

Duke Internal Medicine Residency Overview

October 2022

We sincerely thank you for your interest in the Duke Internal Medicine Residency Program and your efforts toward residency recruitment. The following is an overview of the Duke Internal Medicine Residency Program presented in a practical “frequently asked questions” format comparable to what you may experience during the interview season.

Below you’ll find unique aspects of our program, including some of our most recent innovations instituted to ensure that the Duke Internal Medicine Residency Program remains preeminent in providing unparalleled graduate medical training, positioning our residents to meet today’s challenges and fostering the development of tomorrow’s leaders in medicine.

Program Information and Frequently Asked Questions

Who leads the internal medicine residency program?

Kathleen Cooney	Chair, Department of Medicine
Aimee Zaas	Program Director, Internal Medicine
Lisa Criscione-Schreiber	Vice Chair Education, Department of Medicine
Colby Feeney	Program Director, Medicine/Pediatrics
Jane Gagliardi	Program Director, Medicine/Psychiatry
Joel Boggan	Associate Program Director, Quality Improvement
David Butterly	Associate Program Director, Recruitment
C. William Hargett	Senior Associate Program Director
Xunrong Luo	Associate Director, Physician-Scientist Training Program
Nia S. Mitchell	Associate Program Director, Resident Research and Scholarship
Jenny Van Kirk	Associate Program Director, Inpatient Medicine Associate Director, Undergraduate Medical Education
Daniella Zipkin	Associate Program Director, Ambulatory
Alex Cho	Director, Continuity Clinic, Duke Outpatient Clinic
Jeffrey Clough	Director, Continuity Clinic, Pickett Road

Sonal Patel	Director, PRIME Clinic, Durham VA
Poonam Sharma	Director, Undergraduate Medical Education
Nilesh Patel	Education Director, Hospital Medicine Program
John Yeatts	Associate Program Director, Management & Leadership Pathway
Nathan Thielman	Associate Program Director, Global Health
Daniella Zipkin	Chair, Program for Women in Internal Medicine
Kimberley Evans	Chair, Minority Recruitment & Retention Committee
David Ortiz-Melo	Associate Chair, Minority Recruitment & Retention Committee
Omobonike Sanders	Housestaff Liason, Minority Recruitment & Retention Committee
Jennifer Rymer	Housestaff Liason, Program for Women in Internal Medicine

How many interns is Duke recruiting for 2022-2023?

- Categorical – 46
- Preliminary – 7 neurology, 4 general
- Med/Peds – 6
- Med/Psych – 2

Can you describe the typical rotation schedule?

Each academic year is partitioned into 12 rotation blocks, approximately 4 weeks in duration. In between each block, interns and JARs will have two weeks of ambulatory medicine (“4+2” schedule):

	Intern Categorical	Intern Preliminary	Junior Assistant Resident (JAR)	Senior Assistant Resident (SAR)
GM Ward Rotations	4	3	2	2
Ambulatory Medicine	7 two-week blocks	7 two-week blocks	7 two-week blocks	2.5
MICU +	0.5	--	1.5	1
CCU +	0.5	--	1	1
Subspecialty Ward Rotations*	3.5	4	--	--
ED	--	1	1	1
Night Medicine	0.5	--	1.5	0.5
Day Float	--	--	--	1
Geriatrics	1	0.5	--	--
Elective (Consults)	--	--	2	2.25‡
Vacation	0.75	0.75	0.75	0.75

*Subspecialty Ward Rotations include Cardiology, Hematology-Oncology, Neurology, and Pulmonary services

While on Cardiology, Hematologic malignancies, Neurology, and CCU rotations, interns work on the night team with JAR supervision, an average of 4 weeks total for the year

+Interns rotate for 2 weeks either in the MICU (VAMC) or CCU (DUH) and SARs average 4-6 weeks either in the CCU or MICU (VAMC)

‡Includes International Elective and Assistant Chief Resident rotations

Inpatient General Medicine Rotations

Duke General Medicine

The Duke General Medicine rotation is designed to provide outstanding patient care and safety while providing the best learning opportunities for our residents. Toward that end, we emphasize graduated responsibility – the rotation provides autonomy and leadership opportunities for senior residents, independent but integrated night medicine training for junior residents and primary patient care responsibilities for interns under appropriate and stable supervision.

