Our Family Medicine Residency clinics are the center of our program designed to train expert clinicians in the outpatient office setting. Both of our resident clinics provide outstanding, unique sites to build patient relationships and continuity clinic experience. We believe that community health is a fundamental piece of every family and individual’s health and that family physicians must be able to advocate for and manage the health of populations. The Community Health, Advocacy, and Managing Populations (CHAMP) curriculum integrates throughout residency training to enhance these skills in addition to our curricular lecture series and self-study opportunities.

Beyond the outpatient Family Medicine experience, we surround our outstanding office training with inpatient rotations in Adult Medicine, Pediatrics, and Obstetrics. Our residents can further augment their knowledge and skill through our specialty rotations at some of the finest community hospitals and clinics in the Midwest.

FMTS (Family Medicine Teaching Service):
These excellent experiences provide Family Medicine residents with outstanding training in inpatient medicine. Family Medicine residents progress in responsibility throughout their training, with interns taking call with an in-house senior resident, second-year residents working directly with faculty to provide care for our clinic patients, and finally third-year residents who oversee care and coordinate educational offerings for the team. Our residents are responsible for adult medicine, pediatric and gynecologic admissions at Aurora St. Luke's Medical Center.

Orientation (Orientation to Family Medicine Residency): This 1-month experience is designed to assure that every new resident is well-equipped to begin clinical rotations. The month also offers each resident ample time to orient to their new home in the Milwaukee area and bond with their new colleagues. Residents integrate into each of the core services in Family Medicine including Inpatient Medicine, Obstetrics, and Family Medicine clinic. This provides residents the opportunity to familiarize themselves with each service, our health system, and the Milwaukee community before independently managing patient care. Our annual White Coat Ceremony is a celebratory highlight of the rotation when each resident is presented their long white coat by their advisor or resident mentor and is welcomed into the tradition of Family Medicine.

Community Health, Advocacy, and Managing Populations (CHAMP): This unique, longitudinal curriculum is designed to develop and integrate skills and tools in community health, advocacy and population management into clinical practice. The CHAMP curriculum has is composed of four parts: orientation, two focused block rotations (CHAMP 1 and 2) in the first and second years of residency, and the longitudinal elective Lead for Health, which spans the second and third years of residency. Our curriculum and evaluation were published in the Journal of Patient Centered Research and Reviews 2018 Specialty Issue on Health Disparities and Inequities.

FFP Series:
The Future Family Physician series, implemented fully in 2017-2018, takes place in each year and was designed to embrace the core of family medicine—the continuity clinic. Integrated Wellness takes place in the 1st year and is designed not only to get interns more comfortable in their new
outpatient practice, but also to establish a wellbeing plan and build resilience for residency and beyond. CHAMP2, described in detail above, is a combination of applying Community Health principles to one’s own practice and becoming more efficient in-patient flow and skilled in-patient service and quality measures. Intro to Private Practice is designed as a simulation of the typical family physician’s outpatient life following graduation. Senior residents are pressed into maximizing efficiency with a full clinic schedule two of the four weeks, with optimization resources and time for reflection provided during other weeks.

MHS (Management of Health Systems): A required block rotation covering the areas of health care economics, performance improvement, and health care personnel issues. Our experience engages residents in the process of examining and improving their own clinical practice and understanding how to implement performance improvement at any site. We tailor the health care economics training to the resident’s plans for future practice to best meet their needs. Second- and Third-year residents also participate in a series of practice management workshops directed by a financial planning expert who specializes in the needs of physicians.

OB (Obstetrics): The Family Medicine resident is responsible for the care of the obstetrical patients and newborns at Aurora Sinai Medical Center. With approximately 240 deliveries each month, Family Medicine residents become comfortable with procedures and obstetrical situations, including vaginal deliveries, postpartum emergencies, labor induction, IUPCs, amniointerduction, circumcisions, diabetes, pre-eclampsia management, and C-section assists. With in-house OB faculty back up, Aurora Sinai is able to support family physicians caring for Vaginal Birth after Cesarean (VBAC) patients.

ER (Emergency Medicine): Rotating through Aurora St. Luke's ER and Aurora Sinai Emergency Department, allows each resident to develop the skills and experience to manage the most common urgent/emergent problems, including lacerations, fractures, and life-threatening conditions requiring hospitalization. The highly respected ER physicians take great pride in teaching and are frequent presenters at Family Medicine resident conferences. To develop a balanced perspective, residents also rotate during this block to Aurora St. Luke's South Shore campus, which offers a more suburban/rural model of emergency care.

Newborn: This is a structured, supervised inpatient experience at Aurora Sinai’s level III nursery. Family Medicine residents are exposed to all aspects of care of the high-risk neonate, including placement of umbilical line catheters, neonatal resuscitation and intubation, ventilator management and attendance at high-risk deliveries. Family Medicine residents on NICU round on all of our department’s newborns, and all newborns on our newborn hospitalist service, thus developing a great sense of normal development and common problems in the neonatal period.

Surgery: This rotation offers a structured preceptorship in general surgery designed to provide our residents with experience in the diagnosis and management of surgical emergencies, pre- and post-op care, surgical assisting, office surgery and technical skills for the family physician. A unique learning opportunity is working at the Aurora Breast Care Center; where Family Medicine residents develop skills in physical exam, cancer risk counseling, and cancer care coordination.

Peds Office (Pediatric Office):
A one-month rotation designed to enhance training in ambulatory pediatric medicine. The resident spends time with a community-based general pediatrician as well as with pediatric specialists in the areas of endocrinology, allergy/immunology, dermatology, and orthopedics.

