UNIVERSITY OF HAWAII
INTERNAL MEDICINE
RESIDENCY PROGRAM

ELECTIVES FOR MEDICINE RESIDENTS

July 2011

Honolulu, Hawaii
University of Hawai‘i Internal Medicine Residency Program
John A. Burns School of Medicine • Hawaii Residency Programs, Inc.
Kuakini Medical Center • The Queen’s Medical Center • Straub Clinic & Hospital • VA Pacific Islands Health Care System

MEMORANDUM

TO: 2011-2012 Level 1 Residents
FROM: Erlaine F. Bello, MD  
Program Director
DATE: May 16, 2011
SUBJECT: Electives for 2011 - 2012 Academic Year

The descriptions of the electives offered in the 2011 – 2012 academic year are available on New Innovations > Department Manuals. A printed booklet will be provided only upon request.

Each of you has been assigned to a Firm and your Firm Director must review your elective choices and electronically sign your “Elective Requests” form.

1. Residents are assigned the following number of electives: Categorical Level 1 = one elective, Preliminary Level 1 = two electives, Level 2 = two electives, and Level 3 = three electives.
2. Preference will be given to more senior residents, and then in order of receipt.
3. Carefully read the elective descriptions if there any prerequisites or restrictions, if applicable. If you have any particularly concerns, please discuss them with your Firm Director.
4. Electives are arranged only through the Program office. Research and one-time individualized electives not offered in this Elective Handbook are independently-arranged by residents but still require Program approval (forms available at the back of this booklet and on New Innovations > Department Manuals).
5. The following deadlines will be strictly adhered to:
   1 month prior to the start of the rotation:
   • Research Elective Form
   • One-Time Elective Form
   3 months prior to the start of the rotation:
   • Change in Rotation Schedule Form
6. NOTE: For non-US citizens, it may take up to twelve months or more to obtain computer clearance at Tripler Army Medical Center. Therefore, non-US citizen interns are not able to schedule TAMC electives in the first year and must begin the security process in the intern year.

The “Elective Requests” form must be emailed to your Firm Director by May 27, 2011.

EFB:kn

cc: Firm Directors
1356 Lusitana Street, 7th Floor • Honolulu, Hawai‘i 96813-2427
Telephone: (808) 586-2910 • Facsimile: (808) 586-7486 • Internet: www.hawaiiresidency.org/medicine
1-800-55-UHMED • 1-800-558-4633
MEMORANDUM

TO: 2011-2012 Returning Residents

FROM: Erlaine F. Bello, MD
Program Director

DATE: May 16, 2011

SUBJECT: Electives for 2011 - 2012 Academic Year

This descriptions of the electives offered in the 2011 – 2012 academic year are available on New Innovations > Department Manuals > Electives. A printed booklet will be provided only upon request.

Your Firm Director must review your elective choices and electronically sign your “Elective Requests” form.

1. Residents are assigned the following number of electives: Categorical Level 1 = one elective, Preliminary Level 1 = two electives, Level 2 = two electives, and Level 3 = three electives.
2. Preference will be given to more senior residents, and then in order of receipt.
3. Electives are arranged only through the Program office. Research, off-island electives and one-time individualized electives not offered in this Elective Handbook are independently-arranged by residents but still require Program approval (forms also available on New Innovations > Department Manuals > Electives).
4. The following deadlines will be strictly adhered to:
   1 month prior to the start of the rotation:
   • Research Elective Form
   • One-Time Elective Form
   3 months prior to the start of the rotation:
   • Off-Island US Elective Forms
   • Change in Rotation Schedule Form
   6 months prior to the start of the rotation:
   • Off-Island International Elective Forms

The “Elective Requests” form must be emailed to your Firm Director by May 27, 2011.

EFB:kn

cc: Firm Directors
### 2011 – 2012 MACROCURRICULUM*

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Categorical PGY-1</th>
<th>Preliminary PGY-1</th>
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</thead>
<tbody>
<tr>
<td>General Inpatient Medicine Wards</td>
<td>Duration</td>
<td>Duration</td>
</tr>
<tr>
<td>Cardiology Selective</td>
<td>1 block</td>
<td>Critical Care</td>
</tr>
<tr>
<td>Critical Care</td>
<td>1 block</td>
<td>Queen Emma Clinics</td>
</tr>
<tr>
<td>Queen Emma Clinics</td>
<td>2 blocks</td>
<td>VA Ambulatory Care Clinics</td>
</tr>
<tr>
<td>VA Ambulatory Care Clinics</td>
<td>1 block</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>1 block</td>
<td>Elective</td>
</tr>
<tr>
<td>Elective</td>
<td>1 block</td>
<td>Vacation + Study/Reading Week</td>
</tr>
</tbody>
</table>
| Vacation + Study/Reading Week                 | 3 weeks + 1 week, unless scheduled in Block 13 | **unless scheduled otherwise by special request **

<table>
<thead>
<tr>
<th>PGY-2</th>
<th>PGY-3</th>
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<tbody>
<tr>
<td>Rotation</td>
<td>Duration</td>
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<tr>
<td>General Inpatient Medicine Wards</td>
<td>4 blocks</td>
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<td>Cardiology Selective</td>
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<tr>
<td>Nephrology Selective</td>
<td>1 block</td>
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<tr>
<td>Critical Care</td>
<td>2 blocks</td>
</tr>
<tr>
<td>Queen Emma Clinics</td>
<td>1 block</td>
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<tr>
<td>Geriatrics Selective</td>
<td>Elective</td>
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<tr>
<td>Elective</td>
<td>2 blocks</td>
</tr>
<tr>
<td>Vacation + Study/Reading Week</td>
<td>3 weeks + 1 week, unless scheduled in Block 13</td>
</tr>
</tbody>
</table>

In some instances, residents’ schedules may be changed such that rotations may be moved to a different year.

### 2011 – 2012 BLOCK SCHEDULE DATES

<table>
<thead>
<tr>
<th>Block</th>
<th>Level 1</th>
<th>Upper Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7/1/11 – 7/31/11 (31 days)</td>
<td>7/1/11 – 8/2/11 (33 days)</td>
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<tr>
<td>2</td>
<td>8/1/11 – 8/28/11</td>
<td>8/3/11 – 8/30/11</td>
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<tr>
<td>3</td>
<td>8/29/11 – 9/25/11</td>
<td>8/31/11 – 9/27/11</td>
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<td>5</td>
<td>10/24/11 – 11/20/11</td>
<td>10/26/11 – 11/22/11</td>
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<td>6</td>
<td>11/21/11 – 12/18/11</td>
<td>11/23/11 – 12/20/11</td>
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<tr>
<td>7</td>
<td>12/19/11 – 1/15/12</td>
<td>12/21/11 – 1/17/12</td>
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<tr>
<td>8</td>
<td>1/16/12 – 2/12/12</td>
<td>1/18/12 – 2/14/12</td>
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<td>9</td>
<td>2/13/12 – 3/11/12</td>
<td>2/15/12 – 3/13/12</td>
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<td>10</td>
<td>3/12/12 – 4/8/12</td>
<td>3/14/12 – 4/10/12</td>
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<td>11</td>
<td>4/9/12 – 5/6/12</td>
<td>4/11/12 – 5/8/12</td>
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<td>12</td>
<td>5/7/12 – 6/3/12</td>
<td>5/9/12 – 6/5/12</td>
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<td>13</td>
<td>6/4/12 – 6/30/12 (27 days)</td>
<td>6/6/12 – 6/30/12 (25 days)</td>
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## UNIVERSITY OF HAWAII INTERNAL MEDICINE RESIDENCY PROGRAM
### July 2011 Elective List

<table>
<thead>
<tr>
<th>Division</th>
<th>Elective Title</th>
<th>Faculty in Charge</th>
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<tbody>
<tr>
<td>Allergy/Immunology</td>
<td>Allergy, Asthma &amp; Immunology</td>
<td>McDonnell, John T.</td>
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<tr>
<td>Allergy/Immunology</td>
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<td>Lau, Matthew</td>
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<td>Cardiology</td>
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<td>Azuma, Steven</td>
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<td>Cardiology at The Queen's Medical Center</td>
<td>Hong, Robert</td>
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<td>Critical Care</td>
<td>Cardiac Intensive Care</td>
<td>Gallacher, T. Scott</td>
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<td>Multi-specialty Intensive Care</td>
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<td>Procedural Skills and Consultation Service</td>
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<td>Bessinger, G. Todd</td>
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<td>Dawson, Kevin L.</td>
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<td>Diabetes Mellitus and Endocrine Disorders</td>
<td>Arakaki, Richard</td>
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<td>General Internal Medicine - Private Practice</td>
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<td>Goshima, Cyril K.</td>
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<td>Outpatient Medicine (Kauai)</td>
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<td>Cheng, Shiu-Feng</td>
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<td>Nada, Aaron K.</td>
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<td>Neurocritical Care</td>
<td>Koenig, Matthew</td>
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<td>Yee, Melvin</td>
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<td>Sleep Medicine</td>
<td>Barthien, Gabriele M.</td>
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<td>Oncology</td>
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<td>Acoba, Jared</td>
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<td>Pulmonary</td>
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<td>Helman, Donald</td>
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<td>Yim, Roger</td>
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<td>Rehabilitation Medicine</td>
<td>Physical Medicine &amp; Rehabilitation</td>
<td>Akau, Cedric K.</td>
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<td>Rheumatology</td>
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<td>Ambrocio, Deryl &amp; John, David</td>
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<td>Arakawa, Ken</td>
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<td>Other</td>
<td>Ambulatory Specialties</td>
<td>Onopa, Janet</td>
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<tr>
<td>Other</td>
<td>Medical Education &amp; Simulation Modeling of Disease</td>
<td>Berg, Ben</td>
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<tr>
<td>Other</td>
<td>Ophthalmology</td>
<td>Waters, David</td>
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<td>Other</td>
<td>Pain and Palliative Care</td>
<td>Fischberg, Daniel</td>
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<td>Other</td>
<td>Pathology</td>
<td>Honda, Stacey</td>
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<td>Shimizu, David</td>
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<td>Other</td>
<td>The QMC Consultation/Liaison Psychiatry Svc</td>
<td>Lu, Brett</td>
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<tr>
<td>Other</td>
<td>Radiology</td>
<td>Meagher, Michael</td>
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<td>Nakamura, Kevin</td>
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<tr>
<td>Other</td>
<td>Surgical Intensive Care Unit</td>
<td>Yu, Mihae</td>
</tr>
</tbody>
</table>
Elective Title: Allergy, Asthma & Immunology  
Faculty in Charge: John T. McDonnell, MD  
Assistant Clinical Professor  
Address: 46-001 Kamehameha Highway, Suite 401, Kaneohe HI 96744  
Contact: Phone (office): 247-6070  
Fax:  
Email: drmcdonnell@gmail.com  

Reporting Instructions:  
Prerequisites: None  
Max # of residents: Per Block: 1 Per Year:  
Unavailable Times: Block #: 1 Block #: 2 Block #: 7 Block #: 12  
Other faculty involved:  
Instructional methods:  
Direct Patient Care:  
• Ambulatory: hrs/wk: 0 - 49 site(s): Office  
• Inpatient: hrs/wk: 0 - 7 site(s): Castle, Kapiolani and QMC  
• Consultations: hrs/wk: 0 - 7 site(s): Castle, Kapiolani and QMC  
• Other (describe): Hospital rounds, if appropriate, at 6:30AM hrs/wk: site(s):  
Non-patient-focused teaching sessions:  
• Didactics: hrs/wk: site(s):  
• Directed Reading: hrs/wk: site(s): N/A  
• Web-based Modules: hrs/wk: site(s): N/A  
• Other (describe): hrs/wk: site(s):  

Sites: Site 1: Site 2: Site 3: Site 4: Site 5:  
Percentage of time:  
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)  
Required reading list: JAMA "Primer on Allergic & Immunologic Diseases"  
Relevant MKSAP questions reviewed: Yes  
Other Activities:  
Typical Day Schedule: 8:00 AM – 12:00 PM: Office  
12:00 PM - 2:00 PM: Lunch or CME conference  
2:00 PM - 5:00 PM (7:00 PM Tuesdays): Office  
8:00 AM - 1:00 PM Saturdays: Office  
Leave Allowed  
Check appropriate box(es)  
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
☐ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)  
☐ No, leave is not allowed  
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance  
Other  
Unique Features:  
Goals:  
Also see curriculum  
1) Attendee will understand how to evaluate and treat varying degrees of severity of asthma, allergic rhinitis, atopic dermatitis, urticaria (acute and chronic), stinging insect allergy and other conditions coincident thereto, in a patient friendly setting, usually outpatient.  
2) Learn extensive history taking essentials for allergy-immunology workshop; learn how and when to order/perform appropriate testing; interpretation of immunological testing; skin prick and intradermal testing; understanding spirometric pulmonary function testing; introduction to complexities of billing/collections in a private office; learn to recognize and appropriately deal with unproven, unorthodox claims of pseudoscientific proponents of non-conventional allergy diagnostics and treatments.  
Objectives:  
Also see curriculum  
Other Comments: Attendees are invited to partake of this elective "cafeteria style" - they can choose what and how much they want of any portion.  

Program Director Use Only  
If not approved: Indicate why here:  
If approved: Please sign & date below:  
Program Director Approval (electronic signature) E Bello, MD Date 5/11/11
Elective Title: Allergy/Immunology
Faculty in Charge: Matthew Lau, MD
Assistant Clinical Professor

Address: Honolulu Kaiser Clinic, Kaiser Moanalua Medical Center
Contact: Phone (office): 432-2463  Phone (Cell): Pager: Fax: 432-2498 Email: Matthew.Lau@kp.org

Reporting Instructions:
Prerequisites: Upper-level residents only
Max # of residents: Per Block: 1 Per Year:
Unavailable Times: Block #: 1-4 Block #: 8 Block #: Block #: Block #:
Dates: 7/1-10/23/11 Dates: 1/16-2/12/12 Dates: Dates: Dates:

Other faculty involved:

Instructional methods:
Direct Patient Care:
  • Ambulatory: hrs/wk: 40 site(s): Honolulu Clinic
  • Inpatient: hrs/wk: 4 site(s): Kaiser Moanalua Medical Center
  • Consultations: hrs/wk: 5 - 10 site(s): Honolulu Clinic
  • Other (describe): hrs/wk: site(s):

Non-patient-focused teaching sessions:
  • Didactics: hrs/wk: 2 site(s): Honolulu Clinic
  • Directed Reading: hrs/wk: site(s): N/A
  • Web-based Modules: hrs/wk: site(s): N/A
  • Other (describe): hrs/wk: 0 site(s):

Sites: Site 1: Honolulu Site 2: Site 3: Site 4: Site 5:
Percentage of time: Clinic 100%

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Required reading list: JAMA "Primer on Allergic & Immunologic Diseases"

Relevant MKSAP questions reviewed: Yes

Other Activities:
Typical Day Schedule: Clinic 8:00 AM - 5:00 PM - follow-up, new consultations (inpatient or outpatient)
Leave Allowed: Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
Check appropriate box(es) No, leave is not allowed

Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Other Multiple choice exam at end of rotation

Unique Features: Residents will chart on Epic Automated Medical Record.
Goals: Teach history, PE appropriate for disease (asthma, AR, hives, drug reactions, anaphylaxis),
Also see curriculum diagnosis/management.
Objectives: Also see curriculum

Other Comments: In-processing: Kehau Naki, Residency Program Coordinator & Medical Library Assistant
3288 Moanalua Road, 2nd Floor - Ewa Wing
office: 808-432-7932, email: kehaulani.r.naki@kp.org.

Program Director Use Only
If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD Date 5/11/11
Elective Title: Cardiology
Faculty in Charge: Steven Azuma, MD
Assistant Clinical Professor
Address: 321 North Kuakini Street, Suite 709, Honolulu HI 96817
Contact: Phone (office): 528-0005  Phone (Cell): 2278025  Pager:  Email: SAzuma@medscape.com
Reporting Instructions:
Prerequisites: None
Max # of residents: Per Block: 1  Per Year: 5
Unavailable Times: Block #: None  Block #: None  Block #: None  Block #: None  Block #: None
Dates:  Dates:  Dates:  Dates:  Dates:
Other faculty involved:
Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: 20 site(s): Office
- Inpatient: hrs/wk: 20 site(s): KMC, QMC
- Consultations: hrs/wk: 20 site(s): Office, KMC, QMC
- Other (describe): hrs/wk: site(s): site(s):
Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s): site(s)
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s): site(s)
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Required reading list:
Relevant MKSAP questions reviewed: Yes
Other Activities:
Typical Day Schedule: See patients in hospital and office. Follow testing EKG, treadmill, catheterization, interventional.
Leave Allowed
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☒ No, leave is not allowed
Evaluation Method(s):
Program  Attending Global Evaluation of Resident Performance
Other
Unique Features: General interventional cardiology practice with a wide array of types of patients.
Goals:
Also see curriculum
Objectives: 1. Exposure to fundamental EKG and echo reading. Learn to perform cardiology consultations in hospital and office
Also see curriculum 2. Exposure to cardiac catheterization laboratory
Other Comments: Cardiology Selective at Queen's is also a required Categorical L2 rotation.

Program Director Approval (electronic signature) EBello, MD Date 5/11/11
Elective Title: Cardiology
Faculty in Charge: Osamu Fukuyama, MD
Address: Kuakini Medical Plaza Suite 504; 321 N. Kuakini St. Honolulu, HI 96817
Contact: Phone (office): (808) 538-1125 Phone (Cell): (808) 599-4245 Pager: Fax: (808) 599-4245 Email: mtokunaga@hawaii.rr.com
Reporting Instructions: Report to office at 9:00am on first day of rotation
Prerequisites: 4th Year medical students or residents only
Max # of residents: Per Block: 1 Per Year: 6
Unavailable Times: Block #: Varies, see other
Other faculty involved: N/A
Instructional methods:

Direct Patient Care:
- Ambulatory: hrs/wk: 3-5 site(s): Kuakini Cath lab
- Inpatient: hrs/wk: 5 site(s): KMC
- Consultations: hrs/wk: 3 site(s):
- Other (describe): hrs/wk: 0 site(s):

Non-patient-focused teaching sessions:
- Didactics: hrs/wk: 5 site(s): Office
- Directed Reading:
- Web-based Modules: hrs/wk: 0 site(s): N/A
- Other (describe): hrs/wk: 12-15 site(s):

Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time: 
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Required reading list: READING LIST FOR 2011-12 CARDIOLOGY ELECTIVE: (RESIDENTS)
Need to read ONE of the two selections below, and reading MUST be completed before rotation begins:
A) CECIL MEDICINE 23rd ed. (2007): Chapters 48 - 82
(Entire section MUST be read before rotation begins)
OR
B) HARRISON’s PRINCIPLES OF INTERNAL MEDICINE 17th ed. (2008): Chapters 217 - 244
(Entire section MUST be read before rotation begins)

ADDITIONAL REQUIRED READING:
A) “What Broke My Father’s Heart” by Katy Butler; New York Times article published June 18, 2010

RECOMMENDED READING:
A) ECG Wave-Maven website: (ecg.bidmc.harvard.edu/maven/mavenmain.asp)
Browse Level I & Level II cases (go to “Search Cases by Diagnosis”)
(http://www.nytimes.com/2010/06/20/magazine/20pacemaker-t.html
B) www.blaufuss.org website: Heart Sounds and Cardiac Arrhythmia

Relevant MKSAP questions reviewed: No
Other Activities: Independent Study
Typical Day Schedule: 8:00am – 9:00am hospital rounds; 9:00am-12:00pm office patients; 9:30am-12:30pm Cath Lab (Th)
Leave Allowed □ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
□ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
□ No, leave is not allowed
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Other: 
Unique Features:
I expect you to read a lot, not only during, but even before and after the rotation. I expect you to be prepared at all times. I will quiz you a lot (I believe in the Socratic method), but if you survive, you will be able to think like a real physician and be a step closer to “Master Clinician”, and I am sure you will be better than the average Cardiology Fellow in identifying S3 (only 30% of Cardiology Fellows can appreciate S3 - Ann Intern Med, 1993, 119:47-54).

This elective is a 3-4 week rotation intended ONLY for those who are passionate about clinical medicine, i.e. taking care of patients. If you are planning to go into subspecialties that require specialty technical expertise such as one-time procedures without follow up or imaging services with minimal commitment to long-term patient clinical care, then this course is NOT for you because you will be wasting your time, my time, and my staff's time.

First, this elective will be presented from MY perspective with a purely dogmatic approach to clinical medicine, i.e. accurate clinical medicine should instill passion and a desire to be of service to the patient. There are only two purposes for taking care of patients: 1) Make the patient feel better (improve the quality of life), and 2) If possible, make the patient live longer.

Second, one of the most important skills of a clinician is his/her ability to cull the most pertinent and significant data from the overwhelming information overload that accompanies each patient. Once done, the physician must then “connect the dots” among the extracted data by using sound deduction skills, followed by a proper physical examination to arrive at the correct diagnosis and thereby institute the most appropriate management plan. This is the MOST important goal in clinical medicine and will be the main focus of this rotation.

Third, it is indisputable and sadly true that there is a marked decline in physical exam skills at every level, from medical student up to and including faculty. Unfortunately, despite a common held perception that the opposite is true, it has been well-documented that correct performance of the physical exam does not improve as a function of training, i.e. if you cannot hear S3 as an intern, you will probably never hear S3 no matter how long you have been practicing cardiology. To me, nailing crucial information through appropriate history-taking and confirming this with certain physical findings by exam, would be the greatest thrill in clinical medicine. Therefore, I have been on this quixotic crusade to revive the skills in cardiovascular physical examination for many years, and as Julius Constance said in the Preface to Beside Cardiology, “We must return the physician to the patient where he or she can have the satisfaction of feeling like a ‘real doctor’ rather than simply interpreter of laboratory data.”

Fourth, you will have a chance to understand and appreciate the bond of mutual trust, mutual respect, and friendship between doctor and patient; a bond which can only be formed through long-term follow-up of the patient, and NOT in a short-term intensive care setting or one time surgical setting. Long-term follow up of the patient is the backbone of primary care as well as internal medicine subspecialties, and THIS is where you will find the greatest satisfaction and reward from being in medicine. In addition, “follow-up care is truly the oldest and most efficient form of lifelong learning.” (Richard Lewis)

Finally, I believe that medical educators like me do NOT teach you medicine. Medical students and house staff should teach themselves the medicine part of their education. The job of the medical educator is to: 1) be a role model, 2) teach you how to think critically, and 3) be a mentor to you.

Goals: As noted above
Objectives: As noted above
Other Comments: Availability can vary, please contact Dr. Fukuyama before scheduling a resident.

Program Director Approval (electronic signature)  E Bello, MD Date  5/11/11
**Elective Title:** Elective: Cardiology at The Queen's Medical Center  
**Faculty in Charge:** Robert Hong, MD  
**Address:** The Queen's Medical Center  
**Contact:** Phone (office): 545-8900  
**Reporting Instructions:**  
**Prerequisites:** Upper-Level residents and Intern  
**Max # of residents:**  
Per Block: 2  
Per Year:  
**Unavailable Times:**  
Block #: None  
Dates:  
**Other faculty involved:** Christian Spies, MD, David Fergusson, MD; Margo Vassar, MD; David Singh, MD; Edward Shen, MD;  
Todd Seto, MD; Chari Hart, MD; Malcolm Haruno, MD; Emilio Gaitano, MD; Larry Kaufman, MD; Various Other Cardiologists  
**Instructional methods:**  
**Direct Patient Care:**  
- Ambulatory: hrs/wk: 0  
- Inpatient: hrs/wk: 40  
- Consultations: hrs/wk: 10  
- Other (describe):  
  - Ambulatory: hrs/wk: 0  
  - Inpatient: hrs/wk: 40  
  - Consultations: hrs/wk: 10  
  - Other (describe):  
**Non-patient-focused teaching sessions:**  
- Didactics: hrs/wk: 4  
- Directed Reading: hrs/wk: 1  
- Web-based Modules: hrs/wk: 2  
- Other (describe):  
  - Didactics: hrs/wk: 4  
  - Directed Reading: hrs/wk: 1  
  - Web-based Modules: hrs/wk: 2  
**Sites:**  
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**Percentage of time:**  
**Required conferences:** UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
Daily teaching rounds & Weekly Conferences (Cardiac Case, Core Curricular, Cardiac Noninvasive, Cardiac Imaging, Electrocardiography/ECG)  
**Required reading list:** Harrison's Principles of Internal Medicine, Cardiac Section and supplemental list to be provided  
**Relevant MKSAP questions reviewed:** No  
**Other Activities:** Independent study. The elective will consist of a four week inpatient block where the resident will work under the supervision of a hospital based cardiologist as part of a multidisciplinary team including advance practice nurses. During this section, the resident will be responsible for the admission and management of Cardiac inpatients and inpatient consultative services. The resident will also participate in the care of patients cared for in the Cardiac Intensive Care Unit.  
**Typical Day Schedule:**  
8:00-9:00 Clinical Care  
- Tuesday Cardiac Noninvasive Conference,  
- Wednesday Cardiac Imaging Case Conference  
9:00-12:00 Attending Rounds M- Sun w/ Hospital based Cardiologist; Admissions, consultations, clinical procedures  
12:00-16:00 Signout rounds  
16:00-17:00 Leave Allowed  
**Check appropriate box(es):**  
- ☑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
- ☐ No, leave is not allowed (may be negotiable for interviews)  
**Evaluation Method(s):** Program Attending Global Evaluation of Resident Performance; Other  
**Unique Features:**  
**Goals:**  
Also see curriculum  
1. To provide a comprehensive review of the care of cardiovascular patients, specifically focusing on conditions cared for by the general internal medicine practitioner. These conditions include: the treatment of heart failure, coronary artery disease and acute coronary syndromes and the management of cardiac arrhythmias.  
2. To expose the trainee to the principles and practice of echocardiography and exercise testing, specifically focusing on the choosing appropriate testing and orders.  
3. To provide the trainee with an exposure to invasive and interventional Cardiology.  
**Objectives:**  
Also see curriculum  
1. To understand the pathophysiology of common cardiovascular conditions including: heart failure, arrhythmias and atherosclerotic vascular disease.  
2. To participate in the care of Critical Care patients with primary Cardiovascular diagnoses.  
**Other Comments:** Cardiology Selective at Queen's is also a required Categorical L1 & L2 rotation.
Program Director Use Only

If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature)  EBello, MD  Date  5/11/11
Elective Title: Critical Care Medicine: Cardiac Intensive Care
Faculty in Charge: Emilio Ganitano, Jr., MD
Assistant Professor
Address: Queen's Medical Center; Cardiac Comprehensive Care Unit
Contact: Phone (office): Phone (Cell): Pager: Fax: Email: Pager: 578-0011
ganitano@hawaii.edu

Reporting Instructions:
Prerequisites: Resident in good standing; must complete at least 1 MICU block. Okay for TY resident.
Max # of residents: Per Block: 1 Per Year:
Unavailable Times: Block #: 7 Block #: 8 Block #: 9 Block #: 10 Block #: 11
Dates: 12/19/11-1/15/12 Dates: Dates: Dates: Dates:
Other faculty involved: Malcolm Haruno, MD; Larry Kaufman, MD; Sreenandh Krishnagopalan, MD; Marc Kruger, MD; Samuel Evans, MD; J.S. Lee, MD

Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: site(s):
- Inpatient: hrs/wk: 35 site(s): QMC Tower 3/Tower 6E CCU
- Consultations: hrs/wk: 10 site(s): QMC Tower 3/Tower 6E CCCU
- Other (describe): Self study of reading; attending led didactics hrs/wk:
Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s):
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Required reading list: CCU related critical care articles as provided by faculty.
Relevant MKSAP questions reviewed: No
Other Activities: Daily CCU Critical Care Rounds with Multidisciplinary Team; additional Cardiology related experiences (observe cath, echo etc.) as available.
Typical Day Schedule:
Monday - Friday
8:00 - 9:00 AM Pre-round
9:00 - 11:00 AM CCCU Multi Disciplinary ICU Rounds
11:00 AM - 2:00 PM New Consults and required conferences
2:00 - 5:00 PM Patient follow-up, didactics, self reading time
Saturday
7:00 - 8:00 AM Pre-round
8:00 - 10:00 AM Multidisciplinary ICU Rounds
10:00 - 11:00 AM Follow-up
Leave Allowed
Check appropriate box(es)
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☒ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
☐ No, leave is not allowed
Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance
Other
Unique Features:
Goals:
Also see curriculum
1. Resident will gain a detailed introduction to being a Critical Care Medicine Consultant in the Cardiac ICU setting.
2. Resident will have a detailed understanding of providing Critical Care in the Multidisciplinary Team Model.
Objectives:
Also see curriculum
1. The resident will have participated in the diagnosis and management of common Cardiac Intensive Care problems including Acute Coronary Syndrome, Cardiogenic shock, Arrhythmias, decompensated CHF, and Respiratory Failure.
2. The resident will have gained experience in "real world" application of hemodynamics including: invasive hemodynamic monitoring, use of vasopressors and intropes, introduction to Intra Aortic
Balloon Pumps.