Describe the Duke General Medicine Inpatient Model

The Duke General Medicine model emphasizes graduated responsibility for our residents. Under the supervision of a teaching attending, senior residents supervise two interns caring for a team of patients during the day. The teams provide daytime care for patients with junior residents admitting patients overnight to the teaching teams and providing cross cover to the same team each night. This structure allows for a senior resident to function as a junior attending, the interns to admit and care for patients with appropriate oversight and for junior residents to admit patients overnight as part of a team. MaestroCare, the Duke version of EPIC, is the electronic medical record used throughout Duke Hospital.

Highlights of Duke General Medicine:

- SARs supervise two interns for daytime rounding and admissions
- Night coverage is provided by JARs on a night rotation (2-3 week block), paired with a specific GM team, such that patients are cared for by a single team of physicians in-house 24h a day and limiting the number of transitions of responsibility as well as the number of cross-cover patients for which the night residents are responsible
- Nocturnal supervision and teaching are provided by in-house hospitalists
- Bedside Teaching Rounds occur on teams daily
- Rotation stresses management and leadership by senior residents, with direct observation of leadership skills with structured feedback
- Intern report with faculty and chief resident twice weekly
- Daily resident report, focusing on real time management of cases on general medicine
- * Geographic team structure present on several teams

Durham VA General Medicine

The general medicine service at the Durham VA provides an opportunity for junior residents to lead a team under the supervision of an attending.

- Sign-outs with the Chief Residents

- 1:1 intern: resident team structure
- An emphasis on building critical appraisal and leadership skills, fostered by junior resident reports held M-Th

VA Gen Med is core JAR experience

- JARs lead a team and learn to do so in an environment where autonomy is preserved (albeit safely, with clearly-defined backup systems and in-house support).
- The 1:1 JAR:intern team takes overnight call together every fourth night, with post-call coverage provided by a day float SAR.
- Senior resident day-floats assist teams when the team is post-call.

Duke Regional Hospital General Medicine

The DRH general medicine service provides experience in a community hospital setting that promotes autonomy and prepares trainees for post-residency work.

- 1:1 intern: SAR resident team structure
- Traditional q4 call for SARs. Residents take call with their intern until evening, when the night intern arrives and takes overnight call with the resident. This allows an overnight experience for the interns, and continuity of patient care overnight with the senior resident.
- Provides exposure to a community hospital setting, as well as the opportunity to participate in multidisciplinary team rounds

Subspecialty Service Rotations

Structure for subspecialty services [Hematology (9100), Pulmonary (7800)]:

- Interns work days only (7am -7pm, 6 days per week—no overnight call) with the exception of one week of nights per month (under the supervision of a night resident) on the liquid tumor service (9100), which has been retained due to the great value and educational benefit of this experience based on general house staff wide consensus.
- Night coverage is provided by JARs/SARs on a 2-3week night rotation (9100), by a hospitalist and 7800).

Duke Cardiology service:

- Interns work day and night duty periods (5-6 days per week)
- DHP (complex heart disease) and cardiology inpatient consults comprise daytime cardiology rotations. All interns also rotate on the nighttime cardiovascular service, supervised by attending cardiologists

and cardiology fellows.

- Daytime supervision by Cardiology Fellows and Attending physicians and Cardiology consult residents
- Overnight supervision on the inpatient cardiology service is provided by cardiology faculty or cardiology fellows
- 3 interns provide overnight coverage.

