Our vision is to develop physician leaders who heal through high-quality care, compassion, community engagement and discovery.
To provide a diverse and individualized training environment that encourages evidence-based medicine, rigorous inquiry, team-based interdisciplinary collaboration and resident wellness to ultimately provide exceptional patient care.
Diversity and Inclusion

Danny Jacobs MD
President OHSU

Black Employee Resource Group

OHSU Pride Group

Derrick DuVivier MD
Assoc Dean, Equity/Inclusion

Latino Outreach Committee

Women in Academic Medicine

Project Partnership
Transgender Health Program
Overview of the 2021-2025 SOM Diversity, Equity, Inclusion and Anti-Racism Action Plan (SOM DAP)

- **Belong**
  - Education and Training
  - Engagement
  - Enrichment

- **Include**
  - Recruitment
  - Retention
  - Resources and Related Support

- **Empower**
  - Enablement
  - Extension to the Community
  - Evaluation

Leslie Garcia, MPA
Assistant Chief Diversity Officer
Assistant Provost for Diversity
Director, OHSU Center for Diversity and Multicultural Affairs
Residency Leadership Team

Susan Gurley MD, PhD
Chair, DOM

Kris Kent MD
Curriculum, Eval

Joe Chiovaro MD
Simulation, Med Ed

Alan Hunter MD
Scholarship

Katie Iossi MD
Ambulatory

Claire Zeigler MD
GH Scholars Program

Avi O’Glasser MD
Soc Media, Scholarship

Joe Chiovaro MD
Simulation, Med Ed

Alan Hunter MD
Scholarship

Katie Iossi MD
Ambulatory

Claire Zeigler MD
GH Scholars Program

CR-Claire, Jacque, Rachel, Cassie

Bailey Pope MD
Curriculum

Avi O’Glasser MD
Soc Media, Scholarship

Chris Terndrup MD
Ambulatory

Zachary Jacobs MD
GH Scholars Program
INPATIENT MEDICINE
Inpatient Services

Wards

• Gen Med admissions
• Drip admits
• Dedicated teaching faculty
• Dedicated CHS for capacity
• Closed Units
• Dedicated sign-out for NF
• Univ wards: 1:1 with MD/PA students
• VA Wards: 1:2 with MD students
• Multidisciplinary & radiology rounds

ICU

• University
  • Closed unit
  • 4 teams; 1:1
  • Dedicated staff/fellow 24/7
  • Multi-disc rounds

• VAMC
  • MICU and CCU
  • Closed unit
  • 4 teams; 1:1
  • Fellow present until evening
AMBULATORY MEDICINE
Continuity Clinic Sites

OHSU Internal Medicine (IMC)
- Mix of private and public insurance
- Complex, multidisciplinary care
- Medical home

Old Town Clinic
- Federally Qualified Health Center
- Central City Concern
- Medically underserved (addiction medicine, homelessness, food insecurity, behavioral health, etc.)
- Medical home

VA Primary Care Clinic
- Veteran Population
- Medically underserved
- Medical Home
+1 Week

**Structure**
- 4 firms
- 3-4 half days continuity clinic
- 2-3 half days subspecialty clinic
- 2 educational half days

**Subspecialty clinics**
- PGY1 year
  - HIV, Women’s Health, Med-psych, geriatrics, ophtho, etc
- PGY2/3 year
  - Specialty clinics-HO, Cards, Pulm, GI, Renal, ID, etc

**Second clinic option**
- Avail PGY2/3 year
- Personal choice of 40 diff clinics-specialty or general medicine
## Social Medicine Block
### Central City Concern (FQHC)

### Schedule for OHSU/Old Town clinic Intern

<table>
<thead>
<tr>
<th>WEEK 1</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Independent Learning</td>
<td>CCC Orientation</td>
<td>VA Wound Care</td>
<td>Independent Learning</td>
<td>Independent Learning</td>
</tr>
<tr>
<td>PM</td>
<td>VA CRRC</td>
<td>CCC EMR Training</td>
<td>Old Town clinic</td>
<td>OHSU or OTC Continuity</td>
<td>OHSU IMC Urgent Care</td>
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<tr>
<th>WEEK 2</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>VA HBPC Home Visits</td>
<td>CCC GEP AM</td>
<td>VA Wound Care</td>
<td>OHSU IMPACT</td>
<td>Hooper</td>
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<tr>
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<table>
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<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>Hooper</td>
<td>MAT (Buprenorphine) On-Line Training</td>
<td>VA Wound Care</td>
<td>OHSU IMPACT</td>
<td>Independent Learning</td>
</tr>
<tr>
<td>PM</td>
<td>Admin/In-Basket Time?</td>
<td>Central City Recovery</td>
<td>Old Town clinic</td>
<td>OHSU or OTC Continuity</td>
<td>OHSU IMC Urgent Care</td>
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### Schedule VA clinic Intern