3. The resident will have participated in the application of general Critical Care MEDICINE in the Cardiac Intensive Care Setting.

4. The resident will have been introduced to the diagnosis and management of the MEDICAL problems associated with the perioperative management of CV Surgery Patients (Shock, Hemorrhage, Respiratory Failure, Renal Failure, Sepsis, etc.).

Other Comments:

Program Director Approval (electronic signature) EBello, MD Date 5/11/11
Elective Title: Medical Intensive Care Unit  
Faculty in Charge: T. Scott Gallacher, MD  
Assistant Professor  
Address: Queen's Medical Center MICU (QET4M)  
Contact: Phone (office): 547-4141 (MICU); 524-2575 (Phys Exchange)  
Phone (Cell): Pager: Fax: Email: sgallacher@queens.org  
Reporting Instructions:  
• Prior to rotation: You must have your Care*Link password/sign-on prior to the start of your rotation.  
• One week prior: you will receive information from the Medical Education Office or the Chief Medical Resident at Queen's.  
• If you have questions prior to this contact, or if you are not contacted, call Stacey Teramae in the Medical Staff Services office (547-4381 or steramae@queens.org).  
Prerequisites:  
Completed two blocks in MICU rotation as PGY-2 or equivalent.  
Max # of residents: Per Block: 4 Per Year:  
Unavailable Times: (Block schedule attached)  
Other faculty involved: Reid Ikeda, MD; Christopher Fiack, MD  
Instructional methods:  
Direct Patient Care:  
• Ambulatory: hrs/wk: site(s):  
• Inpatient: hrs/wk: Up to 80 site(s): QMC MICU  
• Consultations: hrs/wk: Up to 20 site(s): QMC (comprises part of 80-hour inpatient exposure)  
• Other (describe): hrs/wk: site(s):  
Non-patient-focused teaching sessions:  
• Didactics: hrs/wk: site(s):  
• Directed Reading: hrs/wk: site(s): N/A  
• Web-based Modules: hrs/wk: site(s): N/A  
• Other (describe): hrs/wk: site(s):  
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:  
Percentage of time: QMC 100%  
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)  
MICU teaching attending conferences.  
Previously attended didactic sessions can be considered optional.  
Required reading list: Elective resident will be given a syllabus to keep for their review. If resident already has a syllabus, updates will be made available.  
Relevant MKSAP questions reviewed: Yes  
Other Activities:  
1. Attendance at morning and signout rounds during weekdays. Note that clinic responsibilities will take precedence over signout rounds.  
2. Provide a resource for pertinent literature and literature searches for the MICU team as needed.  
3. Opportunity to briefly discuss and present literature during bedside rounds to the rest of the MICU team.  
4. Provide supervision/assistance with procedures for the MICU team p.r.n. Opportunity to be signed off on procedures if needed for board eligibility.  
5. Provide supervision/assistance to the residents and students in preparation for bedside rounds by enhancing professional growth, presentation skills or their clinical knowledge base.  
6. Opportunity to participate in monthly sessions using simulator for patient and procedural scenarios.  
7. Opportunity to round with D2 MD (second daytime intensivist) and acute care APRN on less acute ICU service patients (patients no longer on primary ICU service)  
Typical Day Schedule:  
Leave Allowed  
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
☐ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)  
☐ No, leave is not allowed  
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance  
Resident must demonstrate mastery of the educational objectives. The evaluation will reflect the overall professional attitude, behavior and proficiency demonstrated by the resident doing the MICU elective in attaining their monthly objectives. There will also be weekly quizzes and literature review.
Unique Features: Other Educational Material: Software review for ACLS, clinical hemodynamics, and other pertinent topics will be available for review. Familiarization with presentation software can also be attained.

Goals: 
Also see curriculum

Objectives: 
Also see curriculum

Major objectives:
1. Patient Care:
   • Understand and feel comfortable with the proper evaluation of critically ill patients.
   • Obtain the ability to recognize and appropriately work-up and treat acid-base disorders.
2. Medical Knowledge:
   • Obtain knowledge about the background physiology and clinical utility of hemodynamic monitoring.
   • Obtain knowledge about the background physiology and clinical utility of mechanical ventilation.

Other Comments: Critical Care is also a required rotation for upper-levels.
Optional opportunities include:
1. Participation in clinical research. Ideally should contact the MICU teaching attending the month before the start of the rotation to explore possible projects that could be started during your elective. Not feasible to try and complete most projects within one month. Initial IRB application and data collection can be initiated during your elective month.
2. Attendance at Professional Services conferences.
3. Participate in a limited way in the on-call schedule and direct patient care. Possible for elective resident to be placed on call schedule (i.e. once a week to slightly decrease call days for rest of team and gain more experience).
4. Review critical care section of MKSAP.
5. Opportunity to run rounds (along with the teaching attending).
6. MICU Objective Challenges: Elective resident will have the opportunity to challenge any of the MICU learning objective goals that they would want to review.

Program Director Use Only

If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD Date 4/7/11
Elective Title: Critical Care Medicine: Multi-specialty ICU
Faculty in Charge: Emilio Ganitano, Jr., MD
Assistant Professor
Address: Straub Hospital and Clinic
Contact: Phone (office): Pager: Fax: Email: ganitano@hawaii.edu
Reporting Instructions:
Prerequisites: PGY 2 or PGY 3 in good standing.
Max # of residents: Per Block: 1 Per Year:
Unavailable Times: Block #: 7 Block #: Block #: Block #: Block :
Dates: 12/19/11- Dates: Dates: Dates: Dates:
1/15/12
Other faculty involved: Malcolm Haruno, MD; Sreenandh Krishnagopalan, MD; Marc Kruger, MD; Samuel Evans, MD; J.S. Lee, MD; Erick Itoman, MD; Hiro Sung, MD; Graham Cormack, MD; Jonathan Paladino, MD; Salaija Kolli, MD; Joseph Vierra, MD
Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: site(s):
- Inpatient: hrs/wk: 60 site(s): Straub ICU North and South
- Consultations: hrs/wk: 10 site(s): Straub ICU North and South
- Other (describe): hrs/wk: site(s):
Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: 5 site(s):
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Required conferences: Critical care articles as provided by faculty.
Required reading list: No
Relevant MKSAP questions reviewed: Daily CCU Critical Care Rounds with Multidisciplinary Team
Other Activities: Monday - Friday
Typical Day Schedule:
6:00 AM - 9:00 AM Pre-round
9:00 AM - 11:00 AM Multi Disciplinary ICU Rounds
11:00 AM - 2:00 PM New Consults and required conferences
2:00 PM - 5:00 PM Patient follow-up, didactics, self reading time
5:00 PM - 6:00 PM Prepare sign out.
Saturday
6:00 AM - 8:00 AM Pre-round
8:00 AM - 10:00 AM Multidisciplinary ICU Rounds
10:00 AM - 11:00 AM Follow-up
Leave Allowed
Check appropriate box(es)
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☒ No, leave is not allowed
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Unique Features: The Straub Critical Care Medicine service is a busy multidisciplinary ICU with broad patient experience. The patient population includes admission to Straub hospital from rural neighbor island hospitals and Kapiolani Women and Childrens Hospital. In addition to providing medical intensive care, the resident will be introduced to providing critical care to patients in the Surgical, Cardiovascular Surgical, Neurology and Neurosurgical, and on occasion the Obstetrics/Gynecological Surgery Intensive Care setting. The resident will work with a single intern and an ICU attending directly.
Goals:
Also see curriculum
1. Resident will gain a detailed introduction to being a Critical Care Medicine Consultant in the multidisciplinary ICU setting.
2. Resident will have a detailed understanding of providing Critical Care in the Multidisciplinary Team Model.
Objectives: By the end of the four week Multi Specialty Critical Care Medicine elective:

1. The resident will understand the diagnosis, management and treatment of common “medical ICU” problems including Acute Respiratory Failure, Shock, Sepsis, Acute Renal Failure and Coma.
2. The resident will be able to appropriately examine ICU patients, gather and interpret laboratory data, and communicate their findings/evaluation in an efficient manner during ICU rounds.
3. The resident will be able to describe the basic principles of Mechanical Ventilation.
4. The resident will be able to describe the process of liberation from mechanical ventilation.
5. The resident will be able to interpret and clinically apply invasive hemodynamic monitoring.
6. The resident will understand the role of Palliative Care Medicine Consults in the Critical Care Medicine setting.
7. The resident will gain a basic introduction to care of the neurological ICU problems including the management of stroke, sub arachnoid hemorrhage and other intracranial hemorrhage.
8. The resident will gain a basic understanding of the management of common medical problems in the setting of surgical, Cardiovascular surgery, and OB/GYN patients.
9. The resident will be proficient in basic bedside procedures including central venous line placement and arterial line placement.
10. The resident will be introduced to basic airway management principles.
11. The resident will gain experience in supervising Medicine Interns in the ICU setting.

Other Comments: Excellent elective for residents interested in a career in Critical Care Medicine, or for those who simply want a broader experience in Critical Care Medicine. The Straub experience nicely complements the excellent Critical Care education gained at KMC and QMC.

Program Director Use Only

If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD Date 5/12/11
Elective Title: Procedural Skills and Consultation Service
Faculty in Charge: T. Scott Gallacher, MD
Assistant Professor

Address: Queen's Medical Center MICU (QET4M)
Contact: Phone (office): 547-4141 (MICU);
524-2575 (Phys Exchange)
Phone (Cell): Pager: Fax: Email: sgallacher@queens.org

Reporting Instructions: T4m – MICU. Meet with D2 Intensivist
Prerequisites: Open to Medicine residents only
Max # of residents: Per Block: 1 Per Year: 12
Unavailable Times: None
Other faculty involved: Reid Ikeda, MD; Christopher Fiack, MD

Instructional methods:

Direct Patient Care:
- Ambulatory: hrs/wk: site(s):
- Inpatient: hrs/wk: site(s):
- Consultations: hrs/wk: 20 site(s): QMC
- Other (describe): hrs/wk:

Non-patient-focused teaching sessions:
- Didactics: hrs/wk: 5 site(s): QMC
- Directed Reading: hrs/wk: 5 site(s): N/A
- Web-based Modules: hrs/wk: 5 site(s): N/A
- Other (describe): Demonstrations/Sims hrs/wk: 5 site(s): QMC

Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time: QMC 100%
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Required reading list: Reading list/syllabus will be provided at beginning of rotation. Relevant ABIM board questions will be reviewed.

Relevant MKSAP questions reviewed: Yes

Other Activities:
- Review of NEJM videos and relevant procedural publications
- Direct "hands on" experience
- Simulation experience as available and appropriate
- Opportunity to teach learned procedural skills
- Meaningful patient contact up to 40hr/week (ie weekdays, no weekends, no overnight call)
- Procedural consultaitons will be rendered as to the risk/benefit of requested procedure (ie it will not become a "procedure concierge")
- Procedures will encompass the majority of common ACGME required Internal Medicine Procedures, but not be limited to them (ie opportunities exist to develop facility in optional procedures)

Typical Day Schedule: M-F; 8am-4pm
Leave Allowed Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)

Check appropriate box(es)
☐ No, leave is not allowed

Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Other

Unique Features:
- Opportunity to work one one with Pulmonary and Critical Care attending in evaluation and performance of majority of ACGME required procedures.
- Opportunity to develop teaching skills by instructing colleagues on performance of certain procedures.
- Opportunity to complete deficiencies on required procedure cards.
- Opportunity to begin to develop a true procedural skills "wet-lab" that may involve simulation training, and increased facility and familiarity with newer procedural adjuncts (ie limited ultrasound).

Goals: Increase medicine resident safety and proficiency in common IM procedures

Objectives: Achieve proficiency in most common internal medicine procedures.

Other Comments: Includes risk/benefit, consent. Hands-on skills, and dealing with potential complications

Program Director Approval (electronic signature) E Bello, MD Date 4/7/11
**Elective Title:** Dermatology

**Faculty in Charge:** G. Todd Bessinger, MD

**Address:** 1029 Kapahulu Ave, Ste 305 96816

**Contact:**
- Phone (office): 218-7889
- Phone (Cell): Pager: Fax: Email: bessingerdermatology@mac.com

**Reporting Instructions:**

**Prerequisites:** None

**Max # of residents:** Per Block: 1

**Unavailable Times:** Varies, see “other” section

**Other faculty involved:** Cole Altman, DO

**Instructional methods:**

**Direct Patient Care:**
- Ambulatory: hrs/wk: 30 site(s): Private office
- Inpatient: hrs/wk: 0 site(s): 
- Consultations: hrs/wk: 5 site(s): 
- Other (describe): Hawaii Dermatological Society hrs/wk: 3 hrs/mos site(s): Queen's Medical Center

**Non-patient-focused teaching sessions:**
- Didactics: hrs/wk: site(s): 
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: 5 site(s): 

**Sites:** Site 1: Site 2: Site 3: Site 4: Site 5:

**Percentage of time:**

**Required conferences:**
- UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
- UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)
- Hawaii Dermatological Society, Peds Dermatology & Dermpath conference (2x/month)

**Required reading list:**
- Fitzpatrick "Atlas & Synopsis of Clinical Dermatology"  
- Relevant MKSAP questions reviewed: Yes

**Other Activities:**
1) Review sessions highlighting common dermatology diagnoses and treatments.  
2) Learn common biopsy techniques. 
3) Checklist of common dermatoses that resident must be familiar with by end of rotation.  
4) Residents will be given the task of presenting patients at rounds once a month.  
5) End-of-rotation exam (open-book)

**Typical Day Schedule:**
Clinic is scheduled Monday - Friday, 0800 - 1600. 8 clinics (some specialty, I.e., peds dermatology, complication dermatology) per week; two surgery morning per week; one focused academic session per week. Inpatient consultations will be seen as they are received.

**Leave Allowed**
- Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
- Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
- No, leave is not allowed

**Evaluation Method(s):**
- Program Attending Global Evaluation of Resident Performance; Quiz at end of rotation

**Unique Features:**

**Goals:** Residents should become familiar with common dermatology terminology, common dermatoses, simple surgical and biopsy techniques.

**Objectives:**
1) To acquire the knowledge and develop the skills to diagnose common skin diseases and institute proper treatment.  
2) To acquire the knowledge and develop the skills to diagnose systemic or life-threatening diseases with cutaneous manifestation and institute proper treatment.  
3) Learn appropriate dermatologic vocabulary to describe skin conditions orally and in writing.

**Other Comments:** Teaching sessions are conducted daily in the examination rooms and in small informal teaching sessions.  
There are also three scheduled slide conferences with staff on a weekly basis. Availability varies, please check with Dr. Bessinger before scheduling residents.

**Program Director Use Only**

If not approved: Indicate why here: No goals and objectives

If approved: Please sign & date below:

Program Director Approval (electronic signature) E. Bello, MD Date 5/11/11
Elective Title: Dermatology
Faculty in Charge: Kevin L. Dawson, MD
Assistant Clinical Professor
Address: Private office & Outpatient clinics
Contact: Phone (office): 599-3780  
Phone (Cell): 285-4886 
Pager:  
Fax:  
Email: kldawson@yahoo.com
Reporting Instructions: Please call the week prior to starting for instructions.
Prerequisites: None
Max # of residents: Per Block: 1 resident or student  
Per Year: 2
Unavailable Times: Block #: only avail blocks 4 and 9.

Other faculty involved:

Instructional methods:

Direct Patient Care:
- Ambulatory: hrs/wk: 35 site(s): Office, QEC, VA Clinic
- Inpatient: hrs/wk: 2 site(s): QMC
- Consultations: hrs/wk: site(s):
- Other (describe): hrs/wk: site(s):

Non-patient-focused teaching sessions:
- Didactics: hrs/wk: 1 site(s): Office
- Directed Reading: hrs/wk: 2 site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s):

Sites: Site 1: Site 2: Site 3: Site 4: Site 5: Percentage of time:

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Hawaii Dermatologic Society Grand Rounds, 7:30 – 10:30, 2nd Wed of every month

Required reading list: Principles of Dermatology, (Looking bill). Loaner text provided.
MKSAP materials and quizzes

Relevant MKSAP questions reviewed: Yes

Other Activities:
Typical Day Schedule: 8:30 AM - 5:00 PM; M, T & Th
8:30 AM - 12:00 PM; W, F & Sat

Leave Allowed ☑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☐ No, leave is not allowed

Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Pre-test and post-test

Unique Features: Residents will be able to describe, diagnose and treat common skin ailments.

Goals: Residents will be familiar with basic dermatologic procedures.

Objectives:

Other Comments:

Program Director Use Only
If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD Date 4/7/11
Elective Title: Dermatology
Faculty in Charge: Jay L. Grekin, MD
Associate Clinical Professor
Address: Straub Clinic & Hospital, Inc., 888 South King Street, Honolulu HI 96813
Contact: Phone (office): 522-4000
          Phone (Cell): Pager:
          Fax:
          Email: jgrekin@straub.net
Reporting Instructions:
Prerequisites: None
Max # of residents:
Per Block: 1
Per Year:
Unavailable Times:
Block #: None
Dates:  Dates:  Dates:  Dates:  Dates:
Other faculty involved:
Roman Glamb, MD; Jenny Stone, MD
Instructional methods:
Direct Patient Care:
• Ambulatory: hrs/wk: 35 site(s): Straub Clinic
• Inpatient: hrs/wk: site(s):
• Consultations: hrs/wk: 5 site(s): Straub Hospital
• Other (describe):
Non-patient-focused teaching sessions:
• Didactics: hrs/wk: site(s):
• Directed Reading: hrs/wk: site(s): N/A
• Web-based Modules: hrs/wk: site(s): N/A
• Other (describe): hrs/wk: site(s): 2
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:
Required conferences:
UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)
Hawaii Dermatological Society
Required reading list:
Andrew's Dermatology Text
Relevant MKSAP questions reviewed:
No
Other Activities:
Typical Day Schedule:
Outpatient clinic with inpatient consultation 8:00 AM - 5:00 PM
Leave Allowed
☑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☑ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
☐ No, leave is not allowed
Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance
Other
Unique Features:
Goals:
Also see curriculum
Objectives:
Also see curriculum
Other Comments:
Standard Straub in-processing paperwork (available on New Innovations) required.

Program Director Approval (electronic signature) EBello, MD Date 4/7/11
Elective Title: Dermatology
Faculty in Charge: Douglas Johnson, MD
Assistant Clinical Professor
Address: 1380 Lusitana Street, Suite 401, Honolulu HI 96813
Contact: Phone (office): Phone (Cell): Pager: Fax: Email:
531-7541 531-7542 dwjohnson@pol.net
Reporting Instructions: 8:00am (M, T, Th, F); 8:30am (W)
Prerequisites: None
Max # of residents: Per Block: 1 Per Year:
Unavailable Times: Block #: See Other Block #: Block #: Block #: Block #:
Dates: Dates: Dates: Dates: Dates:
Other faculty involved:
Instructional methods:
Direct Patient Care:
• Ambulatory: hrs/wk: 42 site(s): POB 1, Suite 401
  • Inpatient: hrs/wk: 1 site(s): QMC
  • Consultations: hrs/wk: site(s):
  • Other (describe): hrs/wk: site(s): Aloha Medical Mission
Non-patient-focused teaching sessions:
• Didactics: hrs/wk: site(s):
• Directed Reading: hrs/wk: site(s): N/A
• Web-based Modules: hrs/wk: site(s): N/A
• Other (describe): hrs/wk: site(s):
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Required reading list: Monthly Hawaii Dermatological Society Meeting
Relevant MKSAP questions reviewed: No
Other Activities:
Typical Day Schedule: Monday, Tuesday & Thursday: 8:00 AM - 5:00 PM
Wednesday: 9:00 AM - 12 Noon
Friday: 8:00 AM - 1:00 PM
Saturday: 8:00 AM - 12 Noon
Leave Allowed ☑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☐ No, leave is not allowed
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Other
Unique Features: Medical dermatology
Goals: 1) Describe cutaneous findings.
Also see curriculum 2) Diagnose common dermatological conditions.
3) Treat common dermatological conditions.
Objectives: Also see curriculum
Other Comments: Expected to attend all clinics
Not available: August, November, December, March and June

Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:
Program Director Approval (electronic signature) EBello, MD Date 5/11/11
Elective Title: Dermatology
Faculty in Charge: Janice Matsunaga, M.D.
Associate Clinical Professor
Address: 1329 Lusitana Street, Suite 507, Honolulu HI 96813
Contact: Phone (office): Phone (Cell): Pager: Fax: Email: 532-0155
Reporting Instructions: You must contact your assigned supervisor at least one week prior to the start of the rotation.
Prerequisites: None
Max # of residents: Per Block: 1 Per Year: 
Unavailable Times:
- Block #: 1-4 Dates: 7/1 – 10/25/11
- Block #: 6-7 Dates: 11/23/11 – 1/17/12
- Block #: 9-10 Dates: 2/15-4/10/12
- Block #: 12-13 Dates: 5/9-6/30/12

Other faculty involved: 
Instructional methods:  
Direct Patient Care:
- Ambulatory: hrs/wk: 40+ site(s): office
- Inpatient: hrs/wk: variable site(s): QMC
- Consultations: hrs/wk: variable site(s): QMC
- Other (describe): hrs/wk: site(s):
Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s):

Sites: Site 1: 98-100% Site 2: Site 3: Site 4: Site 5:  
Percentage of time: 98-100%
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)

Required reading list: Relevant MKSAP questions reviewed: No
Other Activities: Assisting with patient care daily.
Typical Day Schedule: Leave Allowed
- Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
- Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)

Check appropriate box(es) No, leave is not allowed
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Observation of resident and level of resident participation utilizing the Program Resident Evaluation form.
Unique Features: Clinical assessment of patients, developing treatment plans, history taking, follow-up in outpatient setting.
Goals: Understand basic dermatologic terms, lesion and treatment.
Objectives: Patient Care: Clinical assessment of patients, developing treatment plans, history taking, follow-up in outpatient setting.
Medical Knowledge: Understand basic dermatologic terms, lesion and treatment.
Practice-Based Learning and Improvement: To be able to identify areas for improvement and to implement strategies to improve their knowledge of dermatology.
Interpersonal and Communication Skills: To effectively communicate with patients, families, physicians and other members of the health care team.
Professionalism: Behavior that reflects a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.
Systems-Based Practice: To develop awareness of and responsive to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Other Comments: Available Blocks: 4, 5, 9, & 11

Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD Date 4/7/11
**Elective Title:** Emergency Medicine  
**Faculty in Charge:** Ronald Kuroda, MD  
**Address:** Queen's Medical Center Emergency Department  
**Contact:** Phone (office): 597-8791  
**Fax:** Email: qmcrotation@gmail.com  
**Reporting Instructions:** One week prior: e-mail the Emergency Medicine Faculty in Charge, Ronald Kuroda, MD at qmcrotation@gmail.com to agree upon your schedule. Be sure to leave another contact number where they can reach you besides your pager number.  
**Prerequisites:** None  
**Max # of residents:** Per Block: 2 (Including Medicine & Transitional residents)  
**Unavailable Times:** Block #: None  
**Other faculty involved:** Grace Curry, MD; Cathy Oliver, MD; Gregory Suares, MD, Jenefer Oyama, MD; Blake Smith, MD; Derek Uemura, MD; Ajay Bhatt, MD, Robin Inaba, MD; Wynn Wakuwawa, MD; E. Howard Klemmer, MD; Dan Smith, MD; Andy Schwartz, MD  

### Instructional methods:

**Direct Patient Care:**

- **Ambulatory:** hrs/wk: 48 site(s): QMC  
- **Inpatient:** hrs/wk: site(s):  
- **Consultations:** hrs/wk: site(s):  
- **Other (describe):** hrs/wk: site(s):  

**Non-patient-focused teaching sessions:**

- **Didactics:** hrs/wk: site(s):  
- **Directed Reading:** hrs/wk: site(s): N/A  
- **Web-based Modules:** hrs/wk: site(s): N/A  
- **Other (describe):** hrs/wk: site(s):  

**Sites:**  
- Site 1:  
- Site 2:  
- Site 3:  
- Site 4:  
- Site 5:  

**Percentage of time:** QMC 100%  
**Required conferences:** UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)  
**Required reading list:** Recommended "Emergency Medicine" Tintinalli  
**Relevant MKSAP questions reviewed:** No  

**Other Activities:** Residents will participate in the evaluation and management of patients in the QMC Emergency Department under the supervision of the emergency medicine attending. This will include a variety of types and acuity of patients. The resident will have first-contact responsibility for patients. Residents Skills and procedures: reducing dislocations, suturing, insertion of central IV’s, ABG’s and blood draws, foleys and NG’s.  

**Typical Day Schedule:** ER 8a-4p or 2p-12a or 10p-8a  
**Leave Allowed**  
- Yes, 1-week continuity clinic allowed - beginning or ending of block *(IM residents only)*  
- Yes, 1-week vacation allowed - beginning or ending of block *(TY residents only)* No vacation leave  
- No, leave is not allowed (vacation leave not allowed)  

**Evaluation Method(s):** Program Attending Global Evaluation of Resident Performance  
**Unique Features:** Opportunity for one-on-one teaching with immediate feedback, and opportunity for supervised procedural skills, as well as diagnostic and therapeutic skills.  

**Goals:**  
**Also see curriculum**  
**Objectives:**  
**Also see curriculum**  

**Major Objectives:** General orientation to the emergency department. General goal is to give residents an opportunity to see a diversity of emergency patients upon initial presentation to the health care system. This is a hands-on rotation which provides opportunities for procedures as well as developing diagnostic skills and treatment plans. Each patient who is seen is discussed one on one with emergency department attendings who also provide end of rotation evaluations.  
1) **Patient Care:**  
   a. The resident will demonstrate the ability to perform an accurate and focused history and physical
exam, including information from sources other than the patient in the setting of the emergency
department.
b. For common emergencies, the resident will demonstrate the ability to:
   i. Apply the available clinical data to assess a patient's problems;
   ii. Make appropriate use of diagnostic studies and tests;
   iii. Integrate the information to develop a differential diagnosis; and
   iv. Implement a treatment plan.
c. The resident will demonstrate:
   i. The ability to perform basic emergent medical procedures competently; including reducing
dislocations, suturing, insertion of central IV's, ABG's and blood draws, foleys and NG's;
   ii. Competence in the principles and use of life support modalities.
2) Medical Knowledge:
a. Residents will demonstrate knowledge of:
   i. Common cardiovascular emergencies;
   ii. Common environmental and toxicologic emergencies;
   iii. Common gastrointestinal emergencies;
   iv. Common head and neck emergencies;
   v. Common metabolic emergencies;
   vi. Common musculoskeletal emergencies;
   vii. Common neurological emergencies;
   viii. Common respiratory and intra-thoracic emergencies;
   ix. Common miscellaneous emergencies such as anaphylaxis and sepsis;
   x. Common hematologic emergencies;
   xi. Common urologic problems;
   xii. Common psychiatric problems;
   xiii. Common social problems presenting to the emergency department;
3) Practice-Based Learning and Improvement:
4) Interpersonal and Communication Skills:
a. The resident will demonstrate the ability to communicate:
   i. Clearly and concisely with consultants;
   ii. Discharge instructions including diagnosis, therapeutic and follow-up plans to the patient and/or
      family;
   iii. Effectively with the appropriate health care providers assuming care for the patient upon
      discharge from the emergency department.
5) Professionalism:
6) Systems-Based Practice:
a. The resident will demonstrate knowledge of the principles of the emergency medical services
   system including arranging follow-up, expeditious transfer and triage.
b. The resident will demonstrate knowledge of the principles of pre-hospital triage.