Our rotations were designed based on several years of discussion and planning by the educational leadership team, rotation directors and trainees. Our schedules allow for direct patient care and continuity of supervision and education by faculty and senior residents and remain compliant with ACGME recommendations.

Ambulatory Care

How do the outpatient clinics work?

Interns and JARS have a 4+2 block schedule, meaning that every four-week block is followed by two weeks of ambulatory clinics, consults or geriatrics. During ambulatory weeks, the interns have 3 continuity clinic sessions, one academic half day and 6 other clinic sessions in a variety of internal medicine clinics organized in theme-based “threads” that allow for longitudinal contact with specialty attendings. QI, EBM, and ultrasound are also taught during the ambulatory blocks.

Continuity clinics are concentrated during ambulatory blocks and during other electives. Residents in combined programs (Med-Peds or Med-Psych) attend clinic once weekly during inpatient rotations. Continuity clinics operate in the “real-world” practice partnership model, providing backup for partners who are not in clinic, and recently special efforts have been made to improve continuity with primary care panels.

Discrete ambulatory blocks for interns and JARs are organized on a longitudinal specialty “thread” model, where trainees attend the same specialty clinics each week they are on ambulatory blocks. The ambulatory educational opportunities are robust, and include DRH morning report, Academic Half Day and a dedicated EBM curriculum led by GIM faculty. There are three clinic sites; DOC (Duke Outpatient Clinic), VA (Prime), and Pickett Road. Residents are assigned to one site for entire duration of training. EPIC has been functioning as the EMR at our DOC and Pickett Clinic since July 18, 2012.

To further enhance resident and attending continuity, the practice partnerships of the Duke Outpatient Clinic have been organized into 3 larger teams. This organization allows residents to have a core group of 3 attendings they “sign out” patients with on a clinic day, as well as designated nurses and care managers. A combined Medicine-Psychiatry attending supervises at the Duke Outpatient Clinic and is available for consultation as needed for complex psychiatric cases.

Telehealth visits are an important part of the ambulatory curriculum. Residents of all levels at each of our clinic sites are supervised in a combination of in-person and telehealth (phone and video) visits.

Can you describe the didactic curriculum?

Ultrasound and simulation curriculum for interns and JARs: During ambulatory blocks, Drs. Nilesh Patel and Liz Hankollari lead a simulation curriculum for interns and Drs. Brice Lefler and Amber Bowman lead POCUS curriculum for interns. Drs. Hankollari and Van Kirk lead the JARs in a simulation based curriculum as well as more advanced ultrasound. An ultrasound two week elective, coupled with an additional two weeks on the inpatient procedure service is an elective option for JARs.

Core Curriculum: The core didactic curriculum supplements the outstanding clinical training residents receive at Duke. The core curriculum lectures are delivered during noon conference Monday through Thursday. We also participate in Medicine Grand Rounds on Fridays and Duke LEADs conference on Tuesdays. Lectures are both in person and streamed and can be viewed at a time or location convenient for the resident, if they are unable to attend conference. MICU 'boot camp' occurs for junior residents in the first week of the MICU rotation.

Academic Half Day Program and Evidence-Based Medicine: Duke has a broad-based curriculum in Evidence-Based Practice that has long been integrated into our lectures and inpatient resident reports. Interns participate in the our EBM introductory curriculum, taught while on Ambulatory block.

