

## OUR PHILOSOPHY

The combined Internal Medicine and Pediatrics residency program at the University of Utah/Primary Children's Hospital aims to graduate residents who are well equipped to pursue primary care in urban or rural settings, subspecialty fellowship, hospitalist medicine, or global health.

We strive to educate and support residents who feel connected to meaning in medicine while practicing at the very highest standard of care.

## PRIMARY CARE TRAINING

Our program has a strong outpatient primary care experience, built on a foundation of Med-Peds continuity clinics in two distinct locations (Westridge and Redwood Clinics), which serve a diverse patient population.

There are weekly outpatient case-based discussions, as well as quarterly "clinic learning days," when residents have protected time for in-depth education with their entire MP residency cohort.

## SUBSPECIALTY EXPOSURE

Most residencies get subspecialty experiences nearly exclusively through inpatient consult services. Our residents also provide outpatient subspecialty care in order to:

- Give more realistic experiences to help guide career choices and
- Increase the proficiency of trainees pursuing general outpatient medicine in advanced management topics (e.g. learning HF med titration from HF specialists)

## INPATIENT TIME

Our inpatient medicine is relatively balanced over 4 years, with slightly more inpatient time in the first two years, to allow for more electives later on. Our catchment area yields a wide mix of pathology, ranging from rare diseases to "bread and butter" cases.

Subspecialty inpatient experiences are available at multiple training sites (i.e. Infectious disease is done at the VA, the U of U, and Primary Children's).

## TRACKS

Several tracks are available through our program and the separate categorical programs. There is no difference in the required rotations, but additional didactics, project work, and elective rotations are targeted toward building careers in those areas.

### *MP Rural Pathway*

New in 2021, residents will spend ~20% of their time rotating in rural sites in Utah (Blanding, Tooele, Roosevelt, Park City), Montana (Anaconda), and IHS sites in Shiprock, NM and Chinle, AZ. They will have a novel rural curriculum that includes didactics in rural medicine, social determinants of health, procedures, opioid use disorder, and telehealth.

### *Hospitalist*

A focus on leadership, high-value care, and clinical teaching (through Stanford Curriculum) culminating in a QI project. Rotations on hospitalist only teams on Peds and IM sides. [Learn more.](#)

### *Global Scholars Program*

A GME-wide program with a focus on public health, includes didactics (journal club, online modules) on public health, international aid, and tropical medicine, with a rural/global/underserved elective.

### *Research*

Residents interested in physician scientist careers can apply to the Physician Scientist Training Program ([PSTP](#)) or Utah Stimulating Access to Research in Residency ([Utah STARR](#)) programs separately.



# EDUCATION



## *Morning Report*

On pediatrics, there is morning report M/W/F which is generally a case-style interactive presentation. On Tuesday, there are tasktrainer sessions focused on specific procedural (LPs, for example) or social (calling out microaggressions) skills. Thursday morning is a grand rounds presentation. On the IM side there is a flipped classroom model using the PEAC/Johns Hopkins outpatient curriculum.

## *Noon Conferences*

When inpatient, there is a noon conference every weekday. These are generally case conferences, grand rounds, lectures, journal clubs, M&M, or housestaff meetings. On the Peds side there is also an Intern Lecture Series every Monday at 1 pm which is protected, pager-free learning time.

## BOARDS

### ABIM

- 100% pass rate for all test-takers for the last 5 years.
- MKSAP provided to new interns.

### ABP

- 100% pass rate for all test-takers for the last 5 years.
- Free membership to AAP with Pedialink questions.

## POST GRADUATION

- In the last 10 years, 30% of our grads have chosen outpatient MP, 20% hospitalist, and 50% fellowship.
- Recent fellowships include: MP Rheum, Palliative Care, UCSF HEAL fellow, PICU, MICU, Adult ID, MP Nephrology, and Developmental Medicine.
- All major IM and Peds subspecialties are offered at both the University of Utah and Primary Children's Hospitals.

# WELLNESS



*The following important initiatives have been put into place to provide support for our resident's well-being:*

- Wellness Elective for interns: two-week elective with sessions on resiliency, mindfulness, narrative medicine, arts and humanities in medicine, peer support, and more!
- Opt-out counseling session with one of the GME wellness counselors for all interns. The goal is to minimize the barriers/stigma to future use.
- Monthly Wellness noon conferences and an Intern Lecture Series on the Peds side, led by Katie Gradick.
- IM mountain challenge: encouraging house staff to explore the Wasatch. Prizes and party at the end.
- Wednesday Workshop on resiliency strategies.