Other Comments: One-on-one clinical evaluation of patient followed by discussion of that disease or injury and differential
diagnosis, emergency intervention and disposition. Emergency Medicine is also a required L1 rotation.

Resident Activities: Residents will participate in the evaluation and management of patients in the QMC
Emergency Department under the supervision of the emergency medicine attending. This will include a
variety of types and acuity of patients. The resident will have first-contact responsibility for patients.

Residents Skills and procedures: reducing dislocations, suturing, insertion of central IV’s, ABG’s and
blood draws, foleys and NG’s.

Program Director Use Only
If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature)  EBello, MD  Date  5/11/11
Elective Title: Diabetes Mellitus and Endocrine Disorders
Faculty in Charge: Richard Arakaki, MD
Professor of Medicine

Address: 1) 677 Ala Moana Boulevard, #1024 Honolulu HI and 2) West Commercial Bldg, 94-216 Farrington Hwy, B2-305, Waipahu

Contact: Phone (office): 587-8622 Phone (Cell): Pager: Fax: Email: rfarakak@hawaii.edu

Reporting Instructions: PGY-3, PGY-2, or end of PGY-1 training
Prerequisites: PGY-3, PGY-2, or end of PGY-1 training
Max # of residents: Per Block: 1 Per Year: 1
Unavailable Times: Block #: 7 Block #: 13 Block #: Block #: Dates: 12/21/11 – 1/17/12 Dates: 6/6 – 6/30/12 Dates: Dates:

Other faculty involved:

Instructional methods:

Direct Patient Care:
- Ambulatory: hrs/wk: 28 site(s): Private Office & HMC West
- Inpatient: hrs/wk: 0 site(s):
- Consultations: hrs/wk: 4 site(s): QMC
- Other (describe): hrs/wk: site(s):

Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s): 2 -3 of 1.5-2 hours each didactic sessions per week
- Directed Reading: hrs/wk: site(s): Selected articles from curriculum list and others
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s):

Sites:
- Site 1:
- Site 2:
- Site 3:
- Site 4:
- Site 5:

Percentage of time: 20% each

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm

Required reading list: Specific articles will be reviewed and discussed relating to clinical trials that impact care in diabetes and diabetes –related complications as well as controversies in other endocrine disorders.

Relevant MKSAP questions reviewed:
No

Other Activities:
Open discussion and questions about patients; review of 1-2 key journal articles

Typical Day Schedule:
Clinic schedule - diabetic and endocrine patient care, evening inpatient consultations

Leave Allowed
Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)

Check appropriate box(es)
☐ No, leave is not allowed

Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance; Other

Unique Features:
Multi-disciplinary approach to diabetes care. Multiple endocrinopathies in the outpatient clinic. Interaction with other professionals, i.e. CDE, dietitian

Goals:
The primary goal is to offer residents the experience in evaluating, assessing, and treating patients with various endocrine disorders in a primarily outpatient setting. The elective offers an opportunity to work with patients who have diverse presentations of diabetes mellitus, thyroid diseases, calcium disorders, hormone secreting tumors, and metabolic diseases of lipid and other hormonal deficiencies.

The secondary goal of the elective is to provide a greater understanding of the pathophysiology of hormonal disorders and to review specific endocrinopathies that are not commonly seen. The clinic work is supplemented with didactic sessions and journal reviews to discuss the various endocrine disorders more extensively; emphasizing pathophysiology and mechanism of action of hormones.

Objectives:
Residents will see between 6-8 patients per ½ day sessions; and evaluate and discuss the case and formulate a plan for intervention. Documentation of each patient encounter is required. Although there are no diagnostic procedures in the elective, residents will be presented with a multitude of diagnostic test results and will be asked to interpret and make decisions on course of treatment. Residents will be asked to review BS monitoring records; provide assessment of levels and treatment recommendations for pharmacological and non-pharmacological intervention for improvement of hyperglycemia.

Other Comments:
Inpatient management of endocrine disorders is somewhat lacking as consultations for patients with endocrine problems have been minimal over the last 5 years within the two major affiliated hospitals. Didactic sessions cover some of the guidelines and treatment requirements for acute endocrine problems.

Program Director Approval (electronic signature) Erlaine Bello Date 5/11/11
**Elective Title:** Endocrinology  
**Faculty in Charge:** Sophia Hazel, MD  
**Address:** VA Clinic  
**Contact:**  
- Phone (office): 433-6520  
- Phone (Cell):  Pager: Fax: Email: sophia.hazel@gmail.com  
**Reporting Instructions:**  
**Prerequisites:** Upper-level residents only  
**Max # of residents:** Per Block: 1 Per Year:  
**Unavailable Times:** Block #: Varies Block #: Block #: Block #: Block #: Dates: Dates: Dates: Dates: Dates:  
**Other faculty involved:**  
**Instructional methods:**  
**Direct Patient Care:**  
- Ambulatory: hrs/wk: 32 site(s): VA  
- Inpatient: hrs/wk: site(s):  
- Consultations: hrs/wk: 8 site(s): VA  
- Other (describe): hrs/wk: site(s):  
**Non-patient-focused teaching sessions:**  
- Didactics: hrs/wk: site(s):  
- Directed Reading: hrs/wk: site(s): N/A  
- Web-based Modules: hrs/wk: site(s): N/A  
- Other (describe): hrs/wk: site(s):  
**Sites:** Site 1: Site 2: Site 3: Site 4: Site 5:  
**Required conferences:** UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
**Required reading list:** UHIMRP reading list  
**Relevant MKSAP questions reviewed:** Yes  
**Other Activities:** Case presentations by staff  
**Typical Day Schedule:**  
- 0730: Morning Report  
- 1215 - 1300: Medicine lecture Monday thru Friday  
- 0900 - 1200: Outpatient clinic  
- 1300 - 1600: Inpatient consults; Resident Internal Medicine clinic; Department education  
**Leave Allowed**  
- Check appropriate box(es)  
- Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
- No, leave is not allowed  
**Evaluation Method(s):** Program Attending Global Evaluation of Resident Performance  
**Unique Features:** Pacific Island patient population access  
**Goals:** To expose residents to spectrum of endocrinologic diseases in a VA population  
**Objectives:** Residents will be able to recognize, diagnose and treat common outpatient endocrine conditions.  
**Other Comments:** Residents with a specific interest in endocrine will be considered on a case by case basis.  

**Program Director Use Only**  
*If not approved: Indicate why here:*  
*If approved: Please sign & date below:*  
Program Director Approval (electronic signature) EBello, MD Date 5/11/11
Elective Title: Gastroenterology
Faculty in Charge: James L. Grobe, MD
Assistant Clinical Professor
Address: 1329 Lusitana Street, Suite 102, Honolulu HI 96813
Contact: Phone (office): 533-4949

Reporting Instructions:
Prerequisites: None
Max # of residents: Per Block: 1 Per Year:
Unavailable Times: Block #: None

Instructional methods:
Direct Patient Care:
• Ambulatory: hrs/wk: 25 - 30 site(s): Office
• Inpatient: hrs/wk: 5 - 10 site(s): QMC
• Consultations: hrs/wk: 5 - 10 site(s): QMC
• Other (describe):
Non-patient-focused teaching sessions:
• Didactics: hrs/wk: site(s):
• Directed Reading: hrs/wk: site(s): N/A
• Web-based Modules: hrs/wk: site(s): N/A
• Other (describe): hrs/wk: site(s):

Sites:
Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time: Office 75% QMC 25%

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)

Required reading list: The Gut

Other Activities:
Typical Day Schedule: Hospital rounds, AM clinic, endoscopy/consults, PM clinic
Leave Allowed
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☐ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
☐ No, leave is not allowed

Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Other

Unique Features:
Goals: Increase knowledge of GI.

Other Comments:
Program Director Approval (electronic signature) EBello, MD Date 4/8/11
**Elective Title:** Gastroenterology  
**Faculty in Charge:** Scott Kuwada, MD  
**Address:** 1356 Lusitana St., 7th Floor  
**Contact:** Phone (office): 586-2910  
**Fax:** 586-7486  
**Email:** skkuwada@hawaii.edu

### Reporting Instructions:

**Prerequisites:** Upper-level resident or intern in the latter part of the year

**Max # of residents:** Per Block: 1 - 2  
Per Year:  

**Unavailable Times:**  
Block #: None  
Dates:  
Block #:  
Dates:  
Block #:  
Dates:  
Block #:  
Dates:  
Block #:  
Dates:  

**Other faculty involved:** Christopher Aoki, MD

### Instructional methods:

#### Direct Patient Care:
- Ambulatory: hrs/wk: 4  
  site(s): QEC, POB III
- Inpatient: hrs/wk: 11  
  site(s): QMC
- Consultations: hrs/wk: 15  
  site(s): QMC
- Other (describe): observation of GI procedures (inpts) hrs/wk: 4  
  site(s):  

#### Non-patient-focused teaching sessions:
- Didactics: hrs/wk: 5  
  site(s):  
- Directed Reading: hrs/wk:  
  site(s): N/A
- Web-based Modules: hrs/wk:  
  site(s): N/A
- Other (describe): Weekly GI Conference will be held in which residents will present challenging cases hrs/wk: 1  
  site(s): QMC

### Sites:
- Site 1:  
- Site 2:  
- Site 3:  
- Site 4:  
- Site 5:  

### Percentage of time:

**Required conferences:** UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
Weekly GI Conference  

**Required reading list:** GI and Liver Chapters of Harrison's Internal Medicine

### Relevant MKSAP questions reviewed:
- Yes

### Other Activities:
- Residents will be required to use PubMed to pull current literature on diagnosis and management issues relating to their patients. The consult attending will make sure that each member of the GI Consult team will bring at least one article for a key clinical issue every day to rounds.

### Typical Day Schedule:
- Ambulatory: Resident will see outpatient GI/Liver consults 1 half-day per week at QEC and POB III.
- Inpatient: Resident will perform H&Ps and help expedite urgent/emergent GI procedures on new GI consults at QMC every day; the residents will present their patients to the GI attending physician on call during daily bedside rounds. For one hour each week, the residents will present and discuss challenging cases at GI Conference.

### Leave Allowed
- Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
- No, leave is not allowed

### Evaluation Method(s):
- Program Attending Global Evaluation of Resident Performance
- Other

### Unique Features:

**Goals:**
- 1) To learn the diagnosis and management of gastrointestinal and hepatic diseases.
- 2) To understand the pathophysiology of gastrointestinal and hepatic diseases.
- 3) To learn when to consult gastroenterologists to help manage out- or in-patients.

**Objectives:**
- 1) To pass at least 80% of MKSAP (or similar) GI board questions at the end of the elective.
- 2) To read and understand the GI and liver chapters in Harrison's Internal Medicine.
- 3) To learn of research projects in GI and hepatology at UH.

### Program Director Use Only

**If not approved: Indicate why here:**

**If approved: Please sign & date below:**

Program Director Approval (electronic signature) EBello, MD  
Date 4/7/11
Elective Title: Ambulatory Care - Internal Medicine
Faculty in Charge: Joycelyn Jurek, MD
Assistant Clinical Professor

Address: 1329 Lusitana St., #704 Honolulu 96813
Contact: Phone (office): 524-2100
Phone (Cell): Pager: Fax: 534-0593
Email: joyj@lava.net

Reporting Instructions:
Prerequisites: Strong interest in practicing outpatient medicine
Max # of residents: Per Block: 1 Per Year:

Unavailable Times:
Block # : 1 Dates: 7/1 – 8/2/11
Block # : 4 Dates: 9/28 – 10/25/11
Block # : 10 Dates: 3/14 – 4/10/12

Other faculty involved:

Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: 32 site(s): Private office
- Inpatient: hrs/wk: site(s):
- Consultations: hrs/wk: site(s):
- Other (describe): hrs/wk: site(s): Private office

Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: 8 site(s):

Sites: Site 1: Site 2: Site 3: Site 4: Site 5:

Percentage of time:
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm

Required reading list:
Selected journal articles

Relevant MKSAP questions reviewed: No

Other Activities:
Typical Day Schedule: 9:00 AM - 5:00 PM
See approximately 15-20 patients with common chronic medical conditions (e.g., diabetes mellitus, hypertension, hyperlipidemia) and acute conditions (e.g., upper respiratory infection, urinary tract infection, low back pain).

Leave Allowed
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☐ No, leave is not allowed

Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance
Other

Unique Features:
Goals: Develop sound outpatient clinical skills necessary to provide continuity of care.

Also see curriculum

Objectives:
1) Focus on developing "appropriate", culturally sensitive bedside manners.
2) Acquire patient-centered approach to compliment clinical skills.
3) Work effectively with staff and team.
4) Develop efficiency without compromising quality of care.

Also see curriculum

Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD Date 4/7/11
Elective Title: Ambulatory Internal Medicine
Faculty in Charge: Elliot Kalauawa, MD
Assistant Clinical Professor

Address: Waikiki Health Center: 277 Ohua Ave. 96815
Contact: Phone (office): 922-4787
         Phone (Cell): Pager: 922-4950
         Fax: Email: ekalauawa@waikikihc.org

Reporting Instructions:
Prerequisites:
Max # of residents: Per Block: 1 Per Year: 10
Unavailable Times: Block #: 1 Block #: 4 Block #: 5 Block #: 6
Dates: 7/1 – 8/2/11 Dates: October Dates: Dates:

Other faculty involved:

Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: 40 site(s): Waikiki Health Center
- Inpatient: hrs/wk: site(s):
- Consultations: hrs/wk: site(s):
- Other (describe): hrs/wk: site(s):

Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s):

Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)

Required reading list: Patient-based
Relevant MKSAP questions reviewed: No
Other Activities:
Typical Day Schedule: 9:00 AM - 6:00 PM (12:30 - 1:30 PM lunch)
Leave Allowed
- Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
- Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
- No, leave is not allowed

Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance
Other

Unique Features:
Goals:
Also see curriculum
1) To develop competence & comfort in managing patients from diverse ethnic, socioeconomic and sexual backgrounds.
2) To develop competence in primary care for patients with HIV infection.

Objectives:
Also see curriculum
1) To diagnose and manage the medical issues of homeless patients.
2) To develop skills in caring for patients with limited financial resources.
3) To learn principles of antiretroviral therapy.

Other Comments: I can take 9 Transitional residents and 1 medicine resident

Program Director Approval (electronic signature) EBello, MD Date 4/7/11
Elective Title: Ambulatory Medicine
Faculty in Charge: Janet Onopa, MD
Assistant Professor
Address: The Queen Emma Clinics
Contact: Phone (office):  Phone (Cell):  Pager:  Fax:  Email: jonopa@hawaii.edu
Reporting Instructions:
Prerequisites: None
Max # of residents: Per Block: 1  Per Year:
Unavailable Times: Block # : Block # : Block # : Block # : Block # :
Dates: Dates: Dates: Dates: Dates:
Other faculty involved: John Misailidis, MD; Judy Rudnick, MD; Fritzie Igno, MD; Amanda Haley, MD; Linda Anegawa, MD

Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: 40 site(s): The Queen Emma Clinics
- Inpatient: hrs/wk: 0 site(s):
- Consultations: hrs/wk: 15 site(s): Telephone consultation
- Other (describe):
Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s):

Sites:
Site 1:  Site 2:  Site 3:  Site 4:  Site 5: Percentage of time:

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)
Psychiatry, HIV, Diabetes, Ambulatory Journal Club, Pain Management, QMC Medical Grand Rounds,
Statistical Analysis, CAM

Required reading list: Relevant MKSAP questions reviewed: Yes
Typical Day Schedule: See "Guide for Residents and Students"
Other Activities:
Leave Allowed
- Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
- Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
- No, leave is not allowed

Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Unique Features:
Goals: 1) See QEC Ambulatory Care Rotation Curriculum.

Also see curriculum
Objectives: 2) Resident will be given the opportunity to assess and participate in ancillary services, e.g., diabetic
teaching, social work services.

Also see curriculum
Other Comments:
Program Director Approval (electronic signature)  EBello, MD  Date 4/8/11
**Elective Title:** VA Ambulatory Medicine  
**Faculty in Charge:** Laura Wong, MD  
**Associate Clinical Professor**

<table>
<thead>
<tr>
<th>Address:</th>
<th>459 Patterson Road</th>
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</table>
| Contact: | Phone (office): 433-7639  
Phone (Cell): Pager:  
Fax: 433-0327  
Email: laura.wong@va.gov |

**Reporting Instructions:**

**Prerequisites:** none  
**Max # of residents:** Per Block: 1  
Per Year: block  
**Unavailable Times:** Block #: None  
Dates:  
Block #: Dates:  
Block #: Dates:  
Block #: Dates:  
Block #: Dates:  
**Other faculty involved:** Rick Hayashi, MD; Richard Girton, MD; Jon Anegawa, MD; Fernando Ona, MD; Michelle Randolph, MD; Cecilia Mangrobang, MD; Reese Omizo, MD

**Instructional methods:**

**Direct Patient Care:**
- Ambulatory: hrs/wk: 40  
site(s): VAPIHCS
- Inpatient: hrs/wk:  
site(s):  
- Consultations: hrs/wk:  
site(s):  
- Other (describe): hrs/wk:  
site(s):  

**Non-patient-focused teaching sessions:**
- Didactics: hrs/wk:  
site(s):  
- Directed Reading: hrs/wk:  
site(s): N/A  
- Web-based Modules: hrs/wk:  
site(s): N/A  
- Other (describe): hrs/wk:  
site(s):  

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**Percentage of time:**  
*Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
Required reading list: No  
Relevant MKSAP questions reviewed: No  
**Other Activities:**  
**Typical Day Schedule:** 1/2 days with multiple specialists, urgent care and primary care providers  
**Leave Allowed**  
☑ Yes, 1-week continuity clinic allowed - beginning or ending of block *(IM residents only)*  
☐ No, leave is not allowed  
**Evaluation Method(s):** Program Attending Global Evaluation of Resident Performance  
**Other**

**Unique Features:**

**Goals:**  
Also see curriculum  
1) Experience a variety of subspecialties with a primary care emphasis.  
2) Experience urgent care and primary care in the VA system.  

**Objectives:**  
Also see curriculum  
1) Residents are expected to provide patient care that is compassionate, appropriate, and effective for the treatment of ambulatory health problems and the promotion of health.  
2) Residents are expected to demonstrate knowledge about established and evolving biomedical, clinical sciences and the application of this knowledge to patient care.

**Other Comments:**

**Program Director Use Only**

*If not approved: Indicate why here:*

*If approved: Please sign & date below:*

Program Director Approval (electronic signature) E Bello, MD Date 4/8/11
Elective Title: General Internal Medicine - Private Practice
Faculty in Charge: Ronald Morton, MD
Assistant Clinical Professor
Address: 1380 Lusitana St., #202
Contact: Phone (office): 531-4445
          Phone (Cell):  Pager:  Fax:  Email: ronmd@queens.org
Reporting Instructions:
Prerequisites: Upper-level residents only
Max # of residents: Per Block:  Per Year: 1
Unavailable Times: Block #: See "other"
Other faculty involved:
Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: 30  site(s): Office
- Inpatient: hrs/wk:  site(s):
- Consultations: hrs/wk:  site(s):
- Other (describe): hrs/wk:  site(s):
Non-patient-focused teaching sessions:
- Didactics: hrs/wk:  site(s):
- Directed Reading: hrs/wk:  site(s): N/A
- Web-based Modules: hrs/wk:  site(s): N/A
- Other (describe): hrs/wk:  site(s):
Sites: Site 1:  Site 2:  Site 3:  Site 4:  Site 5:
Percentage of time:
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Required reading list:
Relevant MKSAP questions reviewed: No
Other Activities: Private study, review of pertinent clinical data
Typical Day Schedule: Office patients Monday through Friday
Leave Allowed  Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
Check appropriate box(es)  No, leave is not allowed
Evaluation Method(s): Program  Attending Global Evaluation of Resident Performance
Other
Unique Features: This elective is primarily for residents who want to pursue private practice in Internal Medicine.
Goals: 1) Exposure to private practice of medicine
Also see curriculum  2) Clinical care of day-to-day patient problems in internal medicine
Objectives: 1) Ability to manage common outpatient patient care issues
Also see curriculum  2) Evaluation of different models of clinical practice
Other Comments: Not available: July, August, November, December, & March
Should a resident who has a specific interest in practicing general internal medicine in this community wish to take the elective (above the 1 limit), they will need to interview with Dr. Morton before they can take the elective.

Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:

Program Director Approval (electronic signature)  EBello, MD  Date  4/8/11
**Elective Title:** Outpatient Care of HIV Patient  
**Faculty in Charge:** Cyril K. Goshima, MD  

**Address:**  
3221 Waialae Ave., Suite 382  

**Contact:**  
Phone (office): 737-7947  
Phone (Cell): 732-9463  
Fax: 732-9463  
Email: cgoshima@pdchawaii.com

**Reporting Instructions:**  
**Prerequisites:**  
Max # of residents: Per Block: 1  
Per Year: 3

**Unavailable Times:**  
Block #: 5  
Dates: 10/26/11 – 11/22/11

Block #: 6  
Dates: 11/23/11 – 12/20/11

**Instructional methods:**

**Direct Patient Care:**  
- Ambulatory: hrs/wk: 32  
  site(s): Private Office
- Inpatient: hrs/wk:  
- Consultations: hrs/wk:  
- Other (describe): hrs/wk:

**Non-patient-focused teaching sessions:**  
- Didactics: hrs/wk:  
- Directed Reading: hrs/wk:  
- Web-based Modules: hrs/wk:  
- Other (describe): hrs/wk:

**Sites:**  
Site 1:  
Site 2:  
Site 3:  
Site 4:  
Site 5:

**Percentage of time:**

**Required conferences:**
UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)

**Required reading list:**
CDC Guidelines for Treatment HIV

**Relevant MKSAP questions reviewed:**
No

**Other Activities:**
Typical Day Schedule: Office M, Th, W, F 9:00 AM - 5:00 PM; Evening CME programs

Leave Allowed
- ❑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
- ❑ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
- ❑ No, leave is not allowed

**Evaluation Method(s):** Program Attending Global Evaluation of Resident Performance

**Unique Features:**  
**Goals:** Exposure to outpatient treatment of HIV

**Objectives:**  
1) Identify primary care issues in HIV.  
2) Beginning advanced therapy/changing therapy.  
3) Monitoring test including resistance tests - when/how to use.

**Other Comments:**

**Program Director Use Only**

*If not approved: Indicate why here:

*If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD  
Date 5/11/11
Elective Title: Outpatient Medicine
Faculty in Charge: John Houk, MD
Assistant Clinical Professor

Address: (1) 1329 Lusitana Street, Suite 308, Honolulu HI 96813 and (2) Arcadia Retirement Residence
Contact: Phone (office): 599-8922
Phone (Cell): Pager:
Fax: Email: jhouk68@hotmail.com

Reporting Instructions:

Prerequisites: None
Max # of residents: Per Block: Per Year: 1
Unavailable Times: Varies (see other)
Other faculty involved:

Instructional methods:
Direct Patient Care:

• Ambulatory: hrs/wk: 36 site(s): Office and Arcadia Retirement Residence
• Inpatient: hrs/wk: 0 site(s):
• Consultations: hrs/wk: 0 site(s):
• Other (describe): hrs/wk: 4 site(s): Arcadia Retirement Residence

Non-patient-focused teaching sessions:
• Didactics: hrs/wk: site(s):
• Directed Reading: hrs/wk: site(s): N/A
• Web-based Modules: hrs/wk: site(s): N/A
• Other (describe): hrs/wk: site(s):

Sites:
Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm

Required reading list:
Relevant MKSAP questions reviewed: No
Other Activities:
Typical Day Schedule:
7:30 AM - 12:30 PM and 130 PM - 4:00 PM: Patient care Case presentations to Dr. Houk; assigned readings

Leave Allowed
Check appropriate box(es)
☒ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☐ No, leave is not allowed

Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance

Other

Unique Features:
Goals: "In the trenches" experience. Resident will provide ambulatory care for diabetes, HTN, HLD, CAD, depression, OA and a variety of other ailments.

Objectives: Also see curriculum

Other Comments:
Residents will experience general internal medicine solo practice in Queen's POB 2. Resident will provide ambulatory care for diabetes, HTN, HLD, CAD, and depression. Weekly rotation to Arcadia Retirement Residence (average age in SNF >90).
Availability varies: Please check with supervisor to make sure he’s available before scheduling a resident.

Program Director Use Only
If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD Date 4/8/11
Elective Title: Kauai Outpatient General Medicine  
Faculty in Charge: Lisa Splittstoesser, MD

Address: 3-3420 Kuhio Highway, Lihue, HI 96766
Contact: Phone (office): (808) 634-7006  
Phone (Cell): Pager:  
Fax: (808) 246-1363  
Email: Lisa.splittstoesser@wilcoxhealth.org

Reporting Instructions:
Prerequisites: 2nd or 3rd Year residents who have an interest in primary care or neighbor island
Max # of residents: Per Block: 1  Per Year: 4
Unavailable Times:
Block #: 1  Dates: 7/1 – 8/2/11
Block #: 5  Dates: 10/24/11 – 11/20/11
Block #: 7  Dates: 12/21/11 – 1/17/12
Other faculty involved: Mary Pixler, MD; Jimmy Yoon, MD

Instructional methods:
Direct Patient Care:
• Ambulatory: hrs/wk: 40  site(s): Kauai Medical Center
• Inpatient: hrs/wk:  site(s):
• Consultations: hrs/wk:  site(s):
• Other (describe): 1-2 hrs/wk:  site(s): Garden Isle (observation only)
Non-patient-focused teaching sessions:
• Didactics: hrs/wk:  site(s):
• Directed Reading: hrs/wk:  site(s): N/A
• Web-based Modules: hrs/wk:  site(s): N/A
• Other (describe): hrs/wk:  site(s):

Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time: KMC 100%

Required conferences: CME Monday Noon, Tumor Board 1st Wednesday of month
Required reading list:
1) Advisory Committee on Immunization Practices for Adults (CDC) website
2) US Preventative Task Force Guidelines (online under US Department of Health & Human Services) for screening of: breast cancer, cervical cancer, colorectal cancer, prostate cancer, osteoporosis, diabetes
3) UpToDate for reviewing outpatient management of: Diabetes, CHF, High cholesterol, Hypertension, CAD

Relevant MKSAP questions reviewed: No
Other Activities:
Typical Day Schedule: Clinic 9am-4:30pm
Leave Allowed
Check appropriate box(es)  
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☒ No, leave is not allowed
Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance
Other
Unique Features:
Goals: Develop outpatient primary care skills in a Neighbor Island setting
Also see curriculum
Objectives:
1) Review screening protocols for various cancers, osteoporosis & diabetes.
Also see curriculum
2) Review recommendations for adult immunizations.
3) Management of a variety of outpatient chronic medical problems including diabetes, hypertension, CAD, & CHF.