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</table>
Kaiser Rotation

• 2 month rotation, PGY2 and PGY3
• Outpatient clinics
  • General Medicine, Subspecialty clinics
• Half day per week didactics
  • Healthcare management curriculum
  • Resident project (ISP)
  • Other topics not covered in hill based educational half days
• Urgent care clinics
  • Urgent cases to minor procedures
Primary Care Track

- Opt-in at end of 1st year
- Primary care career counseling
- Mentorship
- Monthly social outings
- Journal Clubs
- Additional primary care subspecialty experience:
  - Dermatology
  - Musculoskeletal
  - Women’s health
  - Procedures
- Primary care workshop
- Rural preceptorship
  - Rural sites throughout Oregon and in Alaska
- **Primary care block** – 6 weeks during third year
  - Embedded medical education curriculum
  - Primary care subspecialty skills focused
Global Health Scholars Program
Internal Medicine Residency Program
Oregon Health & Science University
OHSU Global Health Scholars Program

Mission
The OHSU IM Global Health Scholars Program provides a pathway of clinical and didactic experiences to develop physicians who will care for vulnerable, underserved communities with a view towards alleviating health disparities.

Components
- Curriculum
- Local underserved elective
- International elective PGY3 (Botswana)
Local Elective

Select one of the two local options

Indian Health Service
(one of following options)

**Anchorage** Service Area (*PC overlap), **Alaska**

or

**Chemawa** Indian Health Center **Salem**, **Oregon**

Local Underserved Elective

**Community Resource and Referral Center**
(homeless Veterans)

**Virginia Garcia Clinic (FQHC)**

**Corrections Medicine** (Chris Evans MD with a focus on HIV and HEP C)

**Bridges clinic** (student run volunteer clinic)

Medicine is a social science, and politics is nothing but medicine on a large scale. The physicians are the **natural attorneys of the poor**, and the social problems should largely be solved by them.”- Rudolf Virchow
# Example of Local Global schedule

## Global Health Local Elective
Sample Schedule (3 weeks)

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AM</strong></td>
<td>Mulnomah County Clinic</td>
<td>AM</td>
<td>Virginia Garcia Memorial Health Ctr.</td>
<td>Multnomah County Clinic</td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td>Didactics with Dr. Jacobs</td>
<td>Independent Study (All Day)</td>
<td>Virginia Garcia Memorial Health Ctr. Location: Hillsboro</td>
<td>(All day)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Location:</strong></th>
<th></th>
<th>Location:</th>
<th>Location:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Hillsboro</td>
<td></td>
<td>Hillsboro</td>
<td></td>
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</tr>
</tbody>
</table>
In Emergency Department After Found on the Street

Begins Drinking More Heavily

Gets Assaulted

City & federal policies contributing to gentrification & displacement

Legacy of colonialism; Systematic marginalization & violence against indigenous communities in S. Mexico

Racism/ racialized low-wage labor markets; US immigration policy

Begins Working as Day Laborer

Injury, Can’t Work

Can’t Pay Rent, Moves to Street

North American Free Trade Agreement (NAFTA)

US healthcare system (no access to care)

Moves to San Francisco

Influx of Cheap US Corn; Can’t Make a Living

4th Generation Corn Farmer in Oaxaca
Global Health Partnership in Botswana
EDUCATION
ID Curriculum

Overall ITE Scores
(Noon conference curriculum was implemented mid-2015 and is reflected in the 2016/2017 ITE scores)

Current Topic Hours Breakdown
**The numbers of hours that have been assigned to each subspecialty are based on the % of ABIM questions on the in-training exam.**

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Essential Curriculum Hours (35 hours – repeated each year)</th>
<th>Expanded Curriculum Hours (120 hours – repeated each 1 1/2 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Pulm/Critical Care</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>GI</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>ID</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Rheum</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Endocrine</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Oncology</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Nephrology</td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>
Key problems Identified