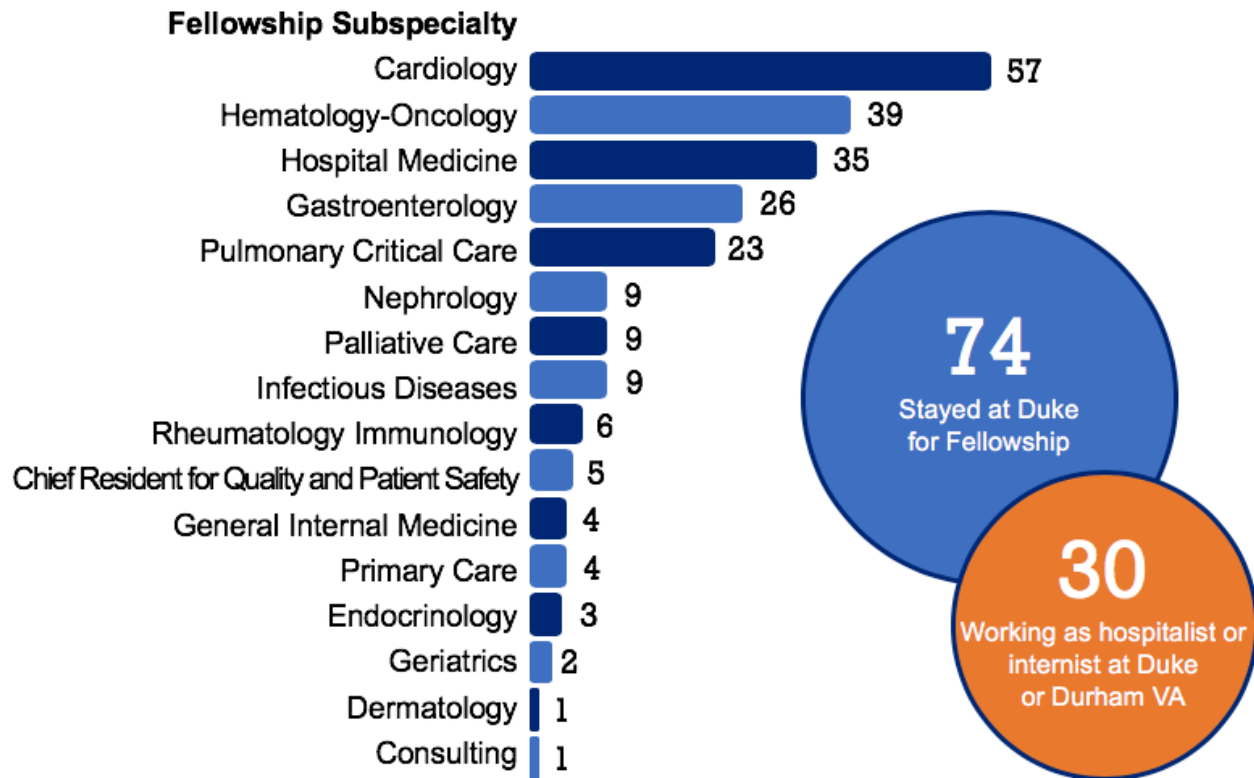
CICR: Residents have the opportunity to be introduced to clinical research methods, epidemiology, and biostatistics through this intensive four-week course led by Dr. Barrett Bowling, an NIH funded clinical investigator and VA clinician. This is offered twice a year and residents are selected for participation. This course provides residents with the tools to complete sound research projects with a mentor of their choosing and has provided the foundation for many successful resident- initiated research endeavors.

How do your Residents do in the Fellowship Match?

Outstanding! While many residents choose to stay at Duke for Fellowship Training, those that leave Duke consistently match at other top programs around the country. 85 percent of our residents choose subspecialty fellowships, with cardiology, gastroenterology, hematology-oncology and pulmonary-critical care medicine as the most popular choices.

The 2021-2022 Match List is attached at the end of this document. The match this year will be held in Dec for our senior residents applying to fellowship.

Number of Residents Matching to Fellowship 2015-2019



What's it like to live in Durham?