Other Comments:
Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello  Date 5/11/2011
Elective Title: Hematology-Oncology  
Faculty in Charge: Jeffrey L. Berenberg, MD  
Clinical Professor  
Address: Tripler Army Medical Center (TAMC): Hematology-Oncology Wards/Clinic  
Contact: Email: jeffreyb@pixi.com  
Phone (office): 433-6507/4089  
Phone (Cell):  Pager: Fax:  
Reporting Instructions:  
Prerequisites: PGY-1  
Max # of residents: Per Block: 1 resident & 1 student  
Unavailable Times: Block #: Dates:  
Other faculty involved: Eleanor Hastings, MD  
Instructional methods:  
Direct Patient Care:  
• Ambulatory: hrs/wk: 12 site(s): TAMC  
• Inpatient: hrs/wk: site(s):  
• Consultations: hrs/wk: 15 site(s): TAMC  
• Other (describe): Pathology hrs/wk: 2 site(s):  
Non-patient-focused teaching sessions:  
• Didactics: hrs/wk: site(s):  
• Directed Reading: hrs/wk: site(s): N/A  
• Web-based Modules: hrs/wk: site(s): N/A  
• Other (describe): hrs/wk: 5 site(s):  
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:  
Percentage of time:  
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)  
TAMC Morning report  
TAMC AM teaching conference  
TAMC Hematology oral lectures  
Required reading list: See curriculum summary  
Relevant MKSAP questions reviewed: Yes  
Other Activities: Pathology slide review and 4-hour rotation in radiation oncology  
Typical Day Schedule: 07:30 - 08:10 AM Report  
08:15 - 09:00 Morning Conference  
09:00 - 12:00 Clinic  
13:00 – 14:00 Heme Oncol Didactic  
14:00 – 17:00 Inpatient consultation rounds  
Leave Allowed  
Check appropriate box(es)  
□ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
□ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)  
□ No, leave is not allowed  
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance  
Other  
Unique Features: Opportunity to see new patients with blood diseases and cancer. Pathologic correlative. Participation in multidisciplinary TAMC conferences. Includes internet-based telemedicine Tumor Center.  
Goals: Also see curriculum  
Objectives: Also see curriculum  
Other Comments: Availability dependent on TAMC residents' scheduled; resident must be committed (will not cancel later). QMC Oncology with Dr. Carl Higuchi is also a required L3 rotation. Standard TAMC in-processing paperwork (available on New Innovations) required.  
Program Director Use Only  
If not approved: Indicate why here:  
If approved: Please sign & date below:  
Program Director Approval (electronic signature) EBello Date 5/11/2011
Elective Title: Hematology-Oncology
Faculty in Charge: William S. Loui, MD
Assistant Professor
Address: POB II, 1329 Lusitana Street, Suite 307, Honolulu 96813
Contact: Phone (office): Phone (Cell): Pager: Fax: Email: 524-6115 wsloui@yahoo.com
Reporting Instructions: Report to POB II Suite #307 at 8:30am on the first day of your rotation.
Prerequisites: Medicine residents only
Max # of residents: Per Block: 1 Per Year:
Unavailable Times: Block #: Block #: Block #: Block #: Block #: Dates: December 2011 Dates: Dates: Dates: Dates:
Other faculty involved: Paul Palalay

Instructional methods:
Direct Patient Care:
• Ambulatory: hrs/wk: 30 site(s): Office
• Inpatient: hrs/wk: 5 site(s): QMC, HMCE
• Consultations: hrs/wk: 5 site(s): QMC, Office
• Other (describe): hrs/wk: site(s):
Non-patient-focused teaching sessions:
• Didactics: hrs/wk: site(s):
• Directed Reading: hrs/wk: site(s): N/A
• Web-based Modules: hrs/wk: site(s): N/A
• Other (describe): hrs/wk: 5 site(s):

Sites:
Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Tumor conferences; Oncology journal club
Required reading list: Harrison’s or Cecil’s texts
Relevant MKSAP questions reviewed: Yes
Other Activities: Clinicopathologic cases
Typical Day Schedule:
Leave Allowed: Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
No, leave is not allowed
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Other
Unique Features: Follow up care during chemotherapy.

Goals:
Also see curriculum
Objectives:
1) Provide outpatient experiences for medical oncology and hematology.
2) Provide greater exposure to benign hematology coagulation thalassemias.
3) Opportunity to be involved in stem cell transplantations and follow-up.
Other Comments:
1) There will be extensive outpatient experience.
2) New patient evaluation for hematology, oncology and transplantation.

Residents must be prepared to show up on time and be ready to learn.

Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:
Program Director Approval (electronic signature) EBello, MD Date 4/7/11
Elective Title: HIV Medicine  
Faculty in Charge: Cecilia Shikuma, MD  
Professor of Medicine  
Address: Leahi Hospital 3675 Kilauea Avenue, Young Building 5th Floor Honolulu HI 96815  
Contact: Phone (office): Phone (Cell): Pager: Fax: Email: 737-2751 shikuma@hawaii.edu  
Reporting Instructions:  
Prerequisites: Resident must be interested in clinical research  
Max # of residents: Per Block: 2 per year Per Year:  
Unavailable Times: Block #: 2 Block #: 6 Block #: 7 Block #: 12  
Other faculty involved: Dominic Chow, MD; Bruce Shiramizu, MD; Beau Nakamoto MD  
Instructional methods:  
Direct Patient Care:  
- Ambulatory: hrs/wk: 12 site(s): Leahi  
- Inpatient: hrs/wk: site(s):  
- Consultations: hrs/wk: site(s):  
- Other (describe): Research Clinic hrs/wk: 12 site(s): Leahi  
Non-patient-focused teaching sessions:  
- Didactics: hrs/wk: site(s):  
- Directed Reading: hrs/wk: site(s): N/A  
- Web-based Modules: hrs/wk: site(s): N/A  
- Other (describe): hrs/wk: 20 site(s):  
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:  
Percentage of time:  
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)  
1) Spencer Clinic Patient Care meeting - 1 hour  
2) Friday Research patient care meeting - 2 hours  
3) Friday "HIV 101" lectures - 1 hour  
4) Research presentation/journal club - 1 hour  
Required reading list: DHHS HIV guidelines, American Academy of HIV Medicine Care core curriculum text & Other selected materials  
Curriculum booklet as developed by the Hawaii Center for AIDS  
Relevant MKSAP questions reviewed: No, but board type questions given as pre and post rotation examination with discussion at the end of the rotation  
Other Activities: One to one lectures on rudimentary care and Rx topics in HIV  
Typical Day Schedule: Clinic in AM; directed reading lectures in afternoon. Conferences as scheduled for that day.  
Leave Allowed: ☑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
☑ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)  
☐ No, leave is not allowed  
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance  
Other: Program Director Approval (electronic signature) E Bello, MD Date 4/7/11
Elective Title: Infectious Disease
Faculty in Charge: Willis J. K. W. Chang, MD
Assistant Professor
Address: Various hospitals on Oahu, Private Office
Contact: Phone (office): 671-2456
Phone (Cell): Pager: Fax: Email: wjcfever@gmail.com
Reporting Instructions: Prerequisites: None
Max # of residents: Per Block: 1 Per Year:
Unavailable Times: Block #: Block #: Block #: Block #: Block :
Dates: Dates: Dates: Dates: Dates:
Other faculty involved:
Instructional methods:
Direct Patient Care:
• Ambulatory: hrs/wk: 2 site(s): Private Office
• Inpatient: hrs/wk: site(s):
• Consultations: hrs/wk: 48 site(s): Various Oahu Hospitals
• Other (describe): hrs/wk: site(s):
Non-patient-focused teaching sessions: hrs/wk: site(s):
• Didactics: hrs/wk: site(s):
• Directed Reading: hrs/wk: site(s): N/A
• Web-based Modules: hrs/wk: site(s): N/A
• Other (describe): hrs/wk: site(s):
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)
Required reading list: Mandell "Principles & Practice of Infectious Disease"
Relevant MKSAP questions reviewed: No
Other Activities: Case discussions
Typical Day Schedule: Rounds on patients resident is following
Consultations as requested by others and as appropriate for resident involvement
Case discussion/lectures in between
Leave Allowed
\[\text{Check appropriate box(es)}\]
\[\square\] Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
\[\square\] Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
\[\times\] No, leave is not allowed
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Other
Unique Features:
Goals: 1) Give overview of infectious disease practice.
Also see curriculum 2) Improve diagnostic capabilities of resident with regard to infections.
3) Teach rationale use of antibiotics.
4) Develop expertise in interpretation of gram stains.
Objectives: Also see curriculum
Other Comments:

Program Director Use Only
If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello Date 5/12/11
Elective Title: Infectious Disease
Faculty in Charge: Heath Chung, MD

Address: 1329 Lusitana St. POB II #804 Honolulu, HI 96813
Contact: Phone (office): 531-7111 Phone (Cell): 225-5432 Pager: 287-0139 Fax: 528-5507 Email: Chungh002@hawaii.rr.com

Reporting Instructions:
Prerequisites: None
Max # of residents: Per Block: 1 Per Year: 6
Unavailable Times:

Other faculty involved:

Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: site(s):
- Inpatient: hrs/wk: site(s):
- Consultations: hrs/wk: 32 site(s):
- Other (describe): hrs/wk: site(s):

Non-patient-focused teaching sessions:
- Didactics: hrs/wk: 7 site(s):
- Directed Reading: hrs/wk: self site(s):
- Web-based Modules: hrs/wk: site(s):
- Other (describe): hrs/wk: site(s):

Sites:
Site 1: KMC/QMC Site 2: Office/Inpatient HIV Clinic Site 3: Site 4: Site 5:
Percentage of time:

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Required reading list: MKSAP ID
Relevant MKSAP questions reviewed: Yes
Other Activities:
Typical Day Schedule:
Leave Allowed: ☑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☐ No, leave is not allowed
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance Other

Unique Features:
Goals: 1. Increase ID related medical knowledge
2. Learn and take pertinent ID history
3. Address as many of the “educational goals” for the PGY level

Objectives: 1. To gather patient history and exam findings for ID consults
2. Interpret pertinent labs related to ID
3. Review evidence-based evaluation and treatment literature (IDSA guidelines)

Other Comments:

Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello Date 7/26/11
Elective Title: Infectious Disease
Faculty in Charge: Tomas M. Ferguson MD FACP, LTC, MC

Address: Tripler Army Medical Center (TAMC): ID Clinic Office
Contact: Phone (office): 433-6513  Phone (Cell): 433-2707  Pager: 433-2707  Email: Tomas.M.Ferguson@us.army.mil

Reporting Instructions: PGY-1, 2, 3
Max # of residents: Per Block: 1  Per Year:
Unavailable Times: Block #: Unavailable Blocks 1-6  Block #:  Block #:  Block #:  Block #: 
Dates: Dates: Dates: Dates:

Other faculty involved: MAJ Joshua Hawley, COL Gunther Hsue, and Gerald Murphy MD

Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: 10 site(s): TAMC
- Inpatient: hrs/wk: 20 site(s): TAMC
- Consultations: hrs/wk: 10 site(s): TAMC
- Other (describe):
Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s):

Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
TAMC AM Report
TAMC Department of Medicine Conferences
ID case conferences at QMC

Required reading list: MKSAP, ID guidelines available at www.idsociety.org

Relevant MKSAP questions reviewed: Yes

Other Activities: ID rotation questions
Typical Day Schedule:
0730 - 0810 AM Report
0815 - 0900 Rounds
0900 - 1200 Clinic
1200 - 1300 Lunch/Conference
1300 - 1600 Rounds/Lectures

Leave Allowed
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☐ No, leave is not allowed

Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Other

Unique Features:
Excellent mixture of travel, HIV, non-HIV, inpatient & outpatient exposures and TB issues.

Goals:
Also see curriculum

Objectives:
Also see curriculum

Other Comments:
Program Director Approval (electronic signature) EBello, MD  Date 4/7/11
Elective Title: Infectious Disease
Faculty in Charge: William Lau, MD
Associate Clinical Professor
Address: QMC, KMC, Hawaii Medical Center: East & West, Pali-Momi
Contact: Phone (office): 532-2955 Phone (Cell): 532-2960
Fax: 532-2960 Email: laue002@hawaii.rr.com

Reporting Instructions:
Prerequisites: None
Max # of residents: Per Block: 1 Per Year:
Unavailable Times: Block #: 4
Dates: 9/26-10/23/11
Block #: 5
Dates: 10/24-11/20/11
Other faculty involved:

Instructional methods:
Direct Patient Care:
• Ambulatory: hrs/wk: site(s):
• Inpatient: hrs/wk: 20 site(s):
• Consultations: hrs/wk: 20 site(s):
• Other (describe): hrs/wk: site(s):
Non-patient-focused teaching sessions:
• Didactics: hrs/wk: site(s):
• Directed Reading: hrs/wk: site(s): N/A
• Web-based Modules: hrs/wk: site(s): N/A
• Other (describe): hrs/wk: site(s):
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
ID Grand Rounds
Required reading list:
Relevant MKSAP questions reviewed: No
Typical Day Schedule: Rounds, consultations
Leave Allowed Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
Check appropriate box(es) No, leave is not allowed
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Other
Unique Features:
Goals: Develop expertise in interpretation of gram stains
Also see curriculum
Objectives: Also see curriculum
Other Comments:

Program Director Use Only
If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD Date 5/11/11
Elective Title: Infectious Disease  
Faculty in Charge: Francis Pien, MD  
Clinical Professor  
Address: 1010 S. King Street, #111 Honolulu 96814  
Contact: Phone (office): 597-8765  
Phone (Cell): 597-6578  
Pager: Fax: 597-6578  
Email: idhawaii111@gmail.com  
Reporting Instructions: Please report to Dr. Pien's office at 7AM each day. Address: 1010 S. King Street, Suite 111  
Prerequisites: Upper-level resident who plans to specialize in Infectious Disease  
Max # of residents: Per Block: 1  
Unavailable Times:  
Max # of residents: Per Year: 1  
Other faculty involved: Brian Pien, MD  

Instructional methods:  

Direct Patient Care:  
- Ambulatory: hrs/wk: 2 site(s): private office  
- Inpatient: hrs/wk: site(s):  
- Consultations: (inpatient) hrs/wk: 20-30 site(s): Straub Hospital  
- Other (describe): Laboratory (Microbiology)  
  hrs/wk: 4 hrs/month site(s): Hawaii Medical Center West  

Non-patient-focused teaching sessions:  
- Didactics: hrs/wk: 3 site(s): Private Office  
- Directed Reading: hrs/wk: 10 site(s): N/A  
- Web-based Modules: hrs/wk: site(s): N/A  
- Other (describe): hrs/wk: 10-15 site(s):  

Sites:  
- Site 1: Office 10%  
- Site 2: Straub: 88%  
- Site 3: HMCW 2%  
- Site 4:  
- Site 5:  

Percentage of time:  
- Office 10%  
- Straub: 88%  
- HMCW 2%  

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  

Required reading list: Plan to review entire Infectious Disease section of a standard medical text (i.e., Harrison's)  

Relevant MKSAP questions reviewed: No  

Other Activities: Didactic teaching lectures daily with 2-hour reading in private office.  

Typical Day Schedule: Early morning lectures reading with Dr. Francis Pien.  
Rounds with Dr. Brian Pien in the late morning and afternoon at Straub.  

Leave Allowed  
- Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
- No, leave is not allowed  

Check appropriate box(es)  

Evaluation Method(s): Program Attending Global Evaluation of Resident Performance  
Other  

Unique Features: Single hospital, time for directed reading and daily lectures (~ 30 min.)  

Goals:  
- Prepare to pass Infectious Disease portion of the ABIM.  
- Prepare for possible career in Infectious Disease.  

Objectives:  

Other Comments: Coordinator Email: sophialiao111@gmail.com  

Program Director Use Only  
If approved: Please sign & date below:  

Program Director Approval (electronic signature) EBello, MD Date 4/7/11
**Elective Title:** Infectious Diseases  
**Faculty in Charge:** Russell D. Wong, MD  
**Assistant Professor**

**Address:**  
Private Office: 321 North Kuakini St., Suite 811 Honolulu HI 96817; QMC, KMC, HMCE  
**Contact:**  
Phone (office): 531-2731  
Phone (Cell):  
Pager: 521-2136  
Fax:  
Email: russellw@hawaii.edu

**Reporting Instructions:**

**Prerequisites:** None

**Max # of residents:**  
Per Block: 1  
Per Year:  

**Unavailable Times:**  
Block #:  
Dates:  
Block #:  
Dates:  
Block #:  
Dates:  
Block #:  
Dates:

**Other faculty involved:**

**Instructional methods:**

**Direct Patient Care:**
- **Ambulatory:** hrs/wk: 7  
  site(s): Private Office
- **Inpatient:** hrs/wk: 0  
  site(s):  
- **Consultations:** hrs/wk: 28  
  site(s): QMC, KMC, HMCE
- **Other (describe):**  

**Non-patient-focused teaching sessions:**
- **Didactics:** hrs/wk:  
  site(s):  
- **Directed Reading:** hrs/wk:  
  site(s): N/A
- **Web-based Modules:** hrs/wk:  
  site(s): N/A
- **Other (describe):** hrs/wk: 7  
  site(s):  

**Sites:**  
Site 1:  
Site 2:  
Site 3:  
Site 4:  
Site 5:

**Percentage of time:**

**Required conferences:**  
UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)

**Required reading list:**  
Relevant MKSAP questions reviewed: No

**Other Activities:**

**Typical Day Schedule:**  
8:00 AM - 2:00 PM Consultations  
2:00 PM - 4:00 PM Rounds  
(1-hour lunch)

**Leave Allowed**  
- ☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
- ☐ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)  
- ☐ No, leave is not allowed

**Evaluation Method(s):**  
Program Attending Global Evaluation of Resident Performance  
Other

**Unique Features:**

**Goals:**  
1) Teach practical ID hospital consultative practice with broad variety of infectious disease problems.  
2) Develop expertise in interpretation of gram stains

**Objectives:**  
Also see curriculum

**Other Comments:**

Program Director Approval (electronic signature) EBello  
Date 5/10/11
Elective Title: Infectious Diseases
Faculty in Charge: Royden Young, MD
Assistant Clinical Professor
Address: (1) Private office QMC POB 1, Suite 904 Telephone (2) QMC, KMC
Contact: Phone (office): Phone (Cell): Pager: Fax: Email: rsyoung@hawaii.rr.com

Reporting Instructions:
Prerequisites: At least one year of inpatient medicine (Level 2 and above)
Max # of residents: Per Block: 2 Per Year:
Unavailable Times:
Block #: Dates:

Other faculty involved:
Instructional methods:
Direct Patient Care:
• Ambulatory: hrs/wk: site(s):
• Inpatient: hrs/wk: site(s):
• Consultations: hrs/wk: site(s):
• Other (describe):

Non-patient-focused teaching sessions:
• Didactics:
• Directed Reading:
• Web-based Modules:
• Other (describe):

Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Antibiotic lectures
Required reading list: Mandel's Principles and Practices of Infectious Disease
Relevant MKSAP questions reviewed: No
Other Activities: Lectures, handouts, discussion of cases
Typical Day Schedule:
8:00 AM: See new and old consults
12:00 PM: Lunch
12:30 PM: Conference
1:30 PM: Finish rounds and discuss cases for teaching
5:00 PM: Done

Leave Allowed
Check appropriate box(es)
Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
No, leave is not allowed
Evaluation Method(s):
Unique Features:
Program Attending Global Evaluation of Resident Performance

Goals:
Also see curriculum
1) Evaluate patient for signs and symptoms of infections
2) Manage common infections
3) Develop differential diagnosis for infectious diseases
4) Understand antimicrobial pharmacotherapy principles
5) Understand pathophysiology of various infections

Objectives:
Also see curriculum
1) Diagnose/manage/treat pneumonia, meningitis, endocarditis, sepsis, epidural abscess, necrotizing fasciitis, osteomyelitis, septic arthritis, cellulites, intra-abdominal infections
2) Understand/manage antibiotic dosing and toxicity (β-lactam, quinolones, aminoglycosides)
3) Understand diagnostic studies (blood cultures, viral cultures, serology, ELISA)
4) Diagnose and manage noninfectious causes of fever (drug, DVT, PE, malignancy, connective tissue disease)

Other Comments:
Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:
Program Director Approval (electronic signature) E Bello, MD Date 4/8/11
Elective Title: Nephrology
Faculty in Charge: Rossini C. Botev, MD
Assistant Clinical Professor

Address: Kaiser Moanalua Medical Center
Contact: Phone (office): 432-8050
        Phone (Cell): Pager: Fax: Email: rbotev@hotmail.com

Reporting Instructions:
Prerequisites: Commitment for high quality patient care.
Max # of residents: Per Block: 1 - 2 Per Year:
Unavailable Times: Block #: 1 Dates: 6/3 – 7/5/11
                  Block #: 2 Dates:
                  Block #: Dates:
                  Block #: Dates:

Other faculty involved:

Instructional methods:
Direct Patient Care:
• Ambulatory: hrs/wk: site(s): Kaiser Moanalua Medical Center
• Inpatient: hrs/wk: site(s): Kaiser Moanalua Medical Center
• Consultations: hrs/wk: site(s): Kaiser Moanalua Medical Center
• Other (describe): hrs/wk: site(s): Kaiser Moanalua Medical Center

Non-patient-focused teaching sessions:
• Didactics: hrs/wk: site(s):
• Directed Reading: hrs/wk: site(s): N/A
• Web-based Modules: hrs/wk: site(s): N/A
• Other (describe): hrs/wk: site(s):

Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:
Required conferences:
UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)

Required reading list:
Primer on Kidney Disease
Relevant MKSAP questions reviewed:
Yes

Other Activities:
Case presentations and discussions, review articles discussed, access to Up-to-Date software.

Typical Day Schedule:
• Inpatient service for 1 week (8 - 10 Hrs/d) + Outpatient service for 3 weeks (8 Hrs/d).
• Consultation hours (6 - 10 Hrs/Wk) are part of the total hours for the Inpatient/Ambulatory services (new patients are seen in each setting on a weekly basis).
• Non-patient teaching hours (10 - 15 Hrs/Wk) are part of the total hours for Inpatient and Ambulatory services and includes medical records review, performing urinalysis, and review of radiology imagings and kidney biopsies.
• 4 - 5 hours direct patient care; 2 - 3 hours discussions, 30 minutes-one hour in evaluating laboratory and radiology results.

Leave Allowed
Check appropriate box(es)
☒ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☒ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
☐ No, leave is not allowed

Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance
Other

Unique Features:
Goals: Initial evaluation and management of common kidney diseases in outpatient and inpatient settings.
Also see curriculum
Objectives:
Also see curriculum

Other Comments:
In-processing: Kehau Naki, Residency Program Coordinator & Medical Library Assistant
3288 Moanalua Road, 2nd Floor - Ewa Wing
office: 808-432-7932, email: kehaulani.r.naki@kp.org.

Program Director Use Only
If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD Date 4/7/11
Elective Title: Clinical Nephrology
Faculty in Charge: Shiuh-Feng "Sherwin" Cheng, MD
Assistant Professor

Address:
Private Office: 2228 Liliha Street, Suite 200 Honolulu HI 96817; HMCE; QMC, KMC

Contact:
Phone (office): 533-3130
Phone (Cell):  Pager:  Email: shiuh@earthlink.net
Fax:

Reporting Instructions:

Prerequisites: None

Max # of residents: Per Block: 1 Per Year:

Unavailable Times:
Block #: 2 Dates: 8/3/11 – 8/30/11
Block #: 3 Dates: 8/31 – 9/27/11
Block #: 7 Dates: 12/21/11 – 1/17/12
Block #:

Other faculty involved:
Instructional methods:

Direct Patient Care:
- Ambulatory: hrs/wk: 10 site(s): Private Office
- Inpatient: hrs/wk: 10 site(s): HMCE, QMC, KMC
- Consultations: hrs/wk: 10 site(s): HMCE, QMC, KMC
- Other (describe): Dialysis Center hrs/wk: site(s):

Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s):

Sites:
Site 1: Site 2: Site 3: Site 4: Site 5:

Percentage of time:
UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm

Required conferences:

Required reading list:
Relevant MKSAP questions reviewed:
No

Other Activities:
Typical Day Schedule:
8:00 AM - 10:00 AM Inpatient rounds
10:00 AM - 11:00 AM Consultations
11:00 AM - 12:00 PM Dialysis rounds
1:00 PM - 4:00 PM Clinic

Leave Allowed
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☐ No, leave is not allowed

Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance

Unique Features:
Goals:
1) Residents will be able to evaluate common acid-base and electrolyte problems.
2) Residents will be able to initiate workup for common glomerular diseases.
3) Residents will have an appreciation for common problems seen with dialysis patients.

Objectives:
1) Residents will be able to recognize and evaluate metabolic acidosis and alkalosis, respiratory acidosis
   and alkalosis.
2) Residents will be able to evaluate hypernatremia and hyponatremia.
3) Residents will be able to workup for nephrotic syndrome.
4) Residents will be able to evaluate acute and chronic renal failure.
5) Residents will be have exposure to dialysis and kidney transplant patients.