- Tick-borne illness and *M. avium* complex tx can be reasonably ignored.
- Cards has endocarditis talk, but in their expanded curriculum, and a lot of focus on Epi/Dx.
- Does Pulm have a PNA/LRTI talk, and if so, if it focused on treatment?
- STDs seem better suited to outpatient curriculum, especially if we need space
- Two immunocompromised host talks, 1 in essentials, might over represent that importance to IM residency
Proposals to address

Move “Immunocompromised host and febrile neutropenia” out of Essentials and replace with talk on “Infective Endocarditis, Focus on Management”
• Would need ID lecturer for this new talk --> Strnad?
  Combine “Immunocompromised host and febrile neutropenia” and “Immunocompromised host: invasive fungal infections” into a single Expanded talk
• Would need to talk to Hakki/Strasfeld about this adjustment and about who should give this talk (Strasfeld > Hakki already has one Essential)

Move STDs entirely to Outpatient? Use this to create space in Expanded for one of the following:
• Pneumonia/Lower Respiratory Tract Infections Treatment
  • Preferred (Would need ID lecturer → Ellie Sukerman)
• HIV opportunistic infections
• Antibiotic choice for different anatomic sites of infection

Tailor focus a bit on CNS infections and TB talks
2020 Overall Program Performance for IM

PASS RATE

Candidates Across
All Program: 94%

Candidates From
Your Program: 100%

YOUR PROGRAM
N = 38
(1 Results Withheld)

STANDARDIZED SCORE SCALE
2016-2020 Rolling Program Pass Rates for IM

- All programs
- Your program

2016-2018: 91% (All programs), 99% (Your program)
2017-2019: 91% (All programs), 100% (Your program)
2018-2020: 90% (All programs), 100% (Your program)
2020 Program Performance by Medical Content Area

- Cardiovascular Disease (14% of exam): 0.26 [0.01, 0.52]
- Endocrinology, Diabetes, and Metabolism (9% of exam): 0.09 [-0.18, 0.37]
- Gastroenterology (9% of exam): 0.29 [0.13, 0.15]
- Hematology (6% of exam): 0.05 [-0.23, 0.32]
- Infectious Disease (9% of exam): 0.02 [-0.14, 0.37]
- Medical Oncology (6% of exam): 0.16 [-0.15, 0.46]
- Nephrology and Urology (6% of exam): 0.16 [-0.09, 0.41]
- Pulmonary Disease (9% of exam): 0.21 [-0.06, 0.46]
- Rheumatology and Orthopedics (9% of exam): 0.33 [0.17, 0.51]
- Other Medical Specialties/Miscellaneous (23% of exam): 0.29 [0.13, 0.42]
Conferences

Outpatient

• 2 half days
  • Problem based learning
  • WISC/Quality improvement
  • Chronic pain management
  • Educational prescription project
  • Core didactics

Inpatient

• Noon report
• Noon conferences
  • Emphasis on diagnostic reasoning, problem representation, illness scripts
• Different educational styles
  • Traditional
  • Resident competition
  • Preconference teaching
  • Team based learning
Quality Improvement/Patient Safety: WISC Curriculum

- Improvement Science Curriculum (ISC)
  - Began in 2016 in response to new ACGME requirements
  - 2.5 hour sessions covering:
    - QI theory
    - QI tools (PDSA cycles)
    - Data collection/representation
    - Errors (both cognitive and systemic)
  - A longitudinal “PIP”- personal improvement project

- Wellness & Resilience Curriculum (++1)
  - Newly created sessions to focus on this important area
  - Covered topics such as:
    - Burnout versus resilience
    - Narrative medicine
    - Difficult conversations
  - Had an ambulatory focus (presented during the +1 week)
<table>
<thead>
<tr>
<th>Block #</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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</thead>
<tbody>
<tr>
<td>Dates</td>
<td>8/14-9/4</td>
<td>9/11-10/2</td>
<td>10/9-10/30</td>
<td>11/6-11/27</td>
<td>12/4-1/22</td>
<td>Break</td>
</tr>
<tr>
<td>Topic</td>
<td>Intro to WISC: Tools of the Trade</td>
<td>Systems 1: Intro &amp; Clinical Efficiency</td>
<td>Systems 2: Tools for Improvement</td>
<td>Systems 3: Macrosystems and Social Determinants of Health</td>
<td>Data Collection, Representation &amp; Analysis</td>
<td></td>
</tr>
<tr>
<td>ORDER:</td>
<td>Green</td>
<td>Blue</td>
<td>Red</td>
<td>Yellow</td>
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<tr>
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<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
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</thead>
<tbody>
<tr>
<td>Topic</td>
<td>Teamwork &amp; System Errors</td>
<td>Diagnostic Errors &amp; Disclosure</td>
<td>Narrative Medicine &amp; Second Victim</td>
<td>Communications 201: Difficult Conversations, Bystander and Unconscious Bias Training</td>
<td>PIP Presentations</td>
<td></td>
</tr>
<tr>
<td>ORDER:</td>
<td>Red</td>
<td>Yellow</td>
<td>Green</td>
<td>Blue</td>
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</table>

