author) & 0 more.

My experience there was eye-opening and, I believe, very formative to my future career as a physician. The people of Nepal are the most amicable and hard-working people I have ever met in my entire life. There was such a sense of community and teamwork not only amongst the patients and their families but also amongst the medical team which I was lucky enough to observe and learn from their interactions. I helped to take care of patients that presented with conditions that we do not often see in the United States including mumps, tuberculosis, and organic phosphate poisonings and feel better prepared to manage these conditions should they present in our population or in travelers returning from abroad. I also learned an immense amount from the incredible clinical skills of the Nepali physicians who rely more on their excellent history-taking and physical examination skills to guide their assessments and management plans rather than diagnostic tests. My own clinical knowledge and practice was strengthened by directly observing the residents and physicians that I worked with in Nepal. I feel so fortunate to have been able to participate in a global health rotation through the global health track as I know that the knowledge and skills I learned while there will have a positive impact on my future career and have made me a more culturally competent and caring physician. Primary Care, Hospitalist, and Research. Each of these tracks permits residents to use elective rotations to complete requirements that are designed to prepare them for specific careers. Residents who complete the requirements will earn a certificate of completion at the end of their residency training, confirming their participation in an enriched residency curriculum. Each track includes a few required experiences, a required scholarly project, suggested activities for educational and administrative development, and faculty mentorship. It is our intent that these tracks be completely flexible, permitting each resident to individualize their training in the way that is best for them. Participation in the tracks is optional. Residents may choose to participate completely in a track; they may experience only the elements of the track that are of interest to them; or they may choose to not participate in a track at all. Our program is fully committed to supporting the individual interests and goals of each resident, while making sure that all residents complete the training requirements. Graduates from our program have gone on to a variety of careers in primary care, fellowship training, hospital medicine, and academic medicine. During the past five years, roughly half of our residents practice primary care Med-Peds with an increasing number of graduates completing further subspecialty training or entering the field of hospital medicine or international health. The training you receive in our program is well-balanced and will prepare you for endless career options. Scholarship provides residents many potential benefits including: All residents are encouraged and given financial support to present their scholarly projects at a variety of regional and national meetings. View the Faculty Collaboration Database to find a faculty member conducting research in your area of interest. The meeting will include poster presentations, case presentations, panels, and a keynote speaker on care of the underserved. If you are a resident it is a great place to meet up with other residents from around the country, make new friends, reconnect with those who you met along the interview trail, and learn some new skills. Social Life as a Med-Peds Resident One of the most important aspects of our program is the camaraderie that exists between the residents. There is no shortage of fun in the Med-Peds Program. We work hard, but we always make time for relaxation and fun. Below is a sample of the social opportunities our Med-Peds Residents get to experience throughout their residency. Also, our residents are invited to the social events and activities of both categorical programs. Med-Peds Biennial Residency Retreat A time for residents, staff and their families to get away for some bonding time. Held off-site, this 2-day retreat gives residents the time to reflect on their residency while bonding with their colleagues. Graduation Celebrations Dinners and more dinners during the month of June. A great time to celebrate the achievement of our graduating seniors. Milwaukee is a wonderful community that has the advantage of an urban, metropolitan