Other Comments:

Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD Date 4/7/11
Elective Title: Nephrology  
Faculty in Charge: David A. Na’ai, MD  
Assistant Clinical Professor  
Address:  
(1) 2226 Liliha Street, Suite 306 Honolulu HI 96817 and (2) HMCE, QMC, KMC, Castle, Waimanalo Health Clinic  
Contact:  
Phone (office): 531-5711  
Phone (Cell):  Pager:  Fax:  Email: Dnaai@aol.com  
Reporting Instructions:  
Prerequisites: None  
Max # of residents: Per Block: 2 Per Year:  
Unavailable Times: Block #: 1 Block #: 2 Block #: 13  
Dates: 7/1 – 8/2/11 Dates: 8/3 – 8/30/11 Dates: 6/6 – 6/30/12 Dates:  
Other faculty involved:  
Instructional methods:  
Direct Patient Care:  
• Ambulatory: hrs/wk: 15 - 20 site(s): HMCE, Castle, Waimanalo  
• Inpatient: hrs/wk: 10 site(s): HMCE, QMC, KMC  
• Consultations: hrs/wk: 10 site(s): Saint Francis Liliha  
• Other (describe): hrs/wk: site(s):  
Non-patient-focused teaching sessions:  
• Didactics: hrs/wk: site(s):  
• Directed Reading: hrs/wk: site(s): N/A  
• Web-based Modules: hrs/wk: site(s): N/A  
• Other (describe): hrs/wk: 10 site(s):  
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:  
Percentage of time:  
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)  
Required reading list: "Nephrology for the House Officer" or "Nephrology Secrets"  
Relevant MKSAP questions reviewed: No  
Other Activities: Didactic teaching, literature review, topic review  
Typical Day Schedule:  
AM: inpatient rounds AM or PM: Clinic 3-4 hours  
Consults throughout the day  
Leave Allowed  
☑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
☐ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)  
☐ No, leave is not allowed  
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance  
Other Unique Features: Special emphasis on native Hawaiian health issues as it relates to kidney disease. Exposure to patients with kidney disease.  
Goals:  
1) Exposure to private practice of medicine  
2) Clinical care of day-to-day patient problems in internal medicine  
Also see curriculum  
Objectives:  
1) Enable residents to recognize patients with renal disease and initiate diagnostic workup  
2) Familiarize residents with renal transplant management.  
Also see curriculum  
3) Enable residents to comfortably manage acute and chronic renal failure, electrolyte abnormalities, hypertension and acid-base disorders.  
Other Comments:  
Program Director Use Only  
If not approved: Indicate why here:  
If approved: Please sign & date below:  
Program Director Approval (electronic signature) E Bello, MD Date 4/8/11
Elective Title: Nephrology  
Faculty in Charge: Aaron K. Nada, MD  
Assistant Clinical Professor  
Address: (1) Private office 1520 Liliha Street, Suite 601 Honolulu HI 96817 and (2) KMC  
Contact: Phone (office): 523-0445  
Phone (Cell): Pager: 523-0442  
Fax: Email: nada.ono.kaanehe@gmail.com  
Reporting Instructions: Must contact your assigned supervisor at least one week prior to the start of the rotation.  
Prerequisites: None  
Max # of residents: Per Block: 1 Per Year:  
Unavailable Times: Block #: Dates:  
Other faculty involved: David D. Ono, MD; Leilani Ka'anehe, MD  
Instructional methods:  
Direct Patient Care:  
- Ambulatory: hrs/wk: 12 site(s): Private Office  
- Inpatient: hrs/wk: 30 site(s): KMC  
- Consultations: hrs/wk: 10 site(s): KMC and Private Office  
- Other (describe): hrs/wk: site(s):  
Non-patient-focused teaching sessions: hrs/wk: site(s):  
- Didactics: hrs/wk: site(s):  
- Directed Reading: hrs/wk: site(s): N/A  
- Web-based Modules: hrs/wk: site(s): N/A  
- Other (describe): Lecture hrs/wk: site(s):  
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:  
Percentage of time:  
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)  
Required reading list: The resident will be provided a series of core lectures and a handout oriented towards passing the nephrology section of the American Board of Internal Medicine. A MKSAP-type examination at the end of the rotation is mandatory.  
Relevant MKSAP questions reviewed: Yes  
Other Activities:  
- The resident will be encouraged to function at a level of a “nephrology consultant” and to this end he/she will perform the initial history and physical examination and provide a differential diagnosis as well as diagnostic and therapeutic recommendations.  
- If the patient is “in-house,” the resident will be encouraged to follow the patient each weekday and provide daily reassessments of the patient’s condition.  
- Night and weekend calls will be discouraged and reading encouraged.  
- The resident will round each weekday with an instructor to discuss both inpatient and outpatient workshops.  
Typical Day Schedule: Hospital rounds, one-half day outpatient office, consults as they arise, lectures as time allows  
Leave Allowed □ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
□ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)  
☒ No, leave is not allowed  
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance  
End of rotation exam. Evaluation will be based on the resident’s ability to conduct a thorough history and physical and his/her cognitive skills in solving nephrologic problems.  
Unique Features:  
Goals: The major goal of this rotation is to promote a better pathophysiologic understanding of basic nephrologic problems in such areas as fluid and electrolyte imbalances, acid base disorders, acute renal failure, chronic renal failure and dialysis, glomerular disorders, nephrolithiasis and, hopefully, exposure to renal transplantation  
Also see curriculum  
Objectives: Patient Care:  
Also see curriculum  
- a. Fluid and electrolyte imbalances  
- b. Acid base disorders  
- c. Acute renal failure
d. Chronic renal failure and dialysis
e. Glomerular disorders
f. Nephrolithiasis

Medical Knowledge: Understanding the basic pathophysiology of nephrologic problems.
Systems-Based Practice: Understand the health system issues and resources for patients with chronic kidney disease.

Other Comments:

Program Director Use Only
If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello Date 5/11/2011
Elective Title: Neurocritical Care
Faculty in Charge: Matthew Koenig, MD
Assistant Professor of Medicine
Address: Neuroscience Institute – QET 5, 1301 Punchbowl Street, Honolulu, HI 86813
QMC, QET 4D NSICU
Contact: Phone (office): 537-7152 Phone (Cell): Pager: Fax: 547-4001 Email: Mkoenig95@gmail.com
Reporting Instructions:
Prerequisites: None
Max # of residents: Per Block: 2 Per Year:
Unavailable Times: Block #: None Block #: Block #: Block #: Block :
Dates: Dates: Dates: Dates: Dates:
Other faculty involved: Cherylee Chang, MD; Kazuma Nakagawa, MD
Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: 0 site(s):
- Inpatient: hrs/wk: 50 site(s): QMC
- Consultations: hrs/wk: 10 site(s): QMC
- Other (describe): hrs/wk: site(s):
Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): Reading standard set of journal articles and book chapters hrs/wk: 20 site(s):
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time: QMC 100%
Required conferences:
UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Neuroscience Institute Meeting (monthly), Journal Club (monthly), Radiology Conference (weekly),
Required reading list:
A standard set of seminal journal articles, reviews, and book chapters will be supplied on the first day
Relevant MKSAP questions reviewed:
No
Other Activities:
A standard lecture series featuring key topics in Neurocritical Care including examination of the comatose patient, management of ICP, head trauma, status epileptus, intracerebral and subarachnoid hemorrhage
Typical Day Schedule:
Prerounds at 7AM; review of radiology at 7:30AM; bedside rounds from 8AM-12PM; procedures, patient care, new admissions, and didactic sessions until approximately 7PM; no overnight call or weekend hours
Leave Allowed
Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
No, leave is not allowed
Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance
Unique Features:
Goals:
1. The resident will learn the examination of the comatose or unresponsive patient.
2. The resident will gain experience with procedures in Neurocritical care patients.
3. The resident will learn management of common neurological diseases in critically ill patients.
Objectives:
1. The resident will achieve the ability to evaluate intracerebral hemorrhage, seizure, head trauma, ICP, and neuromuscular diseases.
2. The resident will demonstrate facility in performing neurological exams on comatose and unresponsive patients.
3. The resident will demonstrate facility in performing ICU procedures, including lumbar puncture and central lines.
Other Comments:
This elective is focused on further training of Internal Medicine residents with specialized interest in patients with severe neurological diseases, especially those planning to specialize in Cardiology, Critical Care, or Oncology.
Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:
Program Director Approval (electronic signature) EBello, MD Date 4/7/11
Elective Title: Neurology
Faculty in Charge: Melvin Yee, MD
Assistant Professor
Address: Kuakini Medical Center, The Queen's Medical Center, Hawaii Medical Center East & West, Kaiser Foundation Hospital, Tripler Army Medical Center, Straub Clinic & Hospital
Contact: Phone (office):  Phone (Cell):  Pager:  Fax:  Email: melviny@hawaii.edu
Reporting Instructions: Must contact your assigned supervisor at least one week prior to the start of the rotation.
Prerequisites: None
Max # of residents: Per Block: 1 per site Per Year:
Unavailable Times: Block #: 1 Block #: 7 Block #: 10 Block #: 13
Dates: 7/1 – 8/2/11 Dates: 12/21/11 – 1/17/12 Dates: 3/14/12 – 4/10/12 Dates: 6/6 – 6/30/12
Other faculty involved: Kevin Kimata, MD; Terry Shimamoto, MD; Ray Romero, MD; Jeffrey Liu, MD; Stuart Pang, MD; Michiko Bruno, MD
Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: 24 site(s):
- Inpatient: hrs/wk: 5 site(s):
- Consultations: hrs/wk: 7 site(s):
- Other (describe): hrs/wk: site(s):
Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s):
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)
HMCE CME conference: 3rd Thursday/week, 8-9 AM
Required reading list: Clinical Neurology (Greenbers, Arninoff, Simon)
Relevant MKSAP questions reviewed: Yes
Other Activities: Case review and presentation to preceptor.
- Lectures, consults, bedside exams, clinics.
- Rounds, seeing and caring for patients. Follow patients. View patients’ work-ups.
Typical Day Schedule:
7:30-9:00 AM Morning inpatient rounds and consultations
9:00-12:00 PM Morning Clinic
1:30-4:30 PM Afternoon Clinic
4:30-5:30PM Afternoon Hospital Rounds
Leave Allowed:
☑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☑ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
☐ No, leave is not allowed
Note: Vacation allowed, but not preferred
Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance
Other: Will be entirely subjective per individual faculty supervisor.
Unique Features:
Goals:
Also see curriculum
Resident will have a basic understanding of: ischemic stroke, celebra hemorrhage, coma, metabolic encephalopathy, dementia, acute weakness, neuropathy, myopathy, migraine seizures, Parkinsons Disease, trauma
Objectives:
Also see curriculum
1) Resident should be able to perform a complete neurological examination.
2) Resident should have an outline for a systematic approach to diseases of the nervous system.
3) Resident should become acquainted with neurological problems and to learn to handle neurological patients.
4) Resident should become familiar with neurological diagnosis and management
Other Comments:
Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:
Program Director Approval (electronic signature) EBello, MD Date 5/11/11
Elective Title: Sleep Medicine  
Faculty in Charge: Gabriele M. Barthlen, MD  
Assistant Clinical Professor  
Address: Sleep Center Hawaii: 98-1238 Kaahumanu St., #300 Pearl City  
Contact: Phone (office): 456-7378  
Phone (Cell): Pager: 483-8822  
Fax: Email: barthlen@sleepcenterhawaii.com  
Reporting Instructions:  
Prerequisites: Max # of residents: Per Block: 2 Per Year: 24  
Unavailable Times: Block #:1 Dates: 7/1-7/31/11  
Block #: 12 Dates: 5/7-6/3/12  
Block #: 13 Dates: 6/4-6/30/12  
Other faculty involved:  
Instructional methods:  
Direct Patient Care:  
- Ambulatory: hrs/wk: site(s):  
- Inpatient: hrs/wk: site(s):  
- Consultations: hrs/wk: 8 site(s): Sleep Center Hawaii  
- Other (describe): Performing sleep studies on patients hrs/wk: 16 site(s): Kona Site: Sleep Center Hawaii  
Non-patient-focused teaching sessions:  
- Didactics: hrs/wk: site(s):  
- Directed Reading: hrs/wk: site(s): N/A  
- Web-based Modules: hrs/wk: site(s): N/A  
- Other (describe): hrs/wk: 8 site(s):  
Sites: Site 1: Site 2: Site 3: Site 4: Site 5:  
Percentage of time:  
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)  
Monthly Sleep Case Conference: 2 hours  
Required reading list: Principles & Practice of Sleep Medicine R & K Scoring Manual  
Relevant MKSAP questions reviewed: No  
Other Activities: Typical Day Schedule:  
- 8:00 AM - 12:00 PM reading sleeping studies  
- 1:00 PM - 5:00 PM patient consultations, OR  
- 7:00 PM - 7:00 AM running sleep studies on patients  
Leave Allowed:  
☑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
☑ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)  
☐ No, leave is not allowed  
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance  
Other:  
Unique Features: Goals: Familiarize with treatment options for sleep disorders (e.g. apnea, PLMS, narcolepsy)  
Also see curriculum  
Objectives:  
- 1-Differentiate common sleep disorders  
- 2-Evaluate patients with sleep disorders  
- 3-Learn methodology of sleep studies (PSG & MSLT)  
Also see curriculum  
Other Comments:  
Program Director Approval (electronic signature) EBello, MD Date 4/8/11
Elective Title: Medical Oncology
Faculty in Charge: Jared Acoba, MD
Assistant Clinical Professor
Address: 1301 Punchbowl Street
Contact: Phone (office): Phone (Cell): Pager: Fax: Email: 545-8777 jacoba@hawaii.edu
Reporting Instructions: None
Prerequisites: None
Max # of residents: Per Block: 1 Per Year:
Unavailable Times: Block #: None Block #: None Block #: None Block #: None Block #: None
Other faculty involved:
Instructional methods:
Direct Patient Care:
• Ambulatory: hrs/wk: 20 site(s): QMC & KMC
• Inpatient: hrs/wk: 10 site(s): QMC & KMC
• Consultations: hrs/wk: 10 site(s): QMC & KMC
• Other (describe):
Non-patient-focused teaching sessions:
• Didactics: hrs/wk: site(s):
• Directed Reading: hrs/wk: site(s): N/A
• Web-based Modules: hrs/wk: site(s): N/A
• Other (describe):
Sites:
Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:
QMC 80% KMC 20%
Required conferences:
UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)
Required reading list:
Relevant MKSAP questions reviewed: Yes
Other Activities:
Typical Day Schedule:
Leave Allowed
Check appropriate box(es)
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☐ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
☐ No, leave is not allowed
Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance
Other
Unique Features:
Goals:
Also see curriculum
Objectives:
Also see curriculum
1) Become familiar with signs and symptoms of common cancers and their treatments
2) Outline appropriate care strategies for main management, nausea and vomiting, and infection prevention and treatment for cancer patients
3) Understand and discuss treatment of oncologic emergencies
Other Comments:
Opportunities for exposure to cancer research
Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:
Program Director Approval (electronic signature) EBello Date 4/8/11
Elective Title: Pulmonary Disease
Faculty in Charge: Eric Crawley, MD

Address: Tripler Army Medical Center (TAMC): Pulmonary Disease Clinic
Contact: Phone (office): (808) 433-2297
         Phone (Cell): Pager: Fax: Email: donald.helman@us.army.mil

Reporting Instructions:
Prerequisites: None
Max # of residents: Per Block: 1 Per Year:
Unavailable Times:
Other faculty involved: Donald Helman MD; Erik Osborn MD; Sean Dooley MD; Konrad Davis MD

Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: 25 site(s): TAMC Pulmonary Clinic
- Inpatient: hrs/wk: 10 site(s): TAMC Wards
- Consultations: hrs/wk: site(s):
- Other (describe): hrs/wk: 5 site(s): TAMC Pulmonary Function Lab
Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: 2 site(s):

Sites:
- Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:

Required conferences:
- UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
- TAMC Medicine Morning Report
- UH/TAMC Pulmonary Conference

Required reading list:
Yes

Relevant MKSAP questions reviewed:
No

Other Activities:
Clinical Experiences: On this 4 week rotation, trainees will see patients in the outpatient pulmonary clinic and occasionally on the inpatient ward in a consultative capacity when there is a patient with teaching value under the supervision of a pulmonologist. Exposure to the pulmonary rehabilitation clinic, pulmonary function lab and asthma clinic. Rotators will attend our weekly multidisciplinary chest conference/tumor board. Rotators will have the opportunity to attend the monthly city-wide pulmonary conference at Queens Medical Center.

Educational Resources
Texts:
2) Harrison's Principles of Internal Medicine, 16th edition
3) 2007 Lange CURRENT Medical Diagnosis & Treatment
4) MKSAP 14 Books/Questions, Pulmonary section

Useful Website Links:
1) American College of Chest Physicians (ACCP) Guidelines.
   - Lung Cancer (2007)
   - Pulmonary Hypertension (2007)
   - Cough (2006)
2) Therapy (2004)
   http://www.thoracic.org/sections/publications/statements/index.html
   - Community Aquired Pneumonia (2007)
Typical Day Schedule:

0730 - 0815  Morning Report
0900 - 1200  Outpatient Clinic
1200 - 1300  Lecture
1300 - 1500  Outpatient Clinic
1500 - 1630  Inpatient Rounds

Leave Allowed
Check appropriate box(es)
- Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
- No, leave is not allowed

Evaluation Method(s):
The attending will evaluate the resident based on the 6 core competencies and provide both verbal mid-
rotation and written end-of-rotation feedback.

Unique Features: Patient Characteristics and Diseases Encountered: A wide array of patient demographics will be seen
throughout this rotation to include both male and female patients with age range from young adult to the
elderly. Disease severity ranges from mild to severe. Medical conditions typically encountered throughout
this rotation are broad and may include symptoms such as chronic cough and dyspnea as well as discrete
diseases such as pneumonia, bronchiectasis, tuberculosis, asthma, chronic obstructive pulmonary
disease, interstitial lung disease, lung cancer, cystic fibrosis, eosinophilic pneumonia, sarcoidosis,
obstructive sleep apnea, and pneumothorax. Occupational lung disease and pulmonary manifestations of
connective tissue disease are also routinely encountered.

Teaching Methods
Didactic sessions are informal and are usually given by the clinic attending. The topics for these lectures
are flexible, but are usually pertinent to the patients seen in the clinic that day. The emphasis of these
lectures will be on outpatient pulmonary problems commonly encountered. Bedside teaching will be
provided to include physical examination and history taking technique. In the context of case
presentations, attending physicians will emphasize indications for and interpretation of common tests such
as chest X-ray, sputum samples, arterial blood gas samples, and pulmonary function tests.

Level of Supervision
1) Residents present and examine all patients with staff daily. In the outpatient setting, patients
must be discussed with the outpatient attending prior to clinic departure.
2) All outpatient clinic and inpatient consult notes are reviewed, edited & cosigned by staff.
3) Staff will directly supervise all procedures for which the resident or intern is not certified to
perform.
4) Full supervision guidelines are present in the Department of Medicine Administrative Manual.

Goals:
Patient Care: Residents must be able to provide patient care that is compassionate, appropriate, and
effective for the treatment of health problems and the promotion of health.

Medical Knowledge: Residents must demonstrate knowledge of established and evolving biomedical,
clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to
patient care.

Practice-Based Learning and Improvement: Residents must demonstrate the ability to investigate and
evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve
patient care based on constant self-evaluation and lifelong learning.

Systems Based Practice: Residents must demonstrate an awareness of and responsiveness to the
larger context and system of health care, as well as the ability to call effectively on other resources in the
system to provide optimal health care.
Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Interpersonal and Communication Skills: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

Objectives:

Patient Care

Also see curriculum

PGY-1 Residents:

1) Recognize the clinical presentations and treatment options for common pulmonary diseases.
2) Take a comprehensive history and physical exam including all the information required to write a competent specialty-specific consult.
3) Understand the role of diagnostic procedures such as bronchoscopy, chest tube placement and thoracentesis and imaging procedures such as computed tomography in diagnosis and treating pulmonary disorders. All residents will attend at least one bronchoscopy to become familiar with the indications and limitations for the procedure and the patient experience during the procedure.
4) Achieve familiarization with techniques of pulmonary function testing and competency at interpretation of pulmonary function tests. Interpret at least 20 pulmonary function tests under staff supervision.
5) Acquire increasing skill in interpretation of plain films of the chest and basic skill at detecting major abnormalities on computed tomography of the chest. Interpret at least 20 chest films under staff supervision.
6) Actively participate in specialty-specific procedures such as collection and interpretation of arterial blood gas samples, chest tube placement, and thoracentesis when requested by referring service.
7) Understand indications for, proper technique and interpretation of tuberculin skin tests and the Quantiferon Gold test and sputum samples for TB.

PGY-2 Residents: mastery of PGY-1 goals as well as:

1) Provide additional focus and detail to specialty-specific components of the history and physical examination.
2) Generate appropriate differential diagnoses for clinical presentations not falling into typical pulmonary disease syndrome patterns.
3) Competently perform specialty-specific procedures discussed above when requested by referring service.

PGY-3 Residents: mastery of PGY-2 goals as well as:

1) Detect more uncommon presentations of the above common pulmonary disease disorders and gain experience in tailoring initial management plans to ongoing care of the specific patient's needs with less extensive oversight from the attending physicians.
2) Use knowledge of other acute and chronic medical disorders to understand how active pulmonary disorders impact the management of other chronic medical diseases and how chronic medical diseases may impact treatment decisions of active pulmonary problems.
3) Competently perform or supervise specialty-specific procedures discussed above when requested by referring service.

Medical Knowledge

PGY-1 Residents:

1) Demonstrate a basic understanding of the pathophysiology underlying common and life-threatening pulmonary diseases seen on the rotation and the rationale and pharmacology behind their treatment.
2) Demonstrate a commitment and enthusiasm about continuous learning by attending at least 75% of morning reports, noon lectures, and specialty specific conferences.
3) Complete the pulmonary disease related questions of MKSAP-14.

PGY-2 Residents: mastery of PGY-1 goals as well as:

1) Display a progression in medical knowledge in common specialty problems without extensive use of medical references, facilitating treatment in situations of high volume, high acuity, and less typical presentations.
2) Demonstrate initial ability to teach peers and subordinates through knowledge based presentations on rounds and morning reports.
3) Show familiarity with the pathophysiology and literature behind the clinical practice guidelines on diagnosis and treatment of pulmonary diseases specific to the patients they encounter.

PGY-3 Residents: mastery of PGY-1 and 2 goals as well as:

1) Demonstrate more nuanced understanding of risks and benefits to different possible
approaches to treatment of common pulmonary diseases as well as generating more robust
differential diagnoses for less common disorders that do not fit typical disease patterns.

2) Demonstrate ability to evaluate learner needs and teach any subordinates on the rotation or
encountered during consults in diagnosis and management of common pulmonary diseases
tailored to those needs.

Practice-Based Learning and Improvement
PGY-1 Residents
1) Incorporate formative evaluation feedback into daily practice and regularly self-assess and
deliver care that reflects learning from prior experiences.
2) Understand limitations of knowledge and ask for help when needed.

PGY-2 Residents will additionally
1) Summarize lesions learned by presenting a morning report and/or a didactic session to the
consult team during this rotation
2) Locate, appraise, and assimilate evidence from scientific studies and clinical practice guidelines
related to their patients’ health problems.

PGY-3 Residents will additionally
1) Review at least one journal article or clinical practice guideline per week with faculty supervisor
related to specific clinical case seen.

Systems Based Practice
PGY-1 Residents
1) Understand the how to effectively place, retrieve, and organize consult, lab, and radiology data.
2) Demonstrate ability to regularly and effectively work with case managers, social workers, and
other health care professionals to assess, coordinate, and improve patient care.

PGY-2 Residents should additionally
1) Demonstrate a satisfactory level of understanding regarding medical delivery systems, including
alternative care resources, ambulatory care resources, rehabilitation resources, and an
understanding of the TRICARE network referral process.
2) Show ability to effectively guide patients through the complex health care environment.

PGY-3 Residents should additionally
1) Demonstrate a high level of understanding regarding medical practice and delivery systems,
including methods of controlling health care costs and appropriate allocation of resources.
2) Practice cost-effective health care and resource allocation that does not compromise quality of
care.
3) Understand the basics of ambulatory encounter, consultative encounter, and procedure coding
practices.

Professionalism
1) Carry out professional responsibilities by attending morning report, clinic sessions, and didactic
lectures in a timely fashion.
2) Demonstrate compassion, integrity, and respect for others by sensitivity and responsiveness to
a diverse patient population, including but not limited to diversity in gender, age, culture, race,
religion, disabilities, and sexual orientation
3) Straightforward acceptance of error responsibility and accurate reporting of patient information
in verbal and written format without deviation is expected.
4) Maintain professional appearance and conduct as determined by feedback given to elective
coordinator by other attending staff, students, nurses, and patients as well as all opportunities
for observed interactions.

Interpersonal and Communication Skills
PGY-1 Residents
1) Deliver oral presentations that include all important aspects of the history, physical exam, and
laboratory tests tailored to the clinical problem and organized into a logical and well-flowing
patient presentation that emphasizes key facts and omits extraneous data.
2) Provide thorough and complete written or electronic documentation of patient care that are
legible, timely (completed within 24 hours of patient encounter) and use appropriate medical
terminology.
3) Establish rapport with patients from a variety of cultural and socioeconomic backgrounds.
4) Participate in family meetings in the setting of end of life decision making.
5) Work as team members with senior residents and attending physicians, communicating
Effectively with ancillary staff.

PGY-2 Residents
1) Effectively counsel and educate patients about pertinent health issues, tests and treatments.
2) Write consults and progress notes that succinctly summarize clinical data and focus on differential diagnosis, assessment and plans.
3) Engage patients in shared decision making for ambiguous scenarios.
4) Conduct family meetings as in the setting of end of life decision making with staff supervision.
5) Assume a team leadership role, facilitating interactions between team members of various backgrounds and skill sets.

PGY-3 Residents
1) Consistently and thoroughly educate patients and their families, using patient education as a form of intervention and partnering.
2) Write consults and progress notes that incorporate clinical practice guidelines, evidence based medicine, contingency plans, and a nuanced approach to clinical uncertainty.
3) Successfully negotiate most "difficult" patient encounters, such as patients with complex mental health problems.
4) Execute communication skills of a consultant with less attending input by providing verbal feedback to the referring physician and through written notes that are diplomatic and focused to the specific specialty problems at hand.

Other Comments: Description of Rotation or Educational Experience
Educational Purpose: Pulmonary medicine is the diagnosis and managements of disorders of the lungs, upper airways, and thoracic cavity and chest wall. The pulmonary rotation will review the prevention and management of disorders caused by the lungs, upper airways, and thoracic cavity and chest wall. Residents rotating through this service will gain an appreciation of the pulmonary specialist's expertise in managing neoplastic, inflammatory, and infectious disorders of the lung parenchyma, pleura, and airways and pulmonary vascular disease. They will also gain experience in detection, prevention, and treatment of occupational and environmental causes of lung disease.

Availability dependent on TAMC residents' scheduled

To be provided at start of rotation:
1. Checklist for pulmonary service rotation
2. Resident pulmonary pretest
3. Resident pulmonary post-test
4. PFT examination for certification in PFT interpretation.
Standard TAMC in-processing paperwork (available on New Innovations) required.
When scheduling electives, please contact Dr. David Hostler: DAVID.HOSTLER@US.ARMY.MIL

Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD Date 5/11/11
**Elective Title:** Pulmonary  
**Faculty in Charge:** Roger Yim, MD  
**Assistant Clinical Professor**  
**Address:** QMC, 1329 Lusitana Street, Suite 704, Honolulu HI 96813  
**Contact:** Phone (office): 524-1200  
**Email:** rey67@hawaii.rr.com  
**Reporting Instructions:** Upper-level residents only  
**Max # of residents:** Per Block: 1 Per Year:  
**Unavailable Times:** Block #: 4 Dates: 9/28 – 10/25/11  
**Other faculty involved:** George Druger, MD  

### Instructional methods:

**Direct Patient Care:**

- **Ambulatory:** hrs/wk: 8 site(s): Office
- **Inpatient:** hrs/wk: 20 site(s): QMC
- **Consultations:** hrs/wk: 10 site(s): QMC
- **Other (describe):** hrs/wk: site(s): QMC

**Non-patient-focused teaching sessions:**

- **Didactics:** hrs/wk: site(s):  
- **Directed Reading:** hrs/wk: site(s): N/A
- **Web-based Modules:** hrs/wk: site(s): N/A
- **Other (describe):** hrs/wk: site(s):

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<th>Sites</th>
<th>Site 1</th>
<th>Site 2</th>
<th>Site 3</th>
<th>Site 4</th>
<th>Site 5</th>
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<tr>
<td>Percentage of time</td>
<td>QMC 80%</td>
<td>Office 20%</td>
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**Required conferences:** UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm

**Required reading list:** No

**Typical Day Schedule:**

- 0700 - 1000 Inpatient
- 1000 - 1300 Outpatient
- 1300 - 1700 Inpatient

**Leave Allowed**

- Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
- No, leave is not allowed

**Evaluation Method(s):** Program Attending Global Evaluation of Resident Performance

**Unique Features:**

**Goals:**

1. To learn basic pulmonology  
2. To learn sleep medicine

**Objectives:**

1. Learn how to read pulmonary function tests  
2. Assess patients with obesity-hypoventilation syndrome  
3. Learn the indication of bronchoscopy and its procedure

**Other Comments:**

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**Program Director Use Only**

If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature) E Bello, MD Date 4/8/11
Elective Title: Physical Medicine & Rehabilitation
Faculty in Charge: Cedric K. Akau, MD  
Assistant Professor
Address: Straub Clinic & Hospital, 888 South King Street, Honolulu HI 96813
Contact:  
Phone (office): Phone (Cell): Pager: Fax:  
522-4000  
Email: cakau@straub.net
Reporting Instructions:
Prerequisites: Level 3 residents only
Max # of residents: Per Block: 1  Per Year:
Unavailable Times:  
Block #: 2  Block #: 6-7  Block #: 10  Block #: 13  
Dates: 8/3-8/30/11  Dates: 11/23-1/17/12  Dates: 3/14-4/10/12  Dates: 6/6 - 6/30/12
Other faculty involved: Timothy F. Olderr, MD; Montemayor Andrew, MD
Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: 40 - 45  site(s): Straub, also Punahou School during school year
- Inpatient: hrs/wk: 0 - 2  site(s): Straub
- Consultations: hrs/wk:  site(s):
- Other (describe):
  hrs/wk:  site(s):
Non-patient-focused teaching sessions:
- Didactics: hrs/wk:  site(s):
- Directed Reading: hrs/wk:  site(s): N/A
- Web-based Modules: hrs/wk:  site(s): N/A
- Other (describe): hrs/wk:  site(s): 2 - 3
Sites:  
Site 1:  Site 2:  Site 3:  Site 4:  Site 5:
Percentage of time:  
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Required reading list: Recommend "Ortho Physical Assessment" by Magee & "Illustrated Manual of Ortho Med" by Cyriax
Relevant MKSAP questions reviewed: No
Other Activities: Patient centered - experienced teaching
Typical Day Schedule: 8:00 AM - 5:00 PM, Monday thru Friday, with half-day off and every other Saturday AM
Leave Allowed: ☑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☐ No, leave is not allowed
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Other
Will expect good understanding of basic exam and differential diagnosis of musculoskeletal and peripheral nerve problems.
Unique Features: Outpatient evaluation and treatment of common musculoskeletal and peripheral neurologic problems non- 

surgical approach.
Goals: By the end of this elective, the medical resident should be comfortable in evaluating and treating common 
musculoskeletal and peripheral neurologic problems.
Objectives:  
Also see curriculum
Other Comments: Standard Straub in-processing paperwork (available on New Innovations) required.

Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD  
Date 4/7/11
Elective Title: Rheumatology
Faculty in Charge: Deryll Ambrocio & David John, MD
Address: 1329 Lusitana Street, Suite 804 Honolulu HI 96813; QMC
Contact: Phone (office): 531-7111  Phone (Cell): Fax: 528-5507
Email: Hidrijohn@aol.com Ambrociomd@gmail.com

Reporting Instructions:
Prerequisites: None
Max # of residents: Per Block: 1 Per Year:
Unavailable Times: Block #: 7
Dates: 12/21/11 – 1/17/12
Other faculty involved: Deryll Ambrocio, MD

Instructional methods:
Direct Patient Care:
• Ambulatory: hrs/wk: 40 site(s): Private office
• Inpatient: hrs/wk: 2 (on average) site(s): QMC
• Consultations: hrs/wk: site(s):
• Other (describe): hrs/wk: site(s):

Non-patient-focused teaching sessions:
• Didactics: hrs/wk: site(s):
• Directed Reading: hrs/wk: site(s): N/A
• Web-based Modules: hrs/wk: site(s): N/A
• Other (describe): hrs/wk: site(s):

Sites: Site 1: Office 95% Site 2: QMC 5%
Percentage of time:
Required conferences:
UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)
Required reading list:
Primer on the Rheumatic Diseases and/or Current and Diagnostic Treatment: Rheumatology
Relevant MKSAP questions reviewed:
Yes
Other Activities:
The resident will have the opportunity to discuss and interpret x-rays and perform musculoskeletal
injections/aspirations.

Typical Day Schedule:
Office 8:00 AM to 4:30 PM; Hospital consults/rounds Monday thru Friday
Leave Allowed
☑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☑ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
☐ No, leave is not allowed

Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance; Other
Unique Features:
An emphasis will be placed on seeing new patients and learning how to evaluate rheumatologic
complaints/findings; time will be be split between both physicians in an effort to see interesting/new
patients and also to satisfy the resident’s interests and educational needs (it will be common to spend
some time each day with both physicians).

Goals:
Also see curriculum

Objectives:
Also see curriculum
1. Utilize and interpret rheumatologic diagnostic studies in the appropriate setting.
2. Interpret musculoskeletal x-rays appropriate to a general internist’s level.
4. Appreciate the complexity of the rheumatologic cases and the appropriateness of a rheumatology consult.
5. Evaluate diagnose and treat rheumatologic complaints and illnesses including: neck and back pain, regional
rheumatic pain syndromes, fibromyalgia syndrome, rheumatoid arthritis, juvenile idiopathic arthritis, psoriatic
arthritis, ankylosing spondylitis, reactive and enteropatotic arthritis, osteoarthritis, gout and other crystalline
arthropathies, infectious disorders, antiphospholipid syndrome, scleroderma, idiopathic inflammatory
myopathies

Other Comments:
Program Director Approval (electronic signature) EBello, MD Date 5/11/11
**Elective Title:** Rheumatology  
**Faculty in Charge:** Ken Arakawa, MD  
**Associate Clinical Professor**

**Address:**  
1329 Lusitana Street, Suite 206, Honolulu HI 96813

**Contact:**  
Phone (office): 528-3888  
Phone (Cell):  
Pager:  
Fax:  
Email: irc_hi@yahoo.com

**Reporting Instructions:** Make contact via telephone one week prior to start date for specific instructions. Our clinic starts at 7am but no need to report until 7:30am. Bring food and snacks because our clinic is busy and our AM clinic usually runs well into the PM clinic.

**Prerequisites:**  
Be a resident in good standing at UHIMRP

**Max # of residents:**  
Per Block: 1  
Per Year: 2-3 per semester

**Unavailable Times:**  
Block #: Varies  
Dates:

**Other faculty involved:**

**Instructional methods:**

**Direct Patient Care:**

- Ambulatory: hrs/wk: 40  
  site(s): Private Office
- Inpatient: hrs/wk: 10  
  site(s): QMC
- Consultations: hrs/wk: 8  
  site(s): QMC
- Other (describe):

**Non-patient-focused teaching sessions:**

- Didactics: hrs/wk:  
  site(s):
- Directed Reading: hrs/wk:  
  site(s): N/A
- Web-based Modules: hrs/wk:  
  site(s): N/A
- Other (describe): hrs/wk: 8  
  site(s):

**Sites:**  
Site 1: Site 2: Site 3: Site 4: Site 5:

**Percentage of time:**  
Office 90%  
QMC 10%

**Required conferences:** UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm

**Required reading list:** Primer in Rheumatology

**Relevant MKSAP questions reviewed:** Yes

**Other Activities:**

**Typical Day Schedule:** Rounds at hospital for inpatients, seeing patients in office, end of day inpatient consults, admissions in the hospital.

**Leave Allowed**  
☒ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
☐ No, leave is not allowed

**Evaluation Method(s):** Program Attending Global Evaluation of Resident Performance

**Unique Features:**

**Goals:**  
*Also see curriculum*  
The goal of the rotation is to educate residents on the prevention, diagnosis, and management of crystalline diseases, systemic rheumatic diseases, spondyloarthropathies, vasculitis, inflammatory muscle disease, osteoporosis, osteoarthritis, recreational sports injury, soft-tissue diseases and trauma to prevent disability and death (Modified from the American College of Physicians).

**Objectives:**  
*Also see curriculum*  
1. For residents to develop clinical competence in the above areas  
2. For residents to develop knowledge to pass rheumatology section of Internal Medicine boards

**Other Comments:** Availability varies.

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**Program Director Use Only**

*If not approved: Indicate why here:*

*If approved: Please sign & date below:*

Program Director Approval (electronic signature) **EBello, MD**  
Date: 5/11/11
Elective Title: Rheumatology
Faculty in Charge: David Finger, MD, FACP, FACR
Associate Clinical Professor
Address: Tripler Army Medical Center (TAMC): Rheumatology Clinic
Contact: Phone (office): 433-6513
Phone (Cell): Pager: 433-2707
Fax: Email: david.finger@us.army.mil

Reporting Instructions:
Prerequisites: Upper-level resident
Max # of residents: Per Block: 1 resident & 1 students Per Year:
Unavailable Times: Block #: Varies, see “other comments”

Other faculty involved:
Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: 15 - 20 site(s): TAMC Rheumatology Clinic
- Inpatient: hrs/wk: 1 site(s): TAMC Wards
- Consultations: hrs/wk: 15 - 20 site(s): TAMC Rheumatology Clinic
- Other (describe): site(s):

Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): 4 hrs/wk: site(s):

Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
TAMC Medicine morning report
Required reading list: Primer on Rheumatologic Diseases
Relevant MKSAP questions reviewed: Yes
Other Activities:
Typical Day Schedule: 0730-0800 Morning report
0815-0900 Lecture
0900-1200 Outpatient clinic
1300-1500 Outpatient clinic
1500-1600 Rounds/lecture
Leave Allowed Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
No, leave is not allowed

Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance
Resident mini-lecture to staff
End-of-rotation written exam

Unique Features:
Overview
Rheumatology encompasses diseases and conditions involving the musculoskeletal system. The primary goal in rheumatology is early diagnosis and treatment to prevent disability and premature death. Residents in internal medicine will be expected to learn about the various conditions seen in rheumatology and nonoperative orthopedics, and to be competent in the application and performance of specific rheumatologic procedures and tests. They must also be proficient in the use of corticosteroids, nonsteroidal anti-inflammatory agents, and immunosuppressive medications used in rheumatology. The rheumatologic curriculum will be divided into three parts to facilitate learning these objectives.
- Part I covers basic concepts that pertain to the practice of rheumatology.
- Part II lists the various rheumatic clinical syndromes and specific disorders that the medicine resident will be expected to understand.
- Part III lists diagnostic tests and procedures the resident should be able to both perform and interpret.

Physical Examination
The resident will be expected to perform a complete general internal medicine and rheumatologic history and physical examination.
Goals:
*Also see curriculum*

**Part 1: Basic Concepts**
- Epidemiology of rheumatic disorders
- History and physical examination of the musculoskeletal system
- Differential diagnosis of the various rheumatic signs and symptoms
- Ordering and interpreting diagnostic tests used in rheumatology
- Understanding the indications, risks, and benefits of various rheumatologic procedures
- Knowing the indications, recommended monitoring, and possible side effects of the medications used in rheumatology

**Part 2: Clinical Syndromes & Specific Disorders**
- Clinical Syndromes:
  - Joint pain (arthralgias):
    - acute vs. chronic
    - inflammatory vs. noninflammatory
    - monoarticular vs. oligoarticular vs. polyarticular
    - distribution patterns
  - Muscle pain (myalgias):
    - localized vs. diffuse
    - neurogenic vs. myopathic patterns
    - inflammatory vs. metabolic
  - Nonarticular signs of rheumatic diseases:
    - cutaneous manifestations (Gottron's papules, malar rash, palpable purpura, alopecia, nodules, keratoderma blenorrhagica, etc.)
    - Raynaud's phenomenon
    - oral/nasal/genital ulcerations
    - pleuritis/pericarditis,carditis
    - ocular findings (conjunctivitis, uveitis, hypopyon)
  - Regional rheumatic pain syndromes:
    - fibromyalgia syndrome
    - bursitis
    - tendonitis
    - entrapment neuropathies (carpal tunnel)
- Specific Disorders:
  - Degenerative arthritis
- Systemic inflammatory connective tissue disorders:
  - systemic lupus erythematosus
  - rheumatoid arthritis
  - polymyositis/dermatomyositis
  - Sjogren's syndrome
  - scleroderma
  - psoriatic arthritis
  - colitic arthritis
  - polymyalgia rheumatica
  - crystalline arthritis
  - inflammatory myopathies
  - metabolic bone disease
  - systemic vasculitides
  - reactive arthritis
  - ankylosing spondylitis
  - Infectious arthritis
  - Metabolic bone disorders (Paget's, osteoporosis)

**Part 3: Procedures and Tests**
- Diagnostic and therapeutic arthrocentesis of joints and bursae
- Diagnostic and therapeutic injection of corticosteroids into joints and bursae
- Interpreting radiographic images of bones and joints
- Synovial fluid analysis for cell count and crystal identification
- Ordering and interpreting laboratory tests:
  - Autoantibodies
  - Muscle enzymes
  - Acute phase reactants
  - Complement
Objectives:
Also see curriculum

Other Comments:  Availability based upon TAMC residents' and UH Medical Students assigned
Please call 433-6513 to coordinate available time slots

Program Director Use Only
If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature)  EBello, MD  Date  4/8/11
Elective Title: Ambulatory Specialties
Faculty in Charge: Janet Onopa, MD
Assistant Professor

Address: 1356 Lusitana St., 7th Floor
Contact: Phone (office): 586-7452  Phone (Cell):  Fax: 586-7486  Email: jonopa@hawaii.edu

Reporting Instructions:
Prerequisites:
Max # of residents: Per Block: 1 Per Year:
Unavailable Times: Block #: Varies, see other Block #: Block #: Block #: Block # :
Dates: Dates: Dates: Dates:
Other faculty involved: various

Instructional methods:
Direct Patient Care:
• Ambulatory: hrs/wk: 36 site(s): various
• Inpatient: hrs/wk: site(s):
• Consultations: hrs/wk: site(s):
• Other (describe): hrs/wk: site(s):

Non-patient-focused teaching sessions:
• Didactics: hrs/wk: site(s):
• Directed Reading: hrs/wk: site(s): N/A
• Web-based Modules: hrs/wk: site(s): N/A
• Other (describe): hrs/wk: site(s):

Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)

Required reading list:
Relevant MKSAP questions reviewed:
Other Activities:
Typical Day Schedule: To be designed by resident with Dr. Onopa
Leave Allowed ☑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☑ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
☐ No, leave is not allowed

Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Other

Unique Features:
Goals: To expose residents to a variety of outpatient specialties outside of internal medicine
Also see curriculum
Objectives: Residents will be able to recognize common outpatient conditions in orthopedics, ophthalmology, physical medicine, ENT and develop understanding of when to refer to these specialists.
Also see curriculum
Other Comments: Availability varies, please check with Dr. Onopa before scheduling a resident

Program Director Use Only
If not approved: Indicate why here: No goals and objectives
If approved: Please sign & date below:

Program Director Approval (electronic signature) E Bello, MD Date 5/11/11
Elective Title: Anesthesia  
Faculty in Charge: Jason Isa, MD  
Assistant Professor of Surgery  
Address: 321 N. Kuakini St. Ste 306 Honolulu, HI 96814  
Contact: Ph (office): (808) 792-9888, Ph (Cell): (808) 375-2853, Pager: (808) 577-0027, Fax: Email: jisa@pacific.hawaii.com  
Reporting Instructions: Email Dr. Isa at least one week prior to start of rotation  
Prerequisites: None  
Max # of residents: Per Block: 1, Per Year: Variable  
Unavailable Times: Block # : Varies, see “Other”  
Dates: Dates: Dates:  
Other faculty involved: R. Manago; N. Manago; R. Takata; D. Matsushige; M. Nishijo; J. Hamamoto; C. Iwashita; D. Fancher; A. Suyama; D. Kidani  
Instructional methods:  
Direct Patient Care: 40-60 hours per week  
- Ambulatory: hrs/wk: site(s):  
- Inpatient: hrs/wk: site(s):  
- Consultations: hrs/wk: site(s):  
- Other (describe): hrs/wk: site(s):  
Non-patient-focused teaching sessions: hrs/wk: site(s):  
- Didactics: hrs/wk: 2-6 site(s):  
- Directed Reading: hrs/wk: site(s): N/A  
- Web-based Modules: hrs/wk: site(s): N/A  
- Other (describe): hrs/wk: site(s):  
Sites: Percentage of time: Site 1: QMC 99%, Site 2: KMC .5%, Site 3: Pali Momi .5%, Site 4: Site 5:  
Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)  
Required reading list: Relevant MKSAP questions reviewed: Other Activities:  
Typical Day Schedule: 6:45am - variable  
Leave Allowed  
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
☐ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)  
☐ No, leave is not allowed  
Evaluation Method(s): Program Attending Global Evaluation of Resident Performance  
Other:  
Unique Features: The rotation will familiarize the resident with the practice of clinical anesthesiology, including review of basic medical sciences, appreciating the interrelationships of anesthesiologist, surgeon, and operating room personnel from the perspective of the anesthesiologist, and include direct involvement with the anesthetic management of the surgical patients, from preoperative visit to postoperative care. The didactic relationship will be one-on-one with a board-certified anesthesiologist.  
Goals:  
Also see curriculum  
1. The completion of a one-month rotation on Anesthesiology will enable the resident to have a thorough review of the basic medical sciences germane to Anesthesiology.  
2. The resident, by participating directly in all aspects of the anesthesiologist’s care of patients, will have a more insightful working relationship with the patient and anesthesiologist in the perioperative period.  
3. The resident will gain skills and knowledge in the use of drugs, monitoring techniques, invasive procedures, airway management, pain management, and general patient management which are uniquely experienced from the perspective of Anesthesiology.  
Objectives:  
Also see curriculum  
The resident, upon completion of a one-month Anesthesiology rotation, will be able to:  
1. Perform a preanesthetic evaluation. This will include a review of the available medical history, physical, and laboratory examinations. The resident will interview the patient and elicit additional data, discuss, with the attending anesthesiologist and the patient, the anesthetic options, risks, plans, and other information for patient assurance and consent. The resident shall make appropriate chart notation.  
2. Prepare anesthetic equipment, supplies, and medications required for the delivery of general, regional, and intravenous-sedation anesthetics. This will include safety-checking equipment and applying monitoring.  
3. Introduce agents used in clinical anesthesia. This will include drugs for preoperative anxiolysis, induction, maintenance, and emergence of anesthesia, as well as drug therapy for the patient in the post-anesthetic care unit.  
The Transitional resident shall be able to describe the appropriate use, actions, interactions, toxicities, and other complications of medications proposed for usage. The resident should also be able to describe the uptake and
distribution of anesthetic agents and be able to compare the pharmacokinetics and pharmacodynamics of similar and contrasting dissimilar agents. Procedures and medications used to counteract untoward reactions will be detailed.

4. Manage the airway of the anesthetized patient. The resident shall be proficient at assisted and controlled ventilation with facemask, nasal and oral airways, and endotracheal intubation. The resident shall be able to describe plans for the suspected and unsuspected difficult airway, and for failed intubation. This will include the American Society of Anesthesiologists’ algorithm for the difficulty airway and the simulated use of the “emergency airway cart.”

5. Induce and assess the effects of sedation and analgesia in children and adults in the preoperative and postoperative areas, remote anesthetizing locations, and prior to painful procedures including nerve blocks. Guidelines for the safe use of sedation and analgesia by the surgeon outside of the operating room will be discussed.

6. Injection of local anesthetics for nerve blocking. The resident shall perform local, topical, intravenous, and regional anesthesia. The resident shall be able to describe the anatomical basis of nerve blocks as well as the pharmacological basis of nerve conduction blockade. The safe dosing, potential complications, and risk benefits of nerve blocks will be discussed.

7. Monitoring introduction, data interpretation, derivation, and appropriate intervention. The resident shall be able to perform noninvasive and invasive techniques and to use the data and inline computer derivations to evaluate physiological status. Considerations in vital organ perfusion will be discussed.

8. Perform intravenous and intraarterial cannulation. The resident shall be able to manage intravenous therapy in the pre, intra, and postoperative patient. This will include laboratory assessment of and the use of electrolyte, colloid and blood products. Coagulation studies, use of blood warming, rapid infusion, and red blood cell salvage will be experienced.

9. Planning and continuing treatment of acute postoperative pain will be demonstrated by the resident. Medical orders for safe monitoring and appropriate orders for patient controlled analgesia will be actuated by the resident. The prophylaxis and treatment of postoperative nausea and vomiting and aspiration pneumonia will continue from preoperative planning. Additionally, options for the diagnosis and treatment of chronic pain syndromes will involve direct participation of the resident and attending physician depending upon case availability.

**Other Comments:** Schedule varies, please check with Dr. Isa for availability of elective
Elective Title: Medical Education
Faculty in Charge: Richard Kasuya, MD, MSED
Associate Dean for Medical Education/Professor of Medicine
Address: JABSOM Kakaako Campus, 651 Iloalo Street, #223D, Honolulu 96813
Contact: Ph (office): 692-0940 Ph (Cell): Pager: Fax: Email: kasuya@hawaii.edu
Reporting Instructions: Approval by Program Director/Designate prior to contacting Elective Coordinator. Only residents who have received prior approval by the Program Director/Designate will be considered.
Max # of residents: Per Block: One per rotation Per Year: 
Unavailable Times: Varies: Rotations only offered subject to elective coordinator availability.
Other faculty involved: Variable

Instructional methods:

Direct Patient Care:
- Ambulatory: hrs/wk: 4 hrs/wk site(s): Resident's usual continuity clinic assignment
- Inpatient: hrs/wk: site(s):
- Consultations: hrs/wk: site(s):
- Other (describe): hrs/wk: site(s):

Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s): 

Sites: Percentage of time:
- Site 1: 100% Kakaako Medical Education Building (MEB)
- Site 2: Site 3: Site 4: Site 5: 

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
Required reading list: No
Relevant MKSAP questions reviewed: Other Activities:
Typical Day Schedule: Leave Allowed Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only) 
Check appropriate box(es) No, leave is not allowed

Evaluation Method(s):
- Program Attending Global Evaluation of Resident Performance
- As this is a non-clinical elective, a unique elective-specific "Medical Education Elective Evaluation Form" will be utilized. A copy is attached. The form will be reviewed with the resident in person at the end of the elective.
- Given the nature of the elective, liberal formative feedback will be provided to the resident throughout elective.
- Residents will evaluate the effectiveness of the elective and elective supervisor through usual program methods.

Unique Features: This elective offers medical residents an opportunity to explore and develop their teaching skills and knowledge regarding practical aspects of medical education. Residents will receive hands on training and practice designed to provide new educational experiences and/or learn about educational methods, and that will be particularly valuable to residents who are considering careers in academic medicine or significant roles in teaching. Interested residents must receive approval of the residency Program Director/Designate prior to applying for this elective. Once approval of the Program Director/Designate is obtained, interested residents must meet with the elective supervisor to discuss their particular interests and goals for the elective prior to being accepted. This is a four-week elective, and availability is very limited.

Instructional Methods
The curricular content and weekly schedule of this elective is flexible and dependent on the particular goals and/or interests of the resident, as negotiated in advance with the elective supervisor. In addition to a series of instructional seminars delivered by the elective supervisor and/or other assigned medical school faculty members with the requisite expertise, much of the learning will be project-based, independent and resident-driven. The resident and elective supervisor will meet formally for structured activities (seminars, practice and feedback sessions, etc.) at least once daily, and additionally as appropriate.
**Goals:**

*Also see curriculum*

1. Learn and practice a variety of teaching skills, including teaching psychomotor skills, delivering effective lectures, small group facilitation, delivering feedback, etc.
2. Understand more about educational theory, learning styles and generationa tendencies for learning.
3. Understand the steps for planning, implementing and evaluating a new educational intervention.
4. Other goals as negotiated between the resident and elective supervisor.

**Objectives:**

*Also see curriculum*

By the end of the elective the resident will be able to:

- Select appropriate instructional methods
- Develop level-appropriate educational materials
- Adapt teaching methodologies and approaches to match learning styles and preferences
- Deliver feedback effectively
- Describe and demonstrate an approach to teaching psychomotor skills
- Deliver an effective lecture
- Facilitate small group learning
- Other objectives as negotiated specifically between the resident and elective supervisor.

**Other Comments:**

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**Program Director Use Only**

Program Director Approval (electronic signature) EBello, MD  Date: 6/27/11
Medical Education Elective Evaluation Form

Resident Name: ________________
Dates of Rotation: ________________
Elective Supervisor Name: Richard T. Kasuya, MD, MSEd

Moral and ethical behavior

Approaches expectations Meets expectations Exceeds expectations

Comments:

Practice-based learning and improvement

Consistently evaluates own performance

Approaches expectations Meets expectations Exceeds expectations

Incorporates feedback into improvement activities

Approaches expectations Meets expectations Exceeds expectations

Effectively uses technology to manage information for teaching and self-improvement

Approaches expectations Meets expectations Exceeds expectations

Comments:

Interpersonal communication skills

Establishes highly effective humanistic and therapeutic relationships with students

Approaches expectations Meets expectations Exceeds expectations

Demonstrates excellent listening, narrative and nonverbal skills

Approaches expectations Meets expectations Exceeds expectations

Successful in educating and counseling students and colleagues

Approaches expectations Meets expectations Exceeds expectations

Always "interpersonally" engaged
Approaches expectations  | Meets expectations  | Exceeds expectations
---|---|---
Participation in discussions
Approaches expectations  | Meets expectations  | Exceeds expectations

Comments:

Professionalism

Attendance
Approaches expectations  | Meets expectations  | Exceeds expectations

Punctuality
Approaches expectations  | Meets expectations  | Exceeds expectations

Always demonstrates respect, compassion, integrity, honesty;
Approaches expectations  | Meets expectations  | Exceeds expectations

Teaches/role models responsible behavior
Approaches expectations  | Meets expectations  | Exceeds expectations

Total commitment to self-assessment
Approaches expectations  | Meets expectations  | Exceeds expectations

Willingly acknowledges errors
Approaches expectations  | Meets expectations  | Exceeds expectations

Consistently considers needs of learners
Approaches expectations  | Meets expectations  | Exceeds expectations
Overall professional behavior during the rotation

Approaches expectations  Meets expectations  Exceeds expectations

Comments:

Systems-based Practice

Effectively accesses/utilizes outside resources

Approaches expectations  Meets expectations  Exceeds expectations

Effectively uses systematic approaches to improve teaching

Approaches expectations  Meets expectations  Exceeds expectations

Enthusiastically assists in developing systems improvement in teaching

Approaches expectations  Meets expectations  Exceeds expectations

Performance on Specific Teaching Assignments

Completion of reading and writing assignments

Approaches expectations  Meets expectations  Exceeds expectations

Delivering a lecture

Approaches expectations  Meets expectations  Exceeds expectations

Teaching a psychomotor skill

Approaches expectations  Meets expectations  Exceeds expectations

PBL tutoring of a first-year student PBL group

Approaches expectations  Meets expectations  Exceeds expectations
Other: _____________________________

Approaches expectations  Meets expectations  Exceeds expectations

Other: _____________________________

Approaches expectations  Meets expectations  Exceeds expectations

Other: _____________________________

Approaches expectations  Meets expectations  Exceeds expectations

Comments:

Other comments about this learner:

Elective supervisor signature: ________________  Date: ________________

Resident signature: ____________________________  Date: ________________
**Elective Title:** Medical Education and Simulation modeling of Disease  
**Faculty in Charge:** Ben Berg, MD  
**Director of Simulation**  
**Address:** Telehealth Research Institute/MEB 212 JABSOM 651 Ilaio St, Honolulu 96813  
**Contact:**  
Phone (office): 808-692-1093  
Phoe (Cell):  
Fax: 808-692-11250  
Email: bwberg@hawaii.edu  
**Reporting Instructions:**  
**Prerequisites:** PGY 3 only. Prior approval required (bwberg@hawaii.edu)  
**Max # of residents:**  
Per Block: 2  
Per Year: 5  
**Unavailable Times:**  
Block #: 1  
Dates: 7/1 – 8/2/11  
Block #: 7  
Dates: 12/21/11 – 1/17/12  
Block #: 13  
Dates: 6/6– 6/30/12  
**Other faculty involved:** Lawrence PA Burgess MD, Joseph Turban MD  
**Instructional methods:**  
**Direct Patient Care:**  
- Ambulatory: hrs/wk: site(s):  
- Inpatient: hrs/wk: site(s):  
- Consultations: hrs/wk: site(s):  
- Other (describe): hrs/wk: site(s):  
**Non-patient-focused teaching sessions:**  
- Didactics: hrs/wk: site(s):  
- Directed Reading: hrs/wk: site(s): N/A  
- Web-based Modules: hrs/wk: site(s): N/A  
- Other (describe): hrs/wk: site(s):  
**Sites:** Site 1: JABSOM SimTiki Simulation Laboratory 100%  
**Percentage of time:**  
**Required conferences:** UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
Dept of Medicine Grand rounds  
**Required reading list:** Simulators in critical Care and Beyond - Core Text  
**Relevant MKSAP questions reviewed:** No  
**Other Activities:** This elective will focus on developing a rich understanding of teaching methods through participation in multiple scheduled simulation based education programs. The resident will observe, co-teach, and facilitate at least one simulation based education session during this rotation. In addition the resident will complete a core reading list, and program at least one complete clinical scenario of a selected internal medicine relevant disease state. Beta testing of the program, construction of an evaluation tools for use with the scenario, and a debriefing script will also be developed. Attendance at structured simulation program didactic sessions during the residents elective will be mandatory.  
**Typical Day Schedule:** The work day will begin at 8:30- 9:00am, and finish at 4 PM daily, with flexibility for participation in scheduled courses at SimTiki. JABSOM/State Holidays will be off. Vacation is permitted during this elective. The resident will spend time preparing for scheduled courses, developing a scenario with faculty mentorship, and beta testing with the sim center staff and faculty.  
**Leave Allowed**  
Check appropriate box(es)  
Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
No, leave is not allowed  
**Evaluation Method(s):** Program Attending Global Evaluation of Resident Performance  
Other  
UHIMRP “Attending Evaluation of Resident Performance – Modified ”  
**Unique Features:**  
**Goals:**  
1. Understand the principles of inductive learning techniques  
2. Describe the debriefing process as an educational method  
3. Conduct a educational session using facilitation as the primary instructional method  
**Objectives:**  
1. Program a scenario demonstrating comprehensive understanding of a internal medicine relevant disease state  
2. List Instructional design steps for curriculum development  
3. Understand formative and summative feedback  
**Other Comments:**  
Program Director Approval (electronic signature) EBello, MD Date 5/11/11
Elective Title: Ophthalmology  
Faculty in Charge: David Waters, MD  
Clinical Associate Professor

Address: Kaiser Permanente 1010 Pensacola Avenue, 6th Flr Honolulu, HI 96814
Contact: (808) 432-2671  
Fax: (808) 432-2698

Reporting Instructions: In-processing: Kehau Naki, Residency Program Coordinator & Medical Library Assistant  
3288 Moanalua Road, 2nd Floor - Ewa Wing - office: 808-432-7932, email: kehaulani.r.naki@kp.org. Call ahead and verify with David Waters, M.D. (432-2671 or david.waters@kp.org) that he will be able to meet you at his office at 8:00 a.m. on your first day.