**PIP Projects Will Run During Blocks 8-13**
Intern Report

• Complete overhaul in 2019 to emphasize clinical reasoning and incorporation of EBM with increasing complexity over the year

Intern Report Educational Timeline
AG July 2019-June 2020

July
August
September

• HPI
• Problem representation
• Illness scripts
• Differential diagnosis

October
November
December

Physic Exam

January
February
March

Diagnostic testing:
selection & interpretation

April
May
June

• Imaging selection
• Ambiguity
• Triage/Consultant interaction

Intern led case presentations
Intern brings cases preferably following the curriculum timeline (example: physical exam pearls in October).

+ Chief prepared “bread and butter” cases
Every 5th week highlighting the above focuses.
Examples: approaches altered mental status, weakness, hyperglycemia, skin infections, AKI, nephrotic syndrome

+ Expert led teaching sessions
Every 5th week highlighting the above focuses.
**R1 Workshop**

* Becoming a Resident
  - Best practices for:
    - Admissions
    - Rounds
    - Discharges
    - Evaluations and expectations
  - Teaching Medical Students
  - Peer to Peer debrief

**R2 Retreats**

* Becoming a Leader
  - Leadership 1.0
  - Code leadership
  - Bias in medicine
  - OMP
  - Diagnosing your learners
  - Feedback

**R3 Workshop (new)**

* Becoming an Educator
  - Learning climate
  - Chalk talks
  - The adult learner and learning cycle
  - Teaching clinical reasoning
  - Motivations and mindsets

* Becoming a Professional
  - Mentorship
  - Social media management
  - Professionalism, Ethics and Advocacy
  - Developing expertise as a clinician

---

Professional Development

Teaching focused

Leadership Focused
Procedure Service
Ultrasound Elective

TOP TEN ARTICLES TO READ

PROCEDURE ROTATION / 1ST JEOPARDY ORIENTATION DOCUMENT

1. Safety of US-Guided Thora with Abnormal Coags - Chest 2013
2. Paracentesis Complications 2009
3. Should bleeding tendency deter abdominal paracentesis Lin 2005
4. CT before completing LP - who gets it NEJM
5. Coagulopathy of Chronic Liver Disease NEJM
7. Increased yield with bedside inoculation of cultures after paracentesis

PARACENTESIS  LUMBAR PUNCTURE  THORACENTESIS

ARTHROCENTESIS  CENTRAL LINE INSERTION  VIDEOS
INTERN INTENSIVE
Simulation Schedule

- Developed new simulation program
- Incorporation of microaggressions into simulation
- Increased hands on training time per intern
- Smaller groups this year for COVID

<table>
<thead>
<tr>
<th>Group</th>
<th>Mon am</th>
<th>Mon pm</th>
<th>Tues am</th>
<th>Tues pm</th>
<th>Wed am</th>
<th>Wed pm</th>
<th>Thur am</th>
<th>Thur pm</th>
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<th>Fri pm</th>
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<tbody>
<tr>
<td>1 Vent</td>
<td>QI</td>
<td>Procedures</td>
<td>US 1</td>
<td>US 2</td>
<td>Comm</td>
<td>OHSU Sim</td>
<td>VA Sim</td>
<td>EHR</td>
<td>Group A: 8-10:30</td>
<td></td>
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<tr>
<td>2 QI</td>
<td>Procedures</td>
<td>US 1</td>
<td>US 2</td>
<td>Comm</td>
<td>OHSU Sim</td>
<td>VA Sim</td>
<td>Vent</td>
<td>Group B: 11-1:30</td>
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<td>3 Procedures</td>
<td>US 1</td>
<td>US 2</td>
<td>Comm</td>
<td>OHSU Sim</td>
<td>VA Sim</td>
<td>Vent</td>
<td>QI</td>
<td>Group C: 2-4:30</td>
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<td>4 US 1</td>
<td>US 2</td>
<td>Comm</td>
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<td>5 US 2</td>
<td>Comm</td>
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<td>VA Sim</td>
<td>Vent</td>
<td>QI</td>
<td>Procedures</td>
<td>US 1</td>
<td>Group A: 11-12:30</td>
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<tr>
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<td>VA Sim</td>
<td>Vent</td>
<td>QI</td>
<td>Procedures</td>
<td>US 1</td>
<td>US 2</td>
<td>Group B&amp;C: 8-9:30</td>
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<td>VA Sim</td>
<td>Vent</td>
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<td>Comm</td>
<td>OHSU Sim</td>
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</table>
Resident Educational Opportunities