Peds ER (Pediatric Emergency Medicine - Children's Hospital of Wisconsin): Family Medicine residents evaluate and initiate acute treatment of the pediatric patient in one of the top ranked Pediatric ER in the country. Our residents perform procedures such as lumbar punctures and suturing, manage fluid resuscitation and initiate medical therapy. Perhaps most importantly, you will walk away from this rotation with a highly developed "gestalt" of the severity of illness in a child. This is consistently one of our residents' favorite rotations.

GYN (Gynecology) and Women's Health: Our residents work with Family Medicine and Obstetrician-Gynecology faculty in multiple outpatient settings, integrating block rotations and longitudinal experiences in the primary care of women. Didactic, experiential, and self-study learning methods are utilized to explore a diversity of issues which include gender differences in self-esteem, adolescent medicine, childbirth, menopause, and domestic violence. A unique feature of the rotation is working with our Women's Health faculty at the Aurora Women's Pavilion of West Allis Medical Center.

ICU (Intensive Care Unit): This rotation with critical-care specialists familiarizes the Family Medicine resident with central line placement, invasive hemodynamic monitoring, ventilators, intubations and exposure to hyperbaric medicine. Family Medicine residents learn to manage severely ill patients and to deal with the psychosocial aspects of caring for patients and their families. The experience, therefore, is tailor-made for the family physician.

Geriatrics: This rotation utilizes several sites to augment the resident's care of seniors. Residents work with our Geriatrics Fellowship faculty in the Center for Senior Health and Longevity, learning to perform functional assessments, screen and treat mental and cognitive problems, assess medication safety and adherence, and evaluate the need for home care and community resources. Our residents also evaluate the older inpatient on the nationally recognized Acute Care for the Elderly (ACE) service. Our residents also care for their nursing home patients one-on-one with one of our faculty who specializes in the care of the older patient in the long-term care setting.

Pediatric Wards at Children's Hospital of Wisconsin: During this rotation at one of the best Children's Hospitals in the country, the Family Medicine resident sees a wide variety of pediatric diseases. Strong didactic educational experiences are emphasized. Family Medicine residents become proficient in the management of asthma, bronchiolitis, gastroenteritis, rule-out-sepsis, failure to thrive and other common acute pediatric problems.

Ortho (Orthopedics): The resident works with Orthopedic specialists and learns how to perform comprehensive musculoskeletal examinations, appropriate use of imaging modalities, and the surgical and non-surgical management of musculoskeletal injuries. Residents learn proper use of casting and splinting as well as diagnostic and therapeutic joint injections.

Urology: A two-week rotation designed to expose residents to the medical and surgical treatment of diseases of the urogenital system. Key areas covered include BPH and prostate cancer, renal issues such as nephrolithiasis and renal cancers, as well as male and female urinary incontinence.
Behav Med (Behavioral Medicine): Family Medicine residents work with a community psychiatrist, seeing both outpatient and inpatient medical-psychiatric consultations. They learn to treat mental and behavioral health conditions most commonly seen in primary care, including depression, anxiety, insomnia, and alcohol/chemical dependency. Family Medicine residents also learn to evaluate and manage mental status changes, agitation, and withdrawal in the hospitalized patient. Behavioral Medicine is also taught from multiple aspects of the curricula. In the Family Medicine clinics, residents discuss and learn with family physician mentors and behavioral science faculty how to help patients change their behavior. This includes avoiding unhealthy behaviors such as smoking, adopting behaviors such as checking blood sugars, and following up with recommendations for cancer screening. Other longitudinal learning methods include Ambulatory Report, where the resident presents a 'bio-psycho-social' perspective on patient care; and videotaping, where residents receive feedback about skills in the areas of professionalism and communication skills.

ENT (Ear, Nose & Throat): A two-week outpatient rotation working with otolaryngologists and otorhinolaryngologists. Residents learn to manage various ENT problems including hearing loss, acute and chronic otitis media, acute and chronic rhinosinusitis, and obstructive sleep apnea. The residents also learn pre- and post-operative care of various ENT related surgical patients.

Ophtho (Ophthalmology): A two-week rotation designed to expose each resident to the diagnosis and treatment of common eye conditions. The resident learns how to perform a comprehensive eye exam, including foreign body examination, slit lamp exam, glaucoma testing and visual acuity testing. The resident has the opportunity to observe and participate in various surgical procedures.

Sports Med (Sports Medicine): This rotation focuses on the primary-care physician's role in the care of the athlete. A multidisciplinary approach is used, providing experiences with family physicians, sports physicians, orthopedic surgeons, rehabilitation and physical medicine physicians, physical therapists and athletic trainers. In addition to common musculoskeletal problems encountered by athletes, medical and psychosocial aspects of the patient's care are addressed as well. The Family Medicine resident spends one afternoon per week working one-on-one with one of our faculty, and presents a resident conference on a Sports Medicine topic of her/his choice. In addition, our faculty who work with the Aurora Sports Medicine Institute serve as team physicians for Marquette University Athletics. Our residents also have the opportunity to moonlight at local sports events under the supervision of one of our graduates; a Sports Medicine fellowship trained Family Physician. We have an excellent track record of placing interested Family Medicine residents in the Sports Medicine fellowship of their choice.

Electives: A wide variety of electives are available below. Residents also have the opportunity to create their own unique elective rotation experience by working with their faculty advisor on a tailored curriculum. The Global/International Health elective is constructed to give residents the opportunity to receive a global education and help them develop into socially responsible healthcare professionals. Residents would also participate in scholarly projects and would work closely with our refugee populations here at Aurora. The goal of this elective experience is to provide the opportunity to improve the health of disadvantaged populations, both domestically and internationally. This would be self-directed by the resident and would need approval from both the residency program and Graduate Medical Education. One away elective is allowed in each of the PGY2 and PGY3 years.
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