Durham is a diverse city with a population of nearly 250,000 people and is one-third of "The Research Triangle" (Raleigh, Durham, Chapel Hill). Durham offers an unbeatable combination of urban energy and cultural tradition and the Triangle is consistently ranked one of the country's best places to live and work. Housing is remarkably affordable and the climate is hard to beat. Most house staff buy homes or townhomes and the median home price in Durham is below \$200,000. Most house staff live within a very short drive of the hospital. Durham is a foodie's delight, with some of the region's best restaurants within walking distance of campus. The surrounding area is also rich in cultural, artistic, industrial, and educational opportunities, with multiple world-class universities, eateries, the capital city of Raleigh, and Research Triangle Park all within a 10-20 minute drive. North Carolina's beaches are only two hours to the east and the Great Smoky Mountains are a few hours to the west. There is a lot more info on the website (durham.duke.edu).

Can you tell me about the Chief Residents at Duke?

Three chief residents supervise the major teaching sites. After Internal Medicine Residency, they complete a year of subspecialty fellowship or an attending position prior to the Chief Resident year. The Duke and VA chiefs (**Lonnie Sullivan** and **Sara Coles**, respectively) run resident report, review admissions and teach the Gen Med residents at sign outs and in other settings. The Duke Regional and Ambulatory chief (**Nathaniel Harris**) runs morning report and teaches at the Duke Outpatient Clinic. **Ryan Duffy**, our chief resident for Quality Improvement at the VA, supervises quality improvement activities at the DVAMC and Duke Hospital.

Who are the 2023-24 Chief Residents?

Duke University Hospital Nathan Harris, MD

Durham VA Medical Center Michael Cosiano, MD

Duke Regional Hospital/Ambulatory ,Ann Cameron Barr, MD

Quality Improvement and Patient Safety, Durham VA, Courtney Dominguez, MD,

What is the Duke Graduate Medical Education Fund?

As part of the overall GME Endowment Fund, Duke University Health System provides support to reward excellence in teaching, assessment, and program improvement by encouraging innovation and collaboration through formal educational grants. The objective is to provide sufficient funds for innovative programs/curricula/assessment/faculty development which enhance our learning environment and contribute to quality patient care. The Department of Medicine has been extremely successful in obtaining this funding, with several projects currently underway, including promoting Individualized Learning Plans for residents and formal Clinical Skills Assessments. Further details are available at the Duke GME website (<http://www.gme.duke.edu>).

What is the Global Health Rotation?

Not to be confused with our Global Health Residency (See Below), our Global Health Rotation is a program supported by the Hubert-Yeargan Center for Global Health and under the direction of Dr.

Chris Woods that allows senior residents to do a 2-3 month global health rotation in Australia, Brazil, China, Nicaragua, Haiti, Kenya, Tanzania, Sri Lanka, New Zealand, Thailand, or with the Indian Health Service. Residents apply during JAR year to be selected for a Global Health Rotation in SAR year. **Rotations have been suspended due to the COVID pandemic. We anticipate resuming rotations in January 2023 but this is subject to change with COVID.

Can residents “short-track” into fellowship and the laboratory (Research Pathway)?

Absolutely! We are extremely supportive of this track for those interested in a career as a physician scientist. Interested candidates would decide during their PGY1 year and would apply for fellowship during the early part of the PGY2 year. An extra year of research is added to fellowship.

What else should I know about research opportunities within the Department?

There are many research opportunities for house staff as Duke is consistently ranked near the top in NIH funding. Additionally, special programs are in place to assist residents in their scientific endeavors.

- The Department of Medicine allocates funds each year for selected resident research projects.
- The “Faculty Resident Research Grants” and “Stead Resident Research

Grants” consist of \$2,000 awards per research proposal. In the 2018-19 academic year, 31 research grants were awarded to Interns and residents. The grants are due in the spring (Faculty Resident Research Grants) and fall (Stead Research Grants) of each academic year.