• Preceptor for first-year medical students (year long; PGY2/3)
• Co-Precepting in clinic as a primary care track resident (PGY3)
• Resident teacher in Botswana for Botswanan medical students (PGY3)
• Ambulatory curriculum opportunities
  • Creating new curriculum
  • Delivering didactic sessions
• Narrative Medicine opportunities
• Other medical school opportunities
SCHOLARSHIP & SOCIAL MEDIA
SPeAR

• Scholarship Peer Advice and Resources Group

• Resident-run collaborative of OHSU IM residents, who strive to lower the activation energy needed for residents to participate in research through peer-to-peer support and professional networking, with the aim of fostering scholarship in all forms, as we strive to uphold the academic mission of our program, the greater OHSU community, and the medical profession

Slide Courtesy of Patricia Liu, MD (OHSU IM CMR 2019-2020)
Scholarly Opportunities

• DOM Resident Scholarship Mini-Grant

• Intern Mentor Matching (eventual all)

• Division Chiefs - first point of contact for residents
Scholarship, social media, and novel learning:

#OHSUScholarship  @OHSUIIMRes
MENTORSHIP INFRASTRUCTURE
Coaching Program for Life-Long Learning, Empathy and Resiliency (CLEAR)

• Matching survey before you come
• Coach assignment upon arrival
• Every 3 month meetings
• Coaches are not in your area of interest in order to avoid any conflict
• Create an individual learning plan to foster life long learning
Additional Mentoring

• Two PD sessions re the fellowship process in PG-2 year
• 2-4 individual meetings with PD in preparation for fellowship

• Two PD sessions re the fellowship process in PG-2 year
• Career Sessions including primary care and hospitalist medicine
• 2-4 individual meetings with PD in preparation for fellowship
Match Day!

- Cardiology - OHSU
- Cardiology - University of Arizona: Tucson
- Cardiology - University of New Mexico
- Endocrinology - OHSU
- Endocrinology - University of Rochester/Strong Memorial
- Gastroenterology - UCSF: Fresno
- Gastroenterology - St. Joseph Mercy: Michigan
- Geriatrics - OHSU
- Global Health: University of Washington
- Hematology/Oncology - UCSF
- Hematology/Oncology - Tulane
- Infectious Diseases/Critical Care Medicine - University of Pittsburgh
- Nephrology - OHSU
- Pulm/Critical Care - Mount Sinai
- Pulm/Critical Care - OHSU (2)
- Pulm/Critical Care - University of New Mexico
- Pulm/Critical Care - University of North Carolina
Graduate Destinations

• Ambulatory Medicine
  • ~12-20% per year
  • Local community clinics
  • Rural locations- Eastern OR, Coast
  • Academic
    • OHSU, UW, NYU
  • Distant community
    • Wisconsin, Colorado, California, New Mexico

• Hospitalist
  • Community
  • VA- Oregon, California
  • Academic – Oregon, Washington, California

• Other
  • UCSF Heal Fellowship
  • EIS Fellowship
  • Beth Israel GH Fellowship
RESIDENCY COMMUNITY INVOLVEMENT
Opportunities/Offerings

• Ambulatory Residency Advisory Committee (RAC)
• Curriculum Committee
• IM Resident Council
• OHSU GME Housestaff Council
• OHSU GME Diversity Committee
• OHSU Housestaff Quality & Safety Council

• Semi-annual performance review
  • Review feedback on program
• Chief Resident Town Hall
• Program Director Fireside Chat
• PGY3 debrief with the program director
• PGY1 debrief with chief residents
• Big Sib-Little Sib Program
IM Resident Council