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city without the stress or cost. Milwaukee offers a variety of career opportunities, excellent universities, low commute times, diverse neighborhoods, affordable housing and abundant recreational choices. Milwaukee also boasts professional sports teams, museums, outstanding restaurants and performing arts comparable to cities more than twice its size. Not to mention, Milwaukee is less than 80 miles away from Chicago – a good perk if you are looking for a quick weekend getaway. There is no shortage of recreational activities in Wisconsin. In Milwaukee County alone, there are more than 15,000 acres of parks, the greatest acreage per person in the country. We have an abundance of biking trails, golf courses and a strong running community. Whether you are here for a day, a weekend or your residency, you can have a variety of experiences, making it a perfect place to explore. Find your perfect itinerary at Visit Milwaukee! The Big City of Little Neighborhoods Milwaukee is not so much a city as a large collection of neighborhoods situated on the shores of Lake Michigan, often referred to as the Big City of Little Neighborhoods. With eleven distinct neighborhoods, Milwaukee has a huge variety of affordable housing options not to mention the beautiful suburbs just to the south, west and north of the Medical Complex. Current and past MCW residents have lived everywhere from revitalized warehouse buildings overlooking Lake Michigan in the Historic Third Ward neighborhood to farmhouses with lots of extra land and everywhere in-between, all within a short commute to the Milwaukee Regional Medical Complex. As a starting point, please feel free to visit the following sites for a look into what neighborhood or suburb might be right for you: [Real Estate Search](#) The Clinics Training a well-rounded med-peds physician requires in-depth patient exposure in both the inpatient and outpatient settings. Our continuity clinic experience pairs a resident with a clinical preceptor from the first month of training. This primary care experience offers residents an in-depth experience: Our continuity clinic preceptors supplement evidence-based practice with over years of combined post-graduate patient care experience. Each resident spends at least one half day a week in their continuity clinic. Most residents choose to participate in a combined med-peds continuity clinic, but opportunities are available for those residents who choose separate internal medicine and pediatric clinics as well. Program leadership also work with individual residents to offer additional opportunities to spend time in the continuity clinic Outpatient Med-Peds rotation, two weekly clinics for residents planning careers in primary care, etc. The resident-run Continuity Clinic Committee enhances the continuity clinic experience by overseeing the educational curriculum and utilizing resident feedback in real time to make improvements to our outpatient experience. This suburban practice represents an excellent opportunity for resident continuity clinic and student teaching. This clinic also houses award winning teachers and boasts some of the highest ratings for quality of education in resident training. Dirk Steinert, and our own graduates, Drs. Burrows, King, Momper, Reinbold, and Weber. Moorland Reserve Health Center not only houses primary care services, but also a wide-variety of specialty and diagnostic services. Barkimer, and our own graduate Dr. Leadership at Springdale includes expertise in clinic management, medical education and medical informatics. Tosa Health Center Built in , Plank is a multidisciplinary academic primary care site approximately 1 mile west of the Medical College of Wisconsin campus. Tosa Health Center also houses an After Hours clinic, which provides both excellent patient care and a terrific training experience. In addition to Med-Peds providers, Westbrook has rheumatology and sports medicine specialists, along with in-house imaging and laboratory services. Kalt and program graduates Drs. A Typical Day Med-Peds residents transition between internal medicine and pediatric rotations every 4 months, which provides optimal time in the specialty and also allows the residents to experience seasonal changes that occur in certain disease patterns. Rotations are structured such that each experience builds on the last one. I arrive at the hospital at 6: I see 4 to 8 patients, depending on the season. Notes are written in the morning. I head to Morning Report where cases are discussed with colleagues, chief resident and attendings. I begin our rounding with the senior resident and attending. Rounding takes approximately 2 hours depending on the census. I will then call primary care physicians, when rounds are done, if our team has non-hospitalist patients. If I am on the Red or Green team, I round with the hospitalist attending. If I am on the Purple or Orange team, I round with the sub-specialty attending. I attend noon conference where primary care and sub-specialists

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present various topics. Every Monday there is a case presentation to Dr. Kliegman, giving us the chance to interact with the Peds Chair. Board review and journal club sessions are wrapped monthly into the noon conference schedule. I finish staffing patients, write notes if needed, and follow-up on studies and consults. This is also the time I admit patients from the ER and clinics. If work is done, I will pick a teaching point to talk about with students and seniors. This is also the time I have my continuity clinic which I go to once per week. If I am the call intern 1 out of every 4 days, I stay until 8: If I am not the call intern, sign-out starts at 5: The night float intern rotates weekly. I will arrive at the hospital at 5: I will then admit patients overnight with the help of a senior resident. I finish up my work in the morning, hand-off the new admissions to the day-time intern, discuss patients at morning report and leave for home by 8: I arrive at Froedtert 6: Interns are all paired with a junior medical student. We walk rounds to see patients, staff new patients and write orders. I attend Noon Report where senior residents present cases, or an attending gives a presentation 1: During this time, the senior resident keeps intern pagers and covers for the team. This is also the time I attend my continuity clinic once per week. If not a DAT day or on call, I sign out to the on-call team. When my team is on call every 5th night, I will alternate between being the day intern or the overnight on-call intern. The on-call intern will stay for an overnight shift with the senior resident and senior medical student, covering non-overnight teams and doing admissions that come overnight. The day intern will do admissions during the call day but go home at night after completing admissions and cover the team the next day after the post-call intern and senior residents have signed out to them.