- The request for the spring grant applications is announced in November and the applications are due in the spring of each academic year. Funding is available as of July 1 of the next academic year after a competitive review process and selection of the proposals for funding by a faculty committee. The request for the fall grant applications is announced in July of each academic year for funding start in October.
- Protected time in the form of research electives are granted to selected house officers who under the guidance of their research advisors and the Associate Program Director for resident research, have identified a mentor and formulated a feasible research project and plan.
- Annual resident research prizes (Califf Medicine Resident Research Awards) dedicated to promoting resident research are presented at the conclusion of the poster session and oral research presentations at Resident Research Grand Rounds in May of each academic year.
- Separate funds and support are provided as Travel Awards by the Department of Medicine and Program leadership to selected residents whose projects were initiated and completed at Duke and selected for poster or oral presentation at local or national and professional or scientific society meetings.
- The Comprehensive Introduction to Clinical Research (ClinEpi) course is an intensive session designed to introduce trainees to clinical research methods in epidemiology, biostatistics, and data base management. This course is currently available to about 20 of the JARs each year. The focus of the course is the preparation of a methodologically sound research proposal to carry out hypothesis-driven research

Pathways and Unique Experiences

Global Health Residency

The Global Health Residency/Fellowship Pathway (GHRF Pathway), sponsored through the Hubert- Yeargan Center for Global Health and Duke Global Health Institute, is the pathway for future academic leaders in global health. This distinguished program delivers tailored post-graduate training experiences, integrating specialty-specific research opportunities, masters-level didactic training, and close mentorship to develop careers in global health. Residents will extend their residency training by 12 months to gain specific global health core competencies. This extended residency includes nine months of course work which will lead to a Master of Science in Global Health (MSc-GH) and a total of nine months providing clinical care and conducting research

at a Duke University international partner site. While attending master's classes, Global Health Internal Medicine Residents will continue to engage in weekly continuity clinics in order to meet requirements for board certification in Internal Medicine. Following the master's level course work, residents will complete their Global Health master's thesis and practicum while engaging in mentored clinical and research activities at their global health-training site.

Faculty Contact: Nathan Thielman, MD, MPH (Associate Program Director, Global Health)

Management and Leadership Pathway for Residents (MLPR)

The MLPR is an 18-month rotational experience for residents with management experience (MBA, MHA, MPP, etc) that offers the opportunity to work on high priority initiatives across the Duke University Health System and the Schools of Medicine and Nursing in multiple disciplines including health system management and operations; financial management and planning; quality improvement and safety; informatics; technology transfer; global strategy and business development; research enterprise management; clinical service enterprise management; and supply chain management. Interested residents will apply during their PGY-1 year and will add an additional year to a three-year residency program or re-purpose built-in elective or research time within longer programs. Management modules will be project-based, with a clear work product that can be produced in 3-6 months. The resident will also engage in regular didactic sessions and structured learning programs, including the option to take courses at Fuqua School of Business, Duke School of Law, and Terry Sanford Institute of Public Policy.

Faculty Contact: John Yeatts MD, (Associate Program Director, MLPR)

Advocacy in Clinical Leadership Track (ACLT)

Launched July 2012, this pathway is ideal for residents interested in physician advocacy. Interested residents will apply during the spring of intern year and will receive training in the following areas during their junior and senior years:

- Physician advocacy, including preparing an advocacy project for presentation in Washington, D.C., or Raleigh, N.C., to our federal or state representatives
- Teaching skills, including presenting clinical teaching to peers and students

Faculty contact: Daniella Zipkin, MD (Associate Program Director, Ambulatory)

VA Quality Improvement Chief Resident

The VA Chief Resident for Quality Improvement and Patient Safety is a position that began in July 2012. We received funding for the VA CRQS through a competitive application, and we are extremely excited to be part of this nationwide opportunity. The VA CRQS is a one-year opportunity for a graduating SAR. The chief resident teaches QI to the house staff, works on VA hospital committees, and develops patient safety and quality improvement initiatives at the DVAMC. Intensive training in statistical methods, as well as participation in national QI seminars are part of this position as well. **Ryan Duffy** works closely with **Joel Boggan, our APD for QI**, to develop innovative projects related to QI and Patient Safety and to educate the house staff on quality improvement.