• Resident representatives from each year
  • 23 members (~7-8 per PGY)

• Volunteer Projects
  • Habitat for Humanity Build
  • Oregon Food Bank
  • ACP Hill Advocacy Day

• Wellness (WelCom)
  • Tofurkey Bowl
  • Big sib-little sib mentoring program
  • DoM Happy Hour events (faculty and residents)

• Diversity, Equity and Inclusion
  • On Track program (virtual clinic educational sessions)

• Residency related projects
  • Revamp of certain rotations
  • Understanding scheduling rules document
  • Info document re scheduling Step 3
DEI IM Resident Taskforce

Mission
• Use our clinical and academic medical practice as a lens to enhance understanding and increase exposure to social inequities within our community, anti-racist thought and harms of race based medicine.

Aim
• Create an open environment to discuss ongoing inequities within our institution and greater community, propel projects forward that will dismantle race based medicine and systemic, institutional racism, and incorporate anti-racist teachings into our formal education and daily practice.
• Recognize our privilege as physicians and educators and continue to serve our community, particularly focusing on supporting vulnerable populations that have suffered during the COVID19 pandemic and centuries of racial injustice culminating in systemic oppression.
Task Force Initiatives

Community Engagement & Volunteerism

- Mentorship programs with local students
- Community initiatives with local non-profits
- Increase engagement with local clinics with underserved patients
- Sustain lasting volunteer opportunities

Diversity & Equity In Research, Scholarly Work, and Quality Improvement

- Evaluate and dismantle harmful race-based medical teachings
  - i.e., eGFR, PFTs,
  - Identify gaps in medical literature that contribute to inequities

Education, Lectureship, and Workshops

- Peer-based workshops on Microaggressions/Racism in Medicine
- Journal/Multimedia Resident Club
- Identification of community experts
WELLNESS & RESILIENCY

- Physical Health
- Life Security
- Emotional Health
- Community
- Meaning in Work
Mission Statement

- To support the health and wellbeing of our internal medicine residents, we aim to promote wellness in each of the following domains:
  - Physical Health (nutrition, exercise, sleep, health maintenance)
  - Mental Health (ability, resilience, self acceptance, reflection, mindfulness)
  - Meaning in Work (sense of purpose, mentorship, opportunity for professional growth, advocacy)
  - Life Skills (relationships, financial know-how, work-life balance)
  - Community (family, friendship, shared experience, social engagement)
Objectives

• Wellness curriculum
  • Throughout the year/consistent
• IMRC/Chief Resident/Program dedicated events
  • Retreats, workshops, candy rounds, pet therapy on wards
• Address structural issues
  • Consistent feedback from residents and faculty
  • Wellness rounds
• Volunteerism
  • Minimum 4 times per year (reduced due to Covid)
Resident & Faculty Wellness Center

- Health Maintenance Days
  - Pre-scheduled 2 half days
    - Health care, dentist, eye, etc
  - You schedule other 2 half days
- Resident Wellness Center
  - Free, confidential
Resident Benefits

- Four weeks of annual paid Vacation
- Three weeks of annual Illness Leave
- Three weeks of Paid Paternal Leave, available after one year of full-time employment
- Various plan options for medical, dental, vision, and life insurance, with optional disability, AD&D, and family coverage
- Flexible Spending Accounts (use of pre-tax dollars for eligible health care and child care expenses)
- Health Savings Account for those who choose a qualifying medical plan (use of pre-tax dollars to pay for qualified medical expenses)
- House Officer Retirement plan (3% OHSU paid pre-tax contribution that is 100% vested immediately) Resident Wellness Program
- Employee Assistance Program (confidential counseling and referral services for employees and immediate family)
- Meal Money
- Parking (priority parking at a discounted rate)
- Discount on public transit passes; stipend for walking or biking to work
- Annual Housing Stipend (currently $2,000 per academic year, paid out monthly)
- Relocation Assistance ($1,000 for new PGY-1s only)
- Annual Educational Allowance ($750 per academic year)
- USMLE or COMLEX Step 3 Registration Fee reimbursement
- Medical Licensure cost (Limited Licenses only)
- Lab Coats and Scrubs
Where Do Our Partners Work?

- Law (26.3%)
- Technology/Data (21.1%)
- Healthcare (10.5%)
- Engineering
- Supply Chain
- Not for Profit
- Renewable Energy
- Heavy Metals Industry
- Construction
- Real Estate
- Technology/Data
THANK YOU!