# ADVOCACY



## *Midvale Clinic*

As part of our advocacy rotation, our residents volunteer at a medical student-run charity clinic in Midvale. The clinic provides care to a highly underserved, largely Spanish-speaking patient population. They have great autonomy in this setting, and also have the opportunity to work with and teach medical students.

## *Refugee Community Outreach Project*

Our residents work closely with the International Rescue Committee to perform home visits for newly settled refugees as part of the advocacy rotation as well. Using interpreter services, they teach families about the US healthcare system and important child health topics.

## *Anti-Racism Work*

Anti-racism working groups exist within Peds, IM, and GME. Residents have regular Identity and Impact workshops for trainees and faculty, quarterly Speak-Up simulations to practice confronting microaggressions, a longitudinal Social Determinants of Health & Cultivating Compassionate Community curricula, and a quarterly anti-racism book club.

## *Health Care Policy*

Our residents attend healthcare policy and advocacy seminars where speakers discuss topics such as the legislative process, health insurance, Medicaid expansion, health care economics, and lobbying. As well as a monthly Community Speaker Series featuring community-based organizations such as the American Indian Resource Center, YWCA, International Rescue Committee, and Utah Pride Center.

## UNIQUE OPPORTUNITIES



### *Med-Peds Academic Elective*

Residents have the opportunity to participate in a multifaceted educational month that incorporates sessions on evidence-based clinical practice, antiracism, residents-as-teachers, and wellness. An emphasis is placed on interpreting available evidence and critical thinking to answer clinical questions.

### *Med-Peds Elective Months*

Starting PGY-2 year, our residents are able to create combined Med-Peds electives in subspecialty rotations (Cardiology, Endocrinology, Rheumatology, etc.). Several residents have created their own elective experiences which include: LGBTQ health, narrative medicine, research, medical education, and Mars mission training at NASA.

### *Med Student Teaching*

For IM, formal education instruction occurs during intern-resident retreat, Wednesday workshop, and as facilitator for MS3 students on VA-medicine consults (CMR observes teaching to provide feedback). On pediatrics, our second years senior a team of medical students called the Glasgow team, with lower caps, no interns, and a focus on building teaching skills.

## RETREATS



### *Orientation Retreats*

Residents enjoy annual orientation camping trips to both Zion National Park with Internal Medicine and Flaming Gorge with Pediatrics.

### *IM Intern to Resident Retreat*

All PGY-1s participate in a day away from clinical duties focused on fostering leadership skills, learning new duties (triage, RRT), and giving feedback.

### *Peds PGY-1 Retreat*

All PGY-1s are invited to an overnight retreat at Deer Valley Resort in October, with coverage provided, for two days of clinical education and shared resident experiences in Park City, UT.

## TRAINING ENVIRONMENT



### *Opportunities For Procedures*

IR and specialists are available to help with procedures at all hospitals. Residents going into procedure-heavy specialties have opted for anesthesia airway elective at IMC or PCH, and Interventional Radiology at UU to expand their comfort.

### *Workload*

There are lower caps on specialty teams (Heme/Onc, VA-cards) in recognition of patient complexity, and APCs/Non-teaching teams at all non-VA institutions to offload excess patients. Cap of 16 on Peds inpatient and 20 touches on IM side (but teams rarely have >16 at a time).

### *Moonlighting*

Plenty of opportunities for moonlighting for PGY3s and 4s in good standing. Possible rotations include Primary Children's NICU, the Huntsman Cancer Hospital (Inpatient admissions and crosscover), the Jail (primary care and triage), or UU night float and weekend shifts (inpatient admissions and crosscover) for medicine.

## SCHOLARLY ACTIVITY



### *Mentoring*

Incoming interns are paired with peer "buddies" to help orient them to the city, the university, and residency life. Starting intern year, the PD and APD set residents up with mentors in their field of interest. There are over 25 Med-Peds trained faculty at the University of Utah and Primary Children's Hospital.

### *Resident Research*

Interns attend a seminar on the basics of completing research during residency, and how to "manage up" with their mentors. You also have the option to change your 2nd half day of continuity clinic to research during your 4th year.

# MEET OUR RESIDENTS

## YEAR 1



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