



# Primary Care Track

## OUR MISSION

To train the next generation of leaders in primary care internal medicine by providing comprehensive, individualized training in ambulatory medicine, clinical teaching, quality improvement, leadership, health policy and advocacy. We are committed to creating a diverse, equitable, and inclusive training environment in which all of our residents feel valued and able to thrive.

## OUR PHILOSOPHY

### Graduated increases in autonomy in patient care, leadership, and education

Your R1 year is focused on becoming an **outstanding internist for individual patients**. You will acquire the knowledge and skills necessary to independently manage common and complex medical conditions, to develop personal systems of care that allow for efficient and high-quality care, and to hone patient-centered communication skills.

During your R2 year, you will develop your **leadership and practice management skills** in the ambulatory care setting through clinic-based QI leadership, exploration of innovations in primary care delivery, and peer observation and feedback.

During your R3 year, you will explore your role as a physician in the health care system working to **optimize the health of your community**. You will learn and practice advocacy skills and work together to educate local and state-wide elected officials about issues important to your patients!



## OUR RESIDENTS

Our residents have diverse backgrounds and a wide variety of career interests, including community primary care, academic primary care, global health, women's health, homeless health, HIV medicine, refugee health, veteran's health, health policy, care of the underserved, LGBTQ+ health, health education, and more!

*"I chose UW because I was impressed by seeing bright, kind residents who seemed to retain their humanity through the rigors of residency."*

*– Mindy Zeitz-Chua, R3*

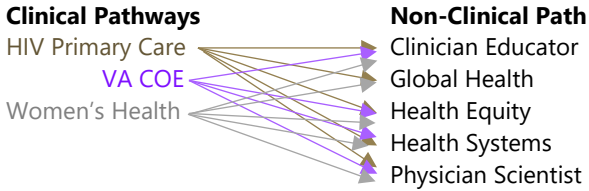
### OUR GRADUATES

- 65% primary care (academic or community)
- 10% non-primary care ambulatory subspecialties (rheumatology, endocrinology, palliative, renal)
- 25% hospitalist/procedure-based subspecialties
- >25% leadership positions: public health, health policy, QI/administrative leadership, clinic & program directors

## OVERVIEW OF OUR PROGRAM

### Pathway Experiences & Electives

Primary care track residents often join one or more UW IM pathways. Clinical pathways can be paired with non-clinical pathways.



### Unsure if you want to commit to a pathway, but still want a taste of the pathway experience?

Our program offers electives in most pathway themes:

- HIV medicine ambulatory block
- Women's health ambulatory block
- Teaching elective
- Global health leadership course + clinical rotation in Naivasha, Kenya
- Health equity block\*
- Health systems block\*
- Research blocks\*\*

\*Health Equity & Health Systems blocks are typically open to non-pathway participants, depending on pathway size & stipends available.

\*\*Research blocks must be applied for and approved through application process.

### Other Electives:

- Ambulatory thematic blocks: addiction medicine, homeless health, metabolic disorders, and many more!
- Cafeteria blocks: design a mix of clinics to fill your individual educational needs
- WWAMI rotations: immersive rural community primary and subspecialty care experiences
- Quality Improvement/curriculum development/design your own elective\*

\*These experiences must be applied for and approved through application process.

*"Even after going to medical school here, I feel like the diversity of experiences offered by this program is immense. The training weaves in experiences at the VA, community hospitals, rural medicine sites, subspecialty care, and an outstanding county hospital to develop a very broad skillset."*

– Cody Gehring, R3

## OUR CURRICULUM

R1		R2		R3	
PC Immersion: Care of the Patient		PC Immersion: Care of the Practice		PC Immersion: Care of the Population	
PC Immersion: The Art of Clinic		PC Immersion: Clinic Leadership		PC Immersion: Clinician Teacher	
Medicine Consults		Ambulatory Geriatrics		Ambulatory Elective	
Cafeteria Ambulatory *		WWAMI		Ambulatory Elective	
Dermatology		Ambulatory MSK		Ambulatory Elective	
Elective		Ambulatory Elective		Elective	
VA Cardiology (combination inpt/outpt)		Elective		Elective	
Elective	Scholarship/Risk	Elective	Scholarship/Risk	Elective	Scholarship/Risk
Harborview MICU		Harborview Neurology		Day/Night Medicine	
Harborview Wards		Harborview Wards		UWMC Heme-Onc	
UWMC Wards		VA Wards		UWMC Wards	
VA Wards		UWMC Cardiology		Harborview Cardiology	
Inpatient Subspecialty Consult*		Harborview ER		Harborview MICU	

\*VA COE Pathway R1s have COE ambulatory blocks in lieu of these blocks.

## OUR CLINICS

**Belltown Clinic** delivers primary care to a diverse population of patients, from the working professional to the urban underserved.

**Harborview Adult Medicine Clinic** provides primary care primarily for an underserved patient population, including King County residents who are under/uninsured, experiencing homelessness, and immigrants.

**Harborview Madison HIV Clinic** provides comprehensive primary care to a diverse population of patients living with HIV.

**Roosevelt General Internal Medicine** offers comprehensive primary care to a highly medically complex patient population, along with university staff and students.

**Roosevelt Women's Clinic** provides primary care and reproductive health care services to a diverse patient population of women at all stages of life.

**VA Center of Education in Interprofessional Collaboration (COE)** provides primary care in both the VA Women's Clinic and the VA Primary Care Clinic, caring for medically complex patients with a broad range of diseases and co-morbid psychosocial conditions.

## Questions?

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