Please note that this is only a fraction of all that is new and exciting about our program. For more information, don't hesitate to contact us or check out our website: <http://residency.medicine.duke.edu>

Senior Resident Fellowship Match List 2021-22

Name	Specialty	Location
Matt Abbott	Pulmonology	Washington University
Rabab Ali	Gastroenterology	Mt. Sinai
Tareq Aljurf	Pulmonology	Duke
Andrew Andreae	Cardiology	Duke
Saad Atiq	Hematology Oncology	NIH
David Bader	Hematology Oncology	Duke
Ann Cameron Barr	Rheumatology	Duke
Melanie Cabezas	Gastroenterology	USF
Felicia Cao	Hematology Oncology	UNC
Brittany Chapman	Cardiology	Cleveland
Sunny Chung	Gastroenterology	Yale
Michael Cosiano	Cardiology	Duke
Hayley Cunningham	Infectious Disease	Duke
Sam Dizon	Cardiology	Columbia
Jennifer Dziwis	Gastroenterology	Wake Forest
David Elliott	Cardiology	Duke
Sebastian Estrada	Cardiology	Pitt
Sebastian Franco	Nephrology	Penn
Bryan Golubski	Gastroenterology	UTSW
Nate Goodwin	Cardiology	Duke
James Helzberg	Gastroenterology	Duke
Timothy Hopper	Nephrology	Duke

Casey Howe	Rheumatology	NYU
Aman Kansal	Cardiology	Duke
Ryan Keane	Cardiology	Cleveland
Zach Lorsch	Gastroenterology	Duke
Amber Meservey	Pulmonology	Penn
Karina Mora Massad	Pulmonology	Colorado
Mary-Jo Obeid	Cardiology	Penn
Steve Pappas	Infectious Disease	Duke
JR Peacock	Cardiology	MUSC
Eric Powers	Hematology Oncology	Duke
Brian Rabe	Pulmonology	Cornell
Ryne Ramaker	Hematology Oncology	Duke
Jessica Regan	Cardiology	Duke
Sitharthan Sekar	Gastroenterology	Georgetown
Erin Song	Gastroenterology	UCSD
Sean Taasan	Hematology Oncology	UTSW
Rachel Tobin	Cardiology	Emory
Joe Wawrzynski	Gastroenterology	Duke
Geargin Wilson	Infectious Disease	UCSF
Christopher Zheng	Pulmonology	Mayo Clinic
Katherine Zhou	Hematology Oncology	Duke

What opportunities are there for physician advocacy?

The Advocacy in Clinical Leadership Track is a two year focused concentration where residents learn the basics of physician advocacy, research and present a platform issue to state or national politicians and meet with government relations officials at Duke.

In addition to ACLT, our residents engage in our community through volunteer efforts at the Lincoln Community Health Center, and at two COVID testing sites in underserved areas of Durham as well as vaccination sites. Many residents assisted in registering patients to vote in 2020. This year, we started teaching rotations at a local magnet health careers high school.

How is the residency program involved with anti-racism efforts?

The program partners with the Department of Medicine and the School of Medicine. We have all set goals for active development of anti-racism curricula and practices. While this effort is ongoing, some examples include

- 1) Departmental Civility Champions: trained faculty and residents available for debriefing incidences of witnessed or experienced bias/harassment. Uses a restorative justice paradigm.*
- 2) Stepping In Training and other upstander training: Through the program, junior residents learn "upstander" skills as they transition to being team leaders. The Department has trained multiple faculty through the University of Virginia Stepping In program, and these faculty train our residents and faculty.*
- 3) Social determinants report: discussions at resident report centered on how SDOH impacted patient care*
- 4) Journal clubs and discussions regarding racial bias in medical practice (e.g. CrCI)*
- 5) Monthly Departmental Health Equity lecture series*
- 6) Joint conference with UNC and Wake Forest (Race and COVID in NC)*
- 7) more available on the Departmental and School of Medicine website*