

Wellstar Kennestone Internal Medicine Residency Program
Categorical Track Curriculum:

PGY-1

- Inpatient wards (five months)
- Ambulatory medicine (two months)
- Medical ICU (one month)
- Cardiac care unit or Medical ICU (one month)
- Night float/procedures (one month)
- Neurology (one month)
- Emergency medicine (one month)
- Vacation (three weeks)

PGY-2

- Inpatient wards (three months)
 - Wards, Round/Swing, and/or Chest Pain/Observation Unit
- Ambulatory medicine (two months)
- Medical ICU (one month)
- Cardiac care unit, Medical ICU, or Cardiology (one month)
- Night float/procedures (two months)
- Electives (three months)
- Geriatrics (one month)
- Vacation (three weeks)

PGY-3

- Inpatient wards (three months)
 - Wards, Round/Swing, and/or Chest Pain/Observation Unit
- Ambulatory medicine (two months)
- Medical ICU (one month)
- Night float/procedures (one month)
- Electives (five months)
- Vacation (three weeks)

None of our rotations utilize 24-hour in-house call.

Rotations for Categorical Track and Primary Care Track:

All residents must complete one month in six of the following eight subspecialties: cardiology, GI, rheumatology, endocrine, nephrology, infectious disease, hematology/oncology and pulmonary medicine.

- **Continuity Clinic:** Residents are scheduled for continuity clinic at Wellstar GME Internal Medicine Marietta one full day every other week. There are no other clinical responsibilities on continuity clinic days. Residents also spend additional time in this clinic during ambulatory block rotations.
- **Ambulatory Block:** Each resident completes two months of ambulatory block each academic year. The rotation includes a diverse range of experiences including clinical experiences in primary care, ENT, obesity, heart failure, outpatient rehabilitation, addiction medicine, gynecology, urology, population health, quality improvement, patient safety, dermatology, urgent care and podiatry.
- **Inpatient Wards:** Residents gain a general inpatient medicine experience intended to expose a broad range of disease processes and medical problems seen in the hospitalized patient. Teaching teams admit, round and discharge patients with a cadence like hospitalists. Teams consist of an attending physician, one senior resident (PGY-2 or PGY-3), two PGY-1 interns and medical students. All teaching teams are geographically based and have a structure in place for interdisciplinary rounds.
- **Round/Swing:** Residents gain a unique experience on this two-week split rotation. Half of the month, residents are managing patients on inpatient wards one-on-one with a teaching faculty physician. They lead all bedside rounds and can practice with more independence. The other half of the month is dedicated to doing admissions one-on-one with teaching faculty. This rotation has been created to expose residents to a hospital medicine experience.
- **Chest Pain/Observation Unit:** PGY-2 and PGY-3 residents work with transitional year interns to manage and treat patients in the clinical decision unit. This unit teaches residents to manage low-to-intermediate risk chest pain patients and lower acuity medical patients in a fast-paced environment.
- **Consult Service:** The medical consultative elective is an opportunity for residents to provide consultative care for all other service lines in the hospital. Residents work collaboratively with transitional year interns and an attending to assess new consultations and provide medical expertise on the medical management of the hospitalized patient.
- **Night Float/Procedures:** Residents work one-on-one with dedicated teaching nocturnists to hone their skills in admitting complicated internal medicine patients with a diverse pathology in a fast-paced emergency room. They also obtain valuable experience providing cross-cover services to the patients on the teaching service. In between nocturnist weeks, residents have the time to hone their ultrasound/procedure skills.
- **ICU:** Residents gain experience in the management of various critical conditions including septic shock, respiratory failure and hemorrhagic shock. They learn about the intricacies of the management of mechanical ventilation and extracorporeal membrane oxygenation (ECMO).

- Emergency Medicine: Each PGY-1 resident will complete a one-month rotation in the emergency department. Residents will have the opportunity to perform the initial evaluation of patients presenting with a variety of clinical conditions.
- Neurology: Residents learn about the diagnosis and management of common and rare neurological conditions through inpatient and outpatient clinical rotations.
- Geriatrics: This rotation focuses on the physiologic, pharmacologic and socioeconomic factors that specifically affect the geriatric population.
- Cardiac Care Unit: Under the supervision of experienced cardiologists, residents learn about critical cardiology care including the management of cardiogenic shock, unstable coronary syndromes, hemodynamically unstable arrhythmias and advanced heart failure.
- Cardiology: Training in a comprehensive cardiac center allows residents to manage many cardiac conditions such as ischemic heart disease, heart failure and arrhythmias during their cardiology rotation.
- Endocrinology: Residents learn about normal endocrine function as well as the diagnosis and management of common and uncommon endocrine disorders in an outpatient setting.
- Gastroenterology: This rotation occurs in inpatient and outpatient settings where residents learn to evaluate and manage common and uncommon abdominal complaints. They are also exposed to routine GI procedures, including endoscopy.
- Hematology/Oncology: Residents learn about the diagnosis, treatment and appropriate follow-up of hematologic and oncologic conditions. This educational opportunity occurs in inpatient and outpatient settings.
- Infectious Disease: Through one-on-one sessions with infectious disease specialists, residents learn the importance of a detailed history and physical exam in the evaluation and treatment of common and rare infections. The physiology, pathogenesis, clinical presentations, natural history and public health implications of infectious diseases are highlighted.
- Nephrology: Residents are exposed to various renal conditions in the inpatient and outpatient setting. Emphasis is placed on the evaluation, management and prevention of renal disorders, as well as understanding electrolyte disturbances and renal replacement therapy.
- Pulmonary Medicine: Residents gain knowledge and experience in the evaluation and management of patients with common and uncommon pulmonary conditions in the inpatient and outpatient setting. They learn about the details of the longitudinal management of patients with chronic conditions such as chronic obstructive pulmonary disease, asthma and pulmonary hypertension.
- Rheumatology: Through direct supervision from the attending rheumatologist, residents learn to evaluate and manage common rheumatologic conditions including autoimmune connective tissue disorders.
- Other month-long electives: hospital medicine, anesthesiology, ICU, primary care, inpatient psychiatry consultations, obesity medicine, palliative care, observation unit, nocturnist, hospital medicine consults, pathology and ethics.