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Chapter 2 : Adolescent medicine - Wikipedia

Combined internal medicine and pediatrics (usually referred to as Med-Peds) residency programs provide concurrent, dual training in both internal medicine and pediatrics, and allows eligibility for board certification and independent practice in both disciplines.

As a result, our residents are highly proficient with critically ill patients and critical procedures. The ECC area is used to treat all high-acuity emergent illnesses; it is attached to our medical and trauma resuscitation areas. The CDU allows for workup of low-risk chest pain and observation patients, and also allows for fast track patient workups as space and volume permits. The Resuscitation area provides service to the highest acuity medical patients in the ED, and supports all trauma evaluations that present to our Level I trauma center. Second-year residents begin their administrative role in managing FlexCare, instilling leadership skills early during residency training. Third-year residents manage the entire department with the supervision of attendings. Emergency Department Pediatric Our pediatric ED sees approximately 20, patients per year staffed by board certified pediatric emergency physicians, board certified emergency physicians, pediatric emergency medicine fellows, and EM and pediatric residents. Residents have dedicated pediatric ED blocks during their first and second years. In the third year residents have a longitudinal experience, with three to four shifts every block in the pediatric ED. Residents experience strong exposure to the medical and interventional management of acute coronary syndrome, arrhythmias, decompensated heart failure, and other cardiovascular diseases. With the diverse pathology that presents and the tremendously high acuity of our ICU patients, it is highly regarded as one of the best rotations in this residency. This affords the opportunity to care for children with severe cardiac, pulmonary and metabolic disease. Internal Medicine IM Wards A block in the first year is spent with the IM ward team, managing a wide variety of inpatient medical illnesses. Orthopedics A block is spent with the orthopedic trauma team for intensive exposure to fracture and dislocation identification, reduction, and splinting techniques. Residents acquire trauma center exposure and experience in all three years. As first-year residents, they work as part of the trauma team on the wards. Second-year residents run trauma codes during the resuscitation block. Third-year residents split time in the trauma center and the surgical ICU. Toxicology Residents field toxicology consults in the hospital with pharmacology and emergency trained toxicologists, and answer calls in the regional poison center that serves over 6 million people. Emergency Medical Services EMS This is our opportunity to ride in ambulances and, if desired, see Jacksonville from above with the flight team! Senior Elective and Selective Ultrasound, abroad rotations and simulation are among a few electives. With enough preplanning, a number of possibilities exist. Also, a career-track selective block has been created to allow the senior resident the opportunity to focus training on clinical, administrative, teaching or research interests. Rotation Schedule Our academic schedule is divided into three block sections:

Chapter 3 : Olathe Health Pediatrics - College Point

Baylor College of Medicine's doctors in internal medicine see patients for a variety of conditions and overall health maintenance. Our team practices an integrated approach to patient care, coordinating with Baylor subspecialists to provide the highest quality treatment.

Chapter 4 : Primary Care | Healthcare | Baylor College of Medicine | Houston, Texas

Women's Health training may be an option during some basic (categorical) internal medicine residency training programs, either as a separate training track during residency, as part of a primary care internal medicine residency program, or as a modification of basic residency training by focusing required and elective clinical experiences and.

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Chapter 5 : Pediatric Behavioral Health

Internal Medicine-Pediatrics Residency Program Thank you for your interest in the Internal Medicine-Pediatrics Residency at the University of Oklahoma. Med-Peds residency education is targeted to teach the delivery of superior medical care to children and adults in an inpatient and outpatient setting.

Chapter 6 : Medical Student Elective | Education | Baylor College of Medicine | Houston, Texas

Pediatric Psychology Clinics: Preschool Disruptive Behavior Clinic and School-Age Neurobehavioral Health Clinic Clinics are located in St. Pete () and Tampa (), for appointments please contact each office directly.

Chapter 7 : Combined Internal Medicine and Pediatrics Training | ACP

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Chapter 8 : Women's Health | Additional Training Options | ACP

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