Prerequisites: Planned residency in ophthalmology or strong interest in practice patterns and ophthalmological skills to be used in clinical medicine.

Max # of residents: Per Block: 1  Per Year: 

Unavailable Times: Block #: 7  Block #:  Block #:  Block #:  Block #:  
Dates: 12/19/11 – 1/15/12  Dates:  Dates:  Dates:  Dates:  

Other faculty involved: Kenneth Baum, M.D.; Andrew C.O. Fong, M.D.; Dean Hu, M.D.; Michael Ibarra, M.D.; David McCann, M.D.; Julie Nishimura, M.D.; Vivien Tham, M.D.

Instructional methods:

Direct Patient Care:
- Ambulatory: hrs/wk: 32-40 Clinic site(s): Kaiser and Main OR Honolulu Kaiser
- Inpatient: hrs/wk: 4-12, Surgery site(s): Kaiser Ambulatory Surgery Center
- Consultations: hrs/wk: site(s):
- Other (describe): hrs/wk: site(s): 

Non-patient-focused teaching sessions: hrs/wk: 2-6 site(s): Lecture
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s): 

Sites: Site 1: Site 2: Site 3: Site 4: Site 5: 
Percentage of time: Kaiser 100%

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)

Required reading list: Relevant MKSAP questions reviewed: 

Other Activities: Passive observation of clinical and surgical activities. Active participation in clinical and select minor surgical activities. One-on-one instruction by clinical staff in exam skills and technical equipment operation. One-on-one instruction in microscopic surgical techniques, basic instrument skills and operating room functions.

Resident activities are quite variable, depending upon ambition and commitment to learning and practicing new skills. Residents will not assume night and weekend call but may be involved in evening and weekend practice sessions and clinical activities, depending upon opportunities and genuinely demonstrated willingness and enthusiastic interest to learn. This is a clinic-based experience with supplemental surgical exposure and opportunities. We tailor the experience to the residents’ needs and learning goals.

Typical Day Schedule: Leave Allowed  
Check appropriate box(es)  
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
☐ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)  
☐ No, leave is not allowed

Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Ophthalmology department staff assessment of residents’ serious interest and commitment in the elective. Staff impressions of residents’ initiative and conscientiousness. Staff impression of residents’ attention to detail and time devoted to understanding pathology and processes in treatment of observed eye diseases, as well as outside reading.

Unique Features:
At the completion of the rotation, the resident will be able to demonstrate:

**Patient Care:**
- The ability to use clinical ophthalmologic examining equipment.

**Medical Knowledge:**
- An improved understanding of eye diseases including diabetes, trauma, systemic disease, pediatric disease and strabismus, intraocular diseases and vitreo-retinal disease, corneal pathology and glaucoma.
- An improved understanding of technical applications in ophthalmology including ultrasonography, OCT, angiography, laser treatments, anterior segment and retinal surgery and clinical examining equipment.

**Practice-Based Learning and Improvement:**
- The ability to identify areas for improvement in his/her knowledge of ophthalmology.
- The ability to implement strategies to improve his/her knowledge of ophthalmology.

**Interpersonal and Communication Skills:**
- The ability to effectively communicate with patients, families, physicians and other members of the health care team.

**Professionalism:**
- Behavior that reflects a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population

**Other Comments:** Informal and semi-formal didactic lectures with board and slide presentations.

Program Director Approval (electronic signature) E Bello, MD Date 4/8/11
Elective Title: Pain and Palliative Care
Faculty in Charge: Daniel Fischberg, MD, PhD

Address: QMC 1301 Punchbowl Street, Honolulu HI 96813
Contact: Phone (office): 537-7524

Reporting Instructions:
Prerequisites: None
Max # of residents: Per Block: 1 Per Year:
Unavailable Times: Block #: None Block #: None Block #: None Block #: None Block #: None Dates: Dates: Dates: Dates: Dates:

Other faculty involved:

Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: 0 - 5 site(s): Cancer Research Center
- Inpatient: hrs/wk: site(s): Consultations:
- Consulations: hrs/wk: 40 - 45 site(s): QMC
- Other (describe): hrs/wk: site(s):

Non-patient-focused teaching sessions:
- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s):

Sites: Site 1: Site 2: Site 3: Site 4: Site 5:
Percentage of time:

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)
QEC Pain Conference, Pain & Palliative Care Journal Club

Required reading list: Assigned reading from journal articles, book chapters, handbook
Relevant MKSAP questions reviewed: No

Other Activities: Case conferences, small group teaching
Typical Day Schedule: Team rounds 7:30 AM - 8:30 AM; Ward rounds 8:30 AM - 5:30 PM
Leave Allowed ☑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☐ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
☐ No, leave is not allowed

Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Other

Unique Features:
Goals: 1) Enhance knowledge and skill in the management of pain and other symptoms.
Also see curriculum 2) Broaden understanding and appreciation of psychosocial and spiritual issues related to serious illness.
3) Enhance communication skills with patients, families and colleagues.

Objectives: 1) Demonstrate improved knowledge and skill in the management of pain and other symptoms.
Also see curriculum 2) Describe and define the scope of modern palliative care including its integration with disease-modifying treatments.
3) Demonstrate the ability to coordinate family conferences related to goals and plan of care and work effectively with colleagues to implement palliative aspects of a care plan.

Other Comments: If resident attends QMC’s Ethic Committee meetings, must submit Self Reflection form to the Program.

Program Director Use Only
If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD Date 4/7/11
Elective Title: Pathology  
Faculty in Charge: Stacey Honda, MD, PhD  
Address: Kaiser Permanente, Dept. of Pathology - 3288 Moanalua Rd Honolulu, HI  96819  
Contact: Phone (office): (808) 432-8820  
Fax: (808) 432-8867  
Email: stacey.honda@kp.org  

Reporting Instructions:  
- At least one week prior: contact Kehau Naki at the Residency Office & Medical Library (432-7932 or Kehaulani.R.Naki@kp.org) for orientation.  
- One week prior: contact your supervisor to agree upon your schedule.  
- First day of rotation: report to the Residency Office & Medical Library on the second floor (Ewa Wing) of the Medical Library at Moanalua at 7:00 a.m. for parking, badges, etc.

Prerequisites: Interview with Lab Director  
Max # of residents: Per Block: 1  
Per Year:  
Unavailable Times: Block #: None  
Dates: Dates: Dates: Dates:  
Other faculty involved: S. Loo, M.D.; P. Kaya, M.D.; J. Matsuura Eaves, M.D.; C. Rios, M.D.

Instructional methods:  
Direct Patient Care:  
- Ambulatory: hrs/wk: site(s):  
- Inpatient: hrs/wk: site(s):  
- Consultations: hrs/wk: site(s):  
- Other (describe): hrs/wk: site(s):  
Non-patient-focused teaching sessions:  
- Didactics: hrs/wk: site(s):  
- Directed Reading: hrs/wk: site(s): N/A  
- Web-based Modules: hrs/wk: site(s): N/A  
- Other (describe): hrs/wk: site(s):  

Sites: Site 1: Site 2: Site 3: Site 4: Site 5:  
Percentage of time: Kaiser 100%  

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)  
* Clinical Pathology Residents attend (for management experience)  
** These conferences are obligatory for Pathology Residents  

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Conference/Meeting</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>MON</td>
<td>1215 (Wkly)</td>
<td>Tumor Board</td>
<td>Tower Auditorium</td>
</tr>
<tr>
<td></td>
<td>1400 (Daily)</td>
<td>Diagnostic Session</td>
<td>Path Library</td>
</tr>
<tr>
<td>TUES</td>
<td>1000 (1st Tues-every other month)</td>
<td>People Oversight Comm Mtg</td>
<td>Lab Conf Room</td>
</tr>
<tr>
<td></td>
<td>1100 (1st Tues-monthly)</td>
<td>Technology Oversight Comm Mtg</td>
<td>Lab Conf Room</td>
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<td></td>
<td>1230 (1st Tues-monthly)</td>
<td>Quality Oversight Comm Mtg</td>
<td>Lab Conf Room</td>
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<td></td>
<td>1300 (Wkly)</td>
<td>Gross Pathology Rounds</td>
<td>Morgue</td>
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<td></td>
<td>1400 (Daily)</td>
<td>Diagnostic Session</td>
<td>Path Library</td>
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<tr>
<td>WED</td>
<td>1400 (Daily)</td>
<td>Diagnostic Session</td>
<td>Path Library</td>
</tr>
<tr>
<td>THUR</td>
<td>1200 (Wkly except 2nd Thur)</td>
<td>Clinical Path Conference (Hematology, Chemistry, Blood Bank Microbiology, Serology, Stat Lab, LIS/Lab Admin,Path/Res)</td>
<td>Lab Conf Room</td>
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<tr>
<td></td>
<td>1400 (Daily)</td>
<td>Diagnostic Session</td>
<td>Path Library</td>
</tr>
<tr>
<td>FRI</td>
<td>0800 (1st &amp; 3rd Friday)</td>
<td>Grand Rounds</td>
<td>Tower Auditorium</td>
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<tr>
<td></td>
<td>0800 (4th Fri every other month)</td>
<td>GI/Path Conf</td>
<td>Lab Conf Room</td>
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<tr>
<td></td>
<td>1200 (2nd &amp; 4th Friday)</td>
<td>Breast Conference</td>
<td>TBD</td>
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<tr>
<td></td>
<td>1300 (1st Friday)</td>
<td>Lab Management Meeting</td>
<td>Lab Conf Room</td>
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<tr>
<td></td>
<td>1400 (Daily)</td>
<td>Diagnostic Session</td>
<td>Path Library</td>
</tr>
<tr>
<td>ADDITIONAL</td>
<td>0800 (QUARTERLY)</td>
<td>Perinatal Conference</td>
<td>Conf C/D MOA</td>
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<td></td>
<td>1200 (QUARTERLY)</td>
<td>Pulmonary/CV/Path Conference*</td>
<td>Auditorium</td>
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<td></td>
<td>1200 (QUARTERLY)</td>
<td>ENT Conference*</td>
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<td>1200 (QUARTERLY)</td>
<td>Renal/path Conference*</td>
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<td></td>
<td>1200 (QUARTERLY)</td>
<td>Neuro/Path Conference*</td>
<td></td>
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</tbody>
</table>

Required reading list: Relevant MKSAP questions reviewed:  
Other Activities: 8-10 informal teaching sessions per week cover all the didactic facets of the laboratory training exercises.
Residents achieve much of their training by actively practicing laboratory medicine with the attending, Pathologist staff and laboratory staff who are constantly available for consultation and supervision. Residents are required to actively participate in the continuing education program of the laboratory staff.

Typical Day Schedule:

Leave Allowed
- ☑ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
- ☑ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
- ☐ No, leave is not allowed

Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance
Observation and collective evaluation by attending staff.

Unique Features:

Goals:
The program is equally divided between anatomic and clinical pathology to acquaint the resident with all the divisions and services of the Department of Pathology. The Resident can elect to take a purely clinical pathology or purely anatomical pathology if preferred.

Objectives:
Patient Care: The resident will gain a better understanding of the services provided by the Department of Pathology.
Systems-Based Practice: Residents will develop an understanding of the relationship and interactions between the Pathology Department and other medical departments and services.

Other Comments:
The Kaiser Permanente Medical Center at 3288 Moanalua Road, Honolulu, Hawaii, is the principal teaching and research institution of the Hawaii Permanente Medical Group, Inc., the Kaiser Foundation Hospitals, Inc., and the Kaiser Permanente Health Plan, Inc., here in Hawaii. It is located in the foothills of beautiful Moanalua Valley in the city of Honolulu.

The Pathology Department staff is composed of five permanent pathologists, all Board certified in anatomiical and clinical pathology, a Laboratory Manager, a Ph.D. Clinical Biochemist (part-time), a Clinical Microbiologist with an M.S. degree, a Quality Assurance/Systems Coordinator, an Education Coordinator, a Laboratory Information Systems Manager, 2 Blood Bank Specialists, 48 Medical Assistants, 2 Pathology Assistants, an Assistant Buyer, 3.5 Medical Transcriptionists, and 2 Medical Technology students completing their clinical training through an affiliated agreement with the University of Hawaii’s Division of Medical Technology. Intermittently, we have medical students (Level III or IV) from the John A. Burns School of Medicine, University of Hawaii at Manoa.

The Pathology Residency Program (John A. Burns School of Medicine, University of Hawaii at Manoa) provides up to 4 residents on 1-2 month rotations in either Anatomic Pathology or Clinical Pathology, leading to qualification over five years for the American Board of Pathology certification examinations in Anatomic and Clinical Pathology. With an excellent teacher to student ratio, there is maximal opportunity to provide preceptor-type teaching methods that are most effective in laboratory medicine.

Residents achieve much of their training by actively practicing laboratory medicine with the attending Pathologist staff who are constantly available for consultation and supervision. 10-12 informal teaching sessions per week cover all the didactic facets of the laboratory training exercises. Residents are required to actively participate in the continuing education program of the laboratory staff.

Anatomic pathology includes training in autopsy, surgical pathology, cytopathology and forensic pathology (about 10-20 autopsies are performed annually by each resident), neuropathology and dermatopathology. Rotations and electives are also available through the facilities of other participating institutions. The average annual pathology workload here at this institution consists of the following: autopsies (20-50), surgical cases (24,000), frozen section requests (700), and cytology specimens (40,000). Clinical pathology provides training in Chemistry (900,000 procedures/year), Blood Banking (50,000 procedures/year), hematology (230,000 procedures/year), Microbiology (120,000 procedures/year), Immunoserology (50,000 procedures/year) and Clinical Microscopy (52,000 procedures/year). Pathology residents also have the educational benefits of unrestricted interaction with other resident physicians in Surgery, Obstetrics/Gynecology, Orthopedics, Ambulatory Medicine, Pediatrics, Emergency Medicine, and Family Practice.

Program Director Use Only
If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD Date 4/7/11
Elective Title: Anatomical Pathology
Faculty in Charge: David Shimizu, MD

Program Director, UH Pathology Residency Program
Address: 1301 Punchbowl Street, Pathology Department, Honolulu, HI 96813
Contact: Phone (office): 547-4271 Phone (Cell): 547-4045 Pager: Fax: 547-4271 Email: dshimizu@queens.org

Reporting Instructions: Report to QMC Pathology Department, Iolani 4, at 8:00AM on first day of your rotation
Prerequisites: None
Max # of residents: Per Block: 1 Per Year: 6
Unavailable Times: Block #: None Block #: None Block #: None Block #: None
Dates: Dates: Dates: Dates:
Other faculty involved: P. Bryant-Greenwood, MD; C. Fraser, MD; D. Goo, MD; K. Hirata, MD; K. Kitagawa, MD; C. Lum, MD; T. Namiki, MD; A. Ortega-Lopez, MD; H. Shinoda, MD; P. Tauchi-Nishi, MD

Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: site(s):
- Inpatient: hrs/wk: site(s):
- Consultations: hrs/wk: site(s):
- Other (describe): Patient case-based teaching 40 hrs/wk: site(s): QMC Pathology Department

Non-patient-focused teaching sessions:
- Didactics: 1-3 hrs/wk: site(s): QMC Pathology Department
- Directed Reading:Occasional hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s):

Sites: Site 1: Site 2: Site 3: Site 4: Site 5: Percentage of time: QMC 100%

Required conferences:
- UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
- UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)
- Weekly Pathology Conference, Tumor Conference & other departmental conferences

Required reading list: None

Relevant MKSAP questions reviewed: None

Other Activities:
Didactic lectures, “hands-on” learning under direct supervision while performing pathology procedures and microscopic slide sessions. Sectioning and gross description of surgical pathology specimens, microscopic exam and diagnosis of surgical pathology specimens, frozen section exams, autopsies, fine needle aspiration cytology, and gynecologic and medical cytology specimens.

Typical Day Schedule:
0800-1200 Surgical pathology microscopic sign-out with pathologist, participate in intraoperative consultations and fine needle aspirations
1200-1300 Lunch
1300 to 1700 Surgical pathology grossing, participate in intraoperative consultations and fine needle aspirations, self-study on assigned topics. Resident will participate in conferences, didactics, autopsies as scheduled

Leave Allowed
Check appropriate box(es)
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☐ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
☐ No, leave is not allowed

Evaluation Method(s): Program Attending Global Evaluation of Resident Performance
Other

Unique Features:
This elective offers the opportunity to actively participate in the workings of a pathology laboratory

Goals:
Also see curriculum

Objectives:
Also see curriculum

Patient Care:
- An awareness of pathology procedures.
- An understanding of the importance of clinicopathologic correlation.

Medical Knowledge:
- An improved understanding of surgical and autopsy pathology.
- An improved understanding of cytology.

Practice-Based Learning and Improvement:
- The ability to identify areas for improvement in his/her knowledge of anatomic pathology.
b. The ability to implement strategies to improve his/her knowledge of anatomic pathology.

**Interpersonal and Communication Skills:**

a. The ability to effectively communicate with the laboratory, physicians and other members of the health care team.

**Professionalism:**

a. Behavior that reflects a commitment to carrying out professional responsibilities and adherence to ethical principles.

**Systems-Based Practice:**

a. An awareness of the pathology laboratory’s relationship to the larger health care system.
b. An awareness of the cost-effective use of the pathology laboratory, and resource allocation that does not compromise quality of care.

**Other Comments:**

**Program Director Use Only**

If not approved: Indicate why here:

If approved: Please sign & date below:

Program Director Approval (electronic signature)  E Bello, MD      Date  4/8/11
Elective Title: The Queen's Medical Center (QMC) Consultation/Liaison Psychiatry Service
Faculty in Charge: Alexandru Serghi, M.D.

**Medical Director and site Director of Medical Education, C-L Psych service**

Address: QMC Medical and Surgical Units (Emergency Room consult optional and per resident's interest)
Contact: Phone (office): Phone (Cell): Pager: Fax: Email: (808) 586-2900 363-1630 (808) 586-2940 SerghiA@dop.hawaii.edu

**Reporting Instructions:** You must contact your assigned supervisor at least one week prior to the start of the rotation.

Prerequisites: None
Max # of residents: Per Block: 1 Per Year: no limit
Unavailable Times: Block #: None Block #: Block #: Block #: Block :
Dates: Dates: Dates: Dates: Dates:

Other faculty involved: Helenna Nakama, M.D.; Celia Ona, M.D.; Jon Streltzer, M.D.; Junji Takeshita, M.D., Tara Toohey, M.D.

**Instructional methods: didactics, rounds, direct patient care**

**Direct Patient Care: usually 30-40 hours a week, occasional weekends, no overnight call**

- **Ambulatory:** hrs/wk: site(s):
- **Inpatient:** hrs/wk: as per interest site(s): nursing home
- **Consultations:** hrs/wk: as per interest site(s): medical/surgical floor, emergency room
- **Other (describe):** hrs/wk: site(s):

**Non-patient-focused teaching sessions:**
- **Didactics:** hrs/wk: 5 site(s):
- **Directed Reading:** hrs/wk: as per interest site(s): N/A
- **Web-based Modules:** hrs/wk: n/a site(s): N/A
- **Other (describe):** hrs/wk: site(s):

**Sites:** Site 1: Site 2: Site 3: Site 4: Site 5:

**Percentage of time:** QMC 100%

**Required conferences:** UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)
  - Didactic Seminars, Morning reports/teaching
  - Grand Rounds

**Required reading list:** To be provided on site

**Relevant MKSAP questions reviewed:**

**Other Activities:**
1) Individual Supervision
2) Didactic Seminars
3) Teaching Rounds
4) Case Conferences
5) Grand Rounds

Seeing patients for evaluation and ongoing treatment under the supervision of an attending psychiatrist.

**Typical Day Schedule:**
Participate in morning report, patient rounds, and scheduled teaching activities

**Leave Allowed**
- Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
- Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)

**Check appropriate box(es):**
- No, leave is not allowed

**Evaluation Method(s):** Program Attending Global Evaluation of Resident Performance

**Unique Features:** This elective offers broad exposure to typical clinical setting that require intensive multi-disciplinary care including psychiatry. Emphasize on particular topics such as addiction psychiatry, geriatric psychiatry, emergency psychiatry, or elective convulsive therapy (ECT) can be tailored to resident’s interest.

**Goals:**
To learn to evaluate and treat psychiatric illness/symptoms on a medical service with psychotropic medical and psychosocial treatments.

**Objectives:**

- Patient Care:
  - The resident will learn how to handle behavioral problems in the medically ill patients.
  - The resident will learn to evaluate and treat common illness such as
    i. Delirium
    ii. Dementia
    iii. Substance abuse
    iv. Pain disorders

**Other Comments:**

Program Director Approval (electronic signature) E Bello, MD Date 4/7/11
**Elective Title:** Radiology  
**Faculty in Charge:** Michael Meagher, MD  
**Address:** The Queen's Medical Center  
**Contact:** Phone (office): 547-4106  
**Fax:** Email: mjmmmd@aloha.net

**Reporting Instructions:** One week prior: contact Michael Meagher, M.D. (547-4106, 469-7948 - cell or mjmmmd@aloha.net) to obtain reporting information.

**Prerequisites:** A genuine interest in learning radiological procedures, indications, and diagnostic problems.

**Max # of residents:** Per Block: 1  
**Unavailable Times:**  
Block #: 6  
Dates: 11/21-12/18/11  
Block #: 12  
Dates: 5/7-6/3/12  
Block #: 13  
Dates: 6/4-6/30/12

**Other faculty involved:** J. Cieply, M.D.; J. Chan, M.D.; S. Holmes, M.D.; J. Kendall, M.D.; R. Matsuo, M.D.; C. Hamasaki, M.D.; J. Soong, M.D.; R. Duong, M.D.

**Instructional methods:**

**Direct Patient Care:**  
- Ambulatory: hrs/wk: 38 Clinic site(s):  
- Inpatient: hrs/wk:  
- Consultations: hrs/wk:  
- Other (describe): hrs/wk:  

**Non-patient-focused teaching sessions:**  
- Didactics: hrs/wk:  
- Directed Reading: hrs/wk: site(s): N/A  
- Web-based Modules: hrs/wk: site(s): N/A  
- Other (describe): hrs/wk: site(s):  

**Sites:** Site 1: QMC 100%  
**Percentage of time:** Site 2: Site 3: Site 4: Site 5:  

**Required conferences:**  
UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)  
Neuroradiology Conference  
Tumor Board

**Required reading list:**  
Relevant MKSAP questions reviewed:

**Typical Day Schedule:**  
Resident will be quizzed informally throughout the day on current cases under examination regarding anatomy, pathology, abnormal findings, and differential dx on interesting cases. Differential diagnosis and pattern recognition will be stressed in arriving at the most likely diagnosis whatever the modality used. Resident will review teaching films and audio-visual slide sets in addition to daily active cases.

**Leave Allowed**  
- Yes, 1-week continuity clinic allowed - beginning or ending of block **(IM residents only)**  
- Yes, 1-week vacation allowed - beginning or ending of block **(TY residents only)**  
- No, leave is not allowed

**Evaluation Method(s):** Program Attending Global Evaluation of Resident Performance  
Other

**Unique Features:**  
Also see curriculum

**Goals:**  
- **Medical Knowledge:**  
  a. An understanding of the various modalities available in modern medical imaging.  
  b. An understanding of the indications for various medical imaging modalities.

**Objectives:**  
- **Practice-Based Learning and Improvement:**  
  a. The ability to identify areas for improvement in their knowledge of diagnostic radiology.  
  b. The ability to implement strategies to improve their knowledge of diagnostic imaging.

**Interpersonal and Communication Skills:**  
- a. The ability to effectively communicate with patients, families, physicians and other members of the health care team.

**Professionalism:**
a. Behavior that reflects a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

**Systems-Based Practice:**

a. An awareness of the diagnostic radiology’s relationship to the larger health care system.
b. An awareness of cost-effective diagnostic imaging and resource allocation that does not compromise quality of care.

**Other Comments:**

**Program Director Use Only**

*If not approved: Indicate why here:*

*If approved: Please sign & date below:*

Program Director Approval (electronic signature) EBello, MD Date 5/11/11
Elective Title: Radiology  
Faculty in Charge: Kevin Nakamura, MD  
Program Director, Dept. of Radiology  

Address: TAMC, MCHK-DR, Dept of Radiology One Jarrett White Rd Honolulu, HI 96859-5000  
Contact: Phone (office): 433-6588  
Phone (Cell): 433-4688  
Pager: kevin.nakamura@us.army.mil 
Fax: 433-4688  

Reporting Instructions:  
• Prior to rotation: review TAMC Mandatory requirements for all trainees and TAMC Student In-processing Guide. If you need a parking pass, bring your driver’s license, vehicle registration and no-fault insurance card. 
• Report to Ms. Gladys Nakamura-DePorto (Student/Resident Coordinator), at the Medical Education office for in-processing procedures on your first day. Location: 9th Floor, A-Wing, Room 9A008A; phone: 433-6992; fax: 433-1559. 
• After in-processing, report to Josefina Abella (Department Secretary) – she will contact the Chief Resident and/or your supervisor. Location: 3rd Floor, in G Wing, Room 801; phone: 433-6588.  

Prerequisites: 
TAMC Requirements and forms  
Max # of residents: Per Block: 1 Per Year:  
Unavailable Times: Block #: Varies Block #: Block #: Block #: Block #: 
Dates: Dates: Dates: Dates: Dates:  

Other faculty involved: 
Instructional methods:  
Direct Patient Care:  
• Ambulatory: hrs/wk: site(s):  
• Inpatient: hrs/wk: site(s):  
• Consultations: hrs/wk: site(s):  
• Other (describe): hrs/wk: site(s):  

Non-patient-focused teaching sessions: hrs/wk: 31 Other; 9 Lecture site(s): TAMC  
• Didactics: hrs/wk: site(s):  
• Directed Reading: hrs/wk: site(s): N/A  
• Web-based Modules: hrs/wk: site(s): N/A  
• Other (describe): hrs/wk: site(s):  

Sites: Site 1: Site 2: Site 3: Site 4: Site 5:  
Percentage of time: TAMC 100%  

Required conferences: UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm  
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)  
The resident will attend TAMC Radiology resident conferences and educational sessions.  

Required reading list: Relevant MKSAP questions reviewed: 
Other Activities: Primarily interactive at the view box; also didactic. Residents will rotate through various imaging sections within the department. Observe staff and resident radiologists. Interpret x-ray studies.  

Typical Day Schedule: Leave Allowed 
Check appropriate box(es) Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)  
Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)  
No, leave is not allowed  

Evaluation Method(s): Program Attending Global Evaluation of Resident Performance  
Other Oral examination. Resident will review selected radiographic studies.  

Unique Features: Goals: 
Also see curriculum 
Objectives: Patient Care: Residents will become familiar with the appropriate use of diagnostic imaging in the health care of patients. 
Also see curriculum 

Other Comments: Program Director Approval (electronic signature) E Bello, MD Date 5/11/11
Elective Title: Surgical Intensive Care Unit
Faculty in Charge: Mihae Yu, MD

Professor of Surgery
Address: The Queen's Medical Center, SICU
Contact: Phone (office): 586-2920
Phone (Cell): Pager: 586-3022
Fax: Email: surgery@hawaii.edu

Reporting Instructions: Report to Queen Emma Tower 4C at 6:30am on your first day.
Prerequisites: None
Max # of residents: Per Block: 1 Per Year: 
Unavailable Times: Block #: See Below Block #: Block #: Block #: Block #:
Dates: Dates: Dates: Dates: Dates:
Other faculty involved: Kevin Pei, MD; David Inouye, MD; Michael Hayashi, MD

Instructional methods:
Direct Patient Care:
- Ambulatory: hrs/wk: site(s):
- Inpatient: hrs/wk: 60 Ward site(s): QMC
- Consultations: hrs/wk: site(s):
- Other (describe): hrs/wk: site(s):

Non-patient-focused teaching sessions: 7-10 Lecture (videos available)

- Didactics: hrs/wk: site(s):
- Directed Reading: hrs/wk: site(s): N/A
- Web-based Modules: hrs/wk: site(s): N/A
- Other (describe): hrs/wk: site(s):

Sites:
Percentage of time:
Site 1: Site 2: Site 3: Site 4: Site 5:

Required conferences:
UHIMRP Academic Half-Day, Tuesdays, 12:30-4:30pm
UHTRP Transitional Colloquia, 2nd Tuesday of block, 12:30-2:30pm (TY res only)
Sessions on ventilator management, dialysis, infectious diseases
Surgery Program Conferences held Wednesday morning (Grand Rounds, Didactic & Basic Science Session, Morbidity & Mortality Conference, Journal Club, Clinical Case Conference, ACS Surgery)

Required reading list:
Relevant MKSAP questions reviewed:
Other Activities:
1) Extensive teaching bedside rounds
2) Performance of procedures under supervision:
   a. Learning to insert, troubleshoot arterial and central lines, pulmonary artery catheters;
   b. Chest tube insertion
3) SICU Call
4) Presentation of cases

Typical Day Schedule:
Leave Allowed:
☐ Yes, 1-week continuity clinic allowed - beginning or ending of block (IM residents only)
☐ Yes, 1-week vacation allowed - beginning or ending of block (TY residents only)
☒ No, leave is not allowed

Evaluation Method(s):
Program Attending Global Evaluation of Resident Performance
Other

Unique Features:
Goals:  Also see curriculum
Objectives: Also see curriculum

Patient Care: At the completion of the rotation, residents will be able to demonstrate:
- The ability to assess and treat acute respiratory failure including ventilator management;
- The ability to assess and treat fluid and electrolyte abnormalities;
- The ability to assess and treat acid-base disorders;
- The ability to assess and treat coagulation problems;
- The ability to assess and administer nutritional support to critically ill patients;
- The ability to prevent and treat acute renal failure;
- Proficiency in catheter insertion.
Medical Knowledge: At the completion of the rotation, residents will be able to demonstrate:
- Knowledge of the cardiovascular management of hemorrhagic, septic, myocardial and neurogenic shock;
- Knowledge of pharmacotherapy common in the critical care setting;

Practice-Based Learning and Improvement: At the completion of the rotation, residents will be able to demonstrate:
- The ability to utilize scientific studies to provide high quality critical care;
- The ability to facilitate and support the education of Medical Students, and other healthcare team members

Interpersonal and Communication Skills: At the completion of the rotation, residents will be able to demonstrate:
- Effective communication skills with fellow residents, attending physicians, consultants, nurses and allied health personnel.
- Skill in effective information exchange with patients, their families, and other members of the SICU team

Professionalism: At the completion of the rotation, residents will be able to demonstrate:
- An awareness of ethical issues encountered in the critical care setting;
- The ability to interact with other members of the SICU Team in a respectful, responsible, and professional manner.

Systems-Based Practice: At the completion of the rotation, residents will be able to demonstrate:
- An understanding of cost-effective patient care;
- An understanding of the multidisciplinary role of the Critical Care Surgeon, Nurses, Respiratory Therapists, Dieticians, Physical Therapists, Occupational Therapists, Rehabilitation Specialists, Social Services, and Case Managers in the provision of safe and high quality critical care.

Other Comments: I will not mark any blocks as unavailable. However, if there is only a limited amount of residents that will be rotating on SICU Elective (Le. 3-5 residents) please try to avoid scheduling them in Blocks 1 and 2.

Program Director Use Only
If not approved: Indicate why here:
If approved: Please sign & date below:

Program Director Approval (electronic signature) EBello, MD Date 5/1/11
GUIDELINES FOR OUT-OF-STATE ELECTIVES

1. Only Level 2 and Level 3 Categorical Internal Medicine Residents are eligible for out-of-state elective rotations. These rotations include International Electives (on a case-by-case basis), rotations at another ACGME-accredited Internal Medicine Residency Program, or with other faculty at an accredited school of medicine.

2. Residents may be permitted to take a maximum of two (2) out-of-state electives, one of which may be taken in the second year.

3. Residents who have received a borderline or unsatisfactory rating in the overall evaluation for any rotation may be denied the opportunity for out-of-state electives.

4. Out-of-state electives must be pre-approved by the Program and the Resident Request for Out-of-state Elective form (and applicable attachments, including a CV) must be submitted not less than THREE (3) months prior to the beginning of the rotation. For International Electives, submission of the request (and applicable attachments) not less than SIX (6) months prior to the starting date of the elective is advisable in order to complete the necessary arrangements. The required paperwork is included in this Elective Handbook and is also located in the Department Manuals section on New Innovations (http://www.new-innov.com/Login/Login.aspx).

5. All requests must be consistent with HRP’s Mission: “To improve the health care of the people of Hawai‘i” – or to have a significant potential to do so. One way to demonstrate this value is to show that the elective is prestigious, competitive or highly sought after, such that attendance by our resident will enhance the prestige of the Program and/or other HRP programs by being accepted there.

6. For U.S. rotations, the resident should inquire whether the host program or faculty provides medical malpractice coverage.

7. The elective supervisor, Firm Director, Program Director, and HRP must approve the request.

8. The receiving program must be willing to sign the pre-approved HRP’s Program Letter of Agreement, which is generated by the Program after the above paperwork is approved. No significant changes are permitted.

9. Residents should not purchase tickets or make any other non-refundable travel arrangements until they have received final approval of the request. The appropriate amount of travel time necessary to reach the site of the elective will be granted. This will be taken at the beginning and at the end of the rotation, not during the end of the previous rotation or the beginning of the next rotation.

10. The resident must pay all expenses associated with the rotation, including travel, accommodations, license fees, etc. HRP will pay only the salary and benefits for the resident.

11. Residents who are approved for an out-of-state elective must notify their continuity clinic coordinator of their planned absence from continuity clinic. Such notification should be given as early as possible and not less than two months prior to the beginning of the elective rotation. Clinic sessions may need to be made up if

12. The resident must make arrangements to change the jeopardy call schedule, if applicable, and notify the Program and jeopardy scheduler of the changes.

13. J-1 visa holders only: Ensure that your DS2019 travel validation is current. Turn in any applicable paperwork to Roxanne Jaudon one month prior to travel.
RESIDENT REQUEST FOR OFF-ISLAND ELECTIVE

Residents interested in doing an off-island elective not offered by the Program must submit this form and attachments no later than three (3) months prior to the beginning of the rotation, six (6) months for an international elective. The elective supervisor must also complete and sign an Elective for Residents form. The execution of a HRP Program Letter of Agreement is also required upon approval of this rotation.

1. Name of Resident: ______
2. Elective Requested: ______
3. Block number: ______ Dates of Rotation: ______
4. Name of program: ______
5. Name and Title of individual responsible for the elective and evaluation of Resident (attach CV). ______
   a. Contact information: ______
   b. Name, title and contact information of assistant or GME coordinator, if applicable: ______
6. Why do you want to do a rotation at this Institution and/or with this individual?
   ______

I have reviewed the Resident’s objective and agree to assume responsibility for this elective and to evaluate the resident at the completion of the rotation.

APPROVED BY (*signatures to be obtained by resident then turned into UHIMRP’s Program Administrator):

*Elective Supervisor
Printed Name: ______
Date: __________________

*Firm Director
UH Internal Medicine Residency Program
Date: ________________

*Continuity Clinic Coordinator/Preceptor
UH Internal Medicine Residency Program
Date: __________________

Program Director
UH Internal Medicine Residency Program
Date: ________________
OUT-OF-STATE ELECTIVE FOR RESIDENTS
(US forms must be turned in 3 months prior to start of block; International forms must be turned in 6 months prior)

Name of Resident: ____________________________ Block Number: ____________________________
Elective Title: ____________________________ Block Dates: ____________________________
Faculty in Charge of Elective: ____________________________
Address: ____________________________ Phone: ____________________________ Fax: ____________________________ Email: ____________________________
Site(s) of Elective: ____________________________
Other Faculty members involved in the Elective: ____________________________
Prerequisites for Elective: ____________________________

Instructional Methods
1. Direct Patient Care
   • Ambulatory: hrs/wk __________ site(s) ____________________________
   • Inpatient: hrs/wk __________ site(s) ____________________________
   • Consultations: hrs/wk __________ site(s) ____________________________
   • Other: hrs/wk __________ site(s) ____________________________
   Describe ____________________________

2. Non-patient-focused reading sessions
   • Didactics: hrs/wk __________ site(s) ____________________________
   • Directed Reading: hrs/wk __________ site(s) ____________________________
   • Web-based Modules: hrs/wk __________ site(s) ____________________________
   • Other: hrs/wk __________ site(s) ____________________________
   Describe ____________________________

3. List required conferences: __________
4. Required reading: __________
5. Are MKSAP questions used in this Elective? □ Yes □ No
6. Other Activities: __________
7. Typical Day Schedule: __________

Evaluation Methods
1. UHIMRP “Attending Evaluation of Resident Performance” (to be completed and reviewed with the resident)
2. Other: __________

Curricular Goals (also see Curriculum Handbook)
1. __________
2. __________
3. __________

Curricular Objectives (also see Curriculum Handbook)
1. __________
2. __________
3. __________

Other Comments: __________

APPROVED BY (*signatures to be obtained by resident then turned into UHIMRP’s Program Administrator):

*Signature of Elective Supervisor __________ Date __________
*Signature of Firm Director __________ Date __________

For Program Administrator use only:
Signature of Subspecialty Education Coordinator (if any) __________ Date __________
Fully executed Program Letter of Agreement attached □

Signature of Program Director __________ Date __________

Printed Name: __________

1356 Lusitana Street, 7th Floor • Honolulu, Hawai‘i 96813-2427
Telephone: 808.586.2910 • Facsimile: 808.586.7486 • Web: www.uhimrp.org
800.55.UHMed • 800.558.4633
Request for Workers Compensation & Medical Malpractice Coverage for Residents on Rotation Outside of Hawaii Residency Program’s Affiliated Medical Centers

When a resident plans a rotation outside of Hawaii, the issues of medical malpractice and Workers Compensation coverage must be addressed prior to the granting of permission for the rotation. Workers Compensation insurance is provided by HRP for approved outside rotations. Medical Malpractice coverage is different: The program should first request that the host institution provide medical malpractice coverage for the resident during that rotation. In the event a host institution does not provide medical malpractice coverage for our resident, the risk of liability exposure must be assessed well in advance of the program granting the resident permission for the rotation. The Program Director is responsible for providing the following information to the HRP Chief Executive Officer for all outside rotations, whether or not medical malpractice is provided by the host institution. Please complete and submit the following information to the HRP CEO as early as possible to ensure a timely response regarding coverage:

1. Name of host institution, city and state: ________________________________

2. Full name of preceptor/attending physician: ________________________________

3. Academic connection of preceptor/attending to host institution: ________________________________

4. Is this an [ ] Elective Rotation or a [ ] Required Rotation?
   If a Required Rotation, please contact the CFO with detailed information on housing and transportation.

5. Does this rotation present any risk that would not be encountered if the resident remained here in Hawaii?
   [ ] No  [ ] Yes  If yes, please explain: __________________________________________

6. Will the host institution provide malpractice coverage?  [ ] No  [ ] Yes

7. Contact person at host institution: ________________________________  Ph: ________________________________

8. Is this a one-time-only or recurring rotation?  [ ] One-Time Only Rotation  [ ] Recurring Rotation
   If one-time-only rotation, name of resident: ________________________________

9. Please attach rotation goals and objectives.

SUBMITTED BY: ________________________________  Date: ________________________________
Kari Noble, Program Administrator

APPROVED BY: ________________________________
Erlaine F. Bello, MD
Program Director
Internal Medicine Program
Date: ________________________________

REVIEWED & APPROVED BY: ________________________________
Richard Philpott, JD, LLM
Chief Executive Officer & General Counsel
Hawaii Residency Programs, Inc.
Date: ________________________________
Request for Travel Permission and Medical Malpractice Coverage for Residents Seeking International or Non-U.S. Rotations

When a resident requests a rotation outside of the United States, the issues attendant to foreign travel, foreign medical practice, and medical malpractice coverage must be addressed prior to the granting of permission for the rotation. The program should first request that the host institution or rotation site provide travel support, accommodations, and medical malpractice coverage for the resident during that rotation. Those options are often not available from foreign rotations. In the event a host institution does not provide such support and accommodations and/or medical malpractice coverage for our resident, the risk of international travel and liability exposure must be assessed well in advance of the program granting the resident permission for the rotation or authorizing the resident to purchase travel tickets. The resident should be specifically instructed not to purchase travel tickets until written permission from the Program Director and HRP Chief Executive Officer has been received.

The Program Director is responsible for providing the following information to the HRP Chief Executive Officer for all foreign rotations. In addition, the resident must provide the attached International Rotation Acknowledgement, Consent, and Release form with this application.

Please complete and submit the following information, together with the required release, to the HRP CEO as early as possible to ensure a timely response regarding coverage:

1. Name of host institution, city and country or territory: ______
2. Full name of preceptor/attending physician: ______
3. Academic connection of preceptor/attending to host institution and/or to Hawaii Residency Programs: ______
4. Does this elective rotation present any personal or liability risk that would not be encountered if the resident remained here in Hawaii? ☐ No ☐ Yes If yes, please explain: ______
5. Has the Program made a specific determination that the academic experience intended for this rotation is not available at a U.S. institution? ☐ No ☐ Yes
6. Contact person at host institution: ___________________________ Phone #: ______________________
7. Is this a one-time-only or recurring rotation? ☐ No ☐ Yes
   If one-time-only rotation, name of resident: ______
8. Please attach rotation goals and objectives.

Submitted by: ___________________________ Approved By: ___________________________

By: ___________________________ By: Erlaine F. Bello, MD
Its: ___________________________ Its: Program Director
Date: ___________________________ Date: ___________________________
Reviewed and Approved by:

Richard Philpott
Chief Executive Officer & General Counsel

Reviewed by Legal Counsel
INTERNATIONAL ROTATION ACKNOWLEDGMENT, CONSENT AND RELEASE

Name of resident: _____  Residency Program: UHIMRP

Country of rotation: _____  Rotation dates: _____

Rotation Supervisor: _____  Board certification: _____

Purpose of rotation: _____

ACKNOWLEDGEMENT

Resident has elected to voluntarily and on his/her own initiative request to participate in an International Rotation, in particular to wit: travel to _____ as a part of the Internal Medicine Residency Program in order to perform a _____ rotation. Resident agrees that he is not being required by HRP or his/her Program to perform this rotation and may instead elect a rotation at a participating HRP institution or other institution elsewhere in the United States.

Resident acknowledges and is aware of the risks and hazards associated with this international travel and international medical practice. Resident has made specific inquiry regarding the risks associated with travel and medical practice in the jurisdiction in which this rotation will be performed.

Resident acknowledge that the travel portion of this rotation is not sponsored by Hawaii Residency Programs, which will not be responsible for any injury, illness, accident, damage or loss suffered by the Resident in connection with travel required by this rotation.

Resident understands that it is his/her responsibility to ensure that Resident is properly licensed for the medical practice Resident will be performing abroad. Resident further understands that if he/she holds a Temporary Medical License from the State of Hawaii, this license is valid only in Hawaii and while under instruction by HRP faculty during approved rotations. It may not be valid for practice in the jurisdiction of the requested Rotation. Resident understands it is his/her responsibility to inquire and ensure that his/her medical practice does not violate the laws of either the State of Hawaii or the jurisdiction in which Resident will be performing medical services.

Resident understands that is his/her responsibility to make all travel arrangements for this activity and to obtain all required passport and visa entries.
RELEASE

1. To the extent permitted by law, Resident hereby releases, discharges, and agrees to hold harmless Hawaii Residency Programs, Inc. and each of its trustees, directors, officers, agents, employees, representatives and volunteers, from any and all loss or injury to Resident arising out of or in connection with Resident's participation in the Rotation. For purposes of this Release, loss or injury means all claims, demands, losses, causes of action, suits or judgments of any kind that Resident or Resident's heirs, executors, administrators and assigns may have against Hawaii Residency Programs, Inc., the University of Hawaii and any of their participating hospitals, trustees, agents, employees, representatives and volunteers, because of personal injury, accident, illness or death, or because of any loss, or damage to property that occurs to the Resident or his or her property during the Rotation or that results from any cause including but not limited to Hawaii Residency Programs' or their trustees', agents', employees', representatives', or volunteers' own passive or active negligence or other acts other than fraud, willful misconduct, or violation of the law.

_______ Resident Initials

ACKNOWLEDGMENT OF INHERENTLY DANGEROUS ACTIVITIES AND ASSUMPTION OF RISK THEREOF

2. Resident acknowledges that the country of ______ may have health and safety standards different than those enjoyed in the United States and that the Resident may be subjected to potential risks, illnesses, injuries, and even death. Resident acknowledges the inherent hazardous and dangerous nature of the Rotation and voluntarily participates therein and assumes all risk of illness, injury, or death from Resident's participation therein. Resident represents and warrants that Resident is mentally and physically fit, capable, and able and willing to participate in this Rotation and be subjected to the potential inherently hazardous and dangerous activities without limitations.

_______ Resident Initials

CONDUCT

3. Resident agrees that throughout the Rotation, Resident will conduct him or herself in accordance with all applicable statutes, ordinances, regulations and other laws and requirements of duly constituted public authorities of the countries or states where the Rotation takes place. Resident understands and agrees that use or possession of narcotics, or any other illegal substance on the Rotation is expressly prohibited. Resident further understands that his or her violation of any rules, regulations, and/or orders of the host country and/or any other lawful authority or abuse of alcoholic or drugs beverages is grounds for immediate expulsion from the Rotation. Resident shall indemnify and hold harmless Hawaii Residency Programs, Inc., the University of Hawaii and any of their participating hospitals and each of their trustees, agents, employees, representatives and volunteers from the consequences of any violations of such orders, laws, rules, regulations, ordinances, and all claims for damages resulting from such violations including reasonable attorneys' fees. Resident further agrees that the Hawaii Residency Programs, Inc.'s Program Director or Rotation Supervisor
has the right to terminate Resident's participation in the Rotation if it is determined that Resident's conduct violates any of the above-described laws and rules, is detrimental to Resident or other personnel, or is in conflict with the purposes of this Rotation. In that event, Resident agrees to return home at Resident's own expense, and no monies paid for in connection with the Rotation will be refunded or reimbursed by the Program.

______ Resident Initials

RESPONSIBILITY

4. Resident agrees and warrants that the Rotation site cannot and shall not be held responsible in any way for Resident’s safety needs or well-being during any period in which Resident is not directly participating in the Rotation (including off hours and breaks). In the event Resident uses transportation other than that provided by the Rotation during the Rotation or any break there from, Resident acknowledges and agrees that Resident shall be fully liable for all accidents or losses arising out of Resident's use of other transportation.

______ Resident Initials

HEALTH/MEDICAL AND EVACUATION INSURANCE

5. Emergency medical evacuation insurance is not included in your Rotation. Hawaii Residency Programs, Inc. strongly recommends that you purchase supplemental health and medical insurance, in addition to the prepaid health care provided by HRP, in order to ensure coverage during the Rotation. Please refer to the following websites or similar to purchase international medical, travel and evacuation insurance.  http://www.insuranceexchangeonline.com/atlas-frame.htm; http://www.airmed.com/amMain/main.asp ; http://www.medexassist.com

______ Resident Initials

SUGGESTED IMMUNIZATIONS AND PROPHYLAXIS

6. Hawaii Residency Programs, Inc. strongly recommends that the Resident consult the Centers for Disease Control and Prevention Traveler’s Health website http://www.cdc.gov/travel/ and receive the appropriate prophylaxis for communicable and vaccine-preventable diseases. Hawaii Residency Programs, Inc. strongly recommends that the Resident consult with an Occupational Medicine specialist to design a personal plan of care should they become exposed to a blood-borne pathogen.

______ Resident Initials
MISCELLANEOUS

7. Resident acknowledges that the Rotation site may at any time prior to or during the Rotation make changes or substitutions to, or cancel, the Rotation. Such changes may result in unexpected changes in air fares, hotels, or other living accommodations. These additional costs are entirely the Resident’s personal responsibility and will not be refunded or reimbursed by the Program. In any event, Resident will return from this Rotation not later than _____ and is subject to disciplinary action, to and including dismissal, if he/she fails to do so.

_____ Resident Initials

PERSONAL PROPERTY

8. Rotation site assumes no liability or responsibility whatsoever for any personal property of Resident brought on the Rotation.

_____ Resident Initials

AUTHORITY

9. Resident represents and warrants that he or she is eighteen (18) years of age or older, has the authority to execute this Agreement, and is not under the guardianship, conservatorship, or other legal authority. Resident acknowledges that he/she has carefully read this entire Agreement, understands the potential dangers incident to engaging this activity, and is fully aware of the legal consequences of this Agreement and agrees to its terms and understand that Resident is releasing and waiving certain rights and assuming the risk of injury, damage, and personal loss from my participation in the Rotation.

_____ Resident Initials

__________________________________________  ______ _____________
Signature of Resident      Date

__________________________________________  ___________________
Acknowledgement by UHIMRP Program Director  Date
ONE-TIME ELECTIVE FOR RESIDENTS
(Not offered in Elective Handbook: Must be turned in one month prior to start of block)

Name of Resident: ____________________________  Block Number: ________________
Elective Title: ________________________________  Block Dates: ____________________
Faculty in Charge of Elective: _____________________
Address: ______________________________________
Phone: ___________________  Fax: ________________  Email: ________________________
Site(s) of Elective: ____________________________________________
Other Faculty members involved in the Elective: ____________________________
Prerequisites for Elective: ____________________________________________

Instructional Methods
1. Direct Patient Care
   • Ambulatory: hrs/wk __________ site(s) ________________
   • Inpatient: hrs/wk __________ site(s) ________________
   • Consultations: hrs/wk __________ site(s) ________________
   • Other: hrs/wk __________ site(s) ________________
   Describe __________________________________________________________________________

2. Non-patient-focused reading sessions
   • Didactics: hrs/wk __________ site(s) ________________
   • Directed Reading: hrs/wk __________ site(s) ________________
   • Web-based Modules: hrs/wk __________ site(s) ________________
   • Other: hrs/wk __________ site(s) ________________
   Describe __________________________________________________________________________

3. List required conferences: __________
4. Required reading: ____________________
5. Are MKSAP questions used in this Elective? ☐ Yes ☐ No
6. Other Activities: _______________________
7. Typical Day Schedule: __________________________________________________________________

Evaluation Methods
1. UHIMRP “Attending Evaluation of Resident Performance” (to be completed and reviewed with the resident)
2. Other: ____________________________________________________________________________

Curricular Goals (also see Curriculum Handbook)
1. __________________________________________________________________________________
2. __________________________________________________________________________________
3. __________________________________________________________________________________

Curricular Objectives (also see Curriculum Handbook)
1. __________________________________________________________________________________
2. __________________________________________________________________________________
3. __________________________________________________________________________________

Other Comments: _____________________________________________________________________

APPROVED BY (*signatures to be obtained by resident then turned into UHIMRP’s Program Administrator):

*Signature of Elective Supervisor  Date  *Signature of Firm Director  Date
Printed Name: ________________  ________________

Signature of Subspecialty Education Coordinator (if any)  Date  Fully executed Program Letter of Agreement attached ☐

Signature of Program Director  Date
RESEARCH ELECTIVE FOR RESIDENTS
(Must be turned in one month prior to start of block)

Name of Resident: ___________________________  Block Number: ___________________________
Elective Title: _______________________________  Block Dates: ___________________________
Faculty in Charge of Elective: ____________________  Address: ________________________________
Phone: ___________________________  Fax: ___________________________  Email: ___________________________
Site(s) of Elective: ________________________________  Other Faculty members involved in the Elective: __________________________________________
Prerequisites for Elective: ________________________________

**Instructional Methods**
1. Complete thorough review of the literature (background) – Resident to discuss the magnitude of a medical problem and its potential biological mechanisms
2. Generating hypotheses – Resident with the guidance of his/her mentor will develop one or more hypotheses
   - Hypotheses should be focused, achievable within the context of resources and sample size, and potentially adds to the current body of literature
3. Methodology – Resident should develop and write out the methods section before any data is collected. An apriori analysis plan should be devised with the mentor.
   - Data collection – Resident and mentor will discuss what data will be collected and how it will be collected. What type of data management will be required.
   - Data analysis – Resident and mentor will discuss a data analysis plan. What variables (continuous, ordinal, or dichotomous) will be analyzed and what statistical methods will be employed.
4. Results – Resident with the help of the mentor will strive to present the results in a clear and orderly sequence
5. Conclusions – Resident with the help of the mentor will produce a conclusion that is supported by the research results
6. Presentation format (slides, poster, or manuscript) – Resident will learn to either create a poster, slide presentation and/or manuscript. The final product will be submitted by the resident to the residency program.
7. Reference list – learn appropriate reference format
8. Non-Patient focused reading sessions (describe): ______
   - Hours/week: ______  site(s): ______
9. List required conferences: ______
10. Required reading: ______
11. Other instructional methods: ______
12. Sample of typical day’s schedule: ______

**Evaluation Methods**
1. UHIMRP “Research Elective Rotation Attending Evaluation of Resident Performance” (to be completed and reviewed with the resident)
2. Other (i.e., conference presentation or submission for journal review): ______

**Curricular Goals**
1. ______
2. ______
3. ______

**Curricular Objectives**
1. ______
2. ______
3. ______

Other Comments: ______

APPROVED BY (*signatures to be obtained by resident then turned into UHIMRP’s Program Administrator):

*Signature of Elective Supervisor   Date      *Signature of Firm Director   Date
Printed Name: ______

*Signature of Dr. Dominic Chow, Acad Proj Coordinator   Date      Signature of Program Director   Date