

# The Internal Medicine Residency Program at Naval Medical Readiness and Training Command Portsmouth



*“Our program cultivates resilient, capable, and compassionate internists who are prepared to step up as the next dedicated leaders, innovative educators, and expert clinicians advancing military medicine.”*

## From the Program Director



I want to thank you for your interest in our residency program. You are about to embark on a journey in Internal Medicine during one of the most exciting and dynamic periods in Navy Medicine. Our program prioritizes educational innovation, adaptability, and humanistic medicine. We are charged with developing the next generation of military medical officers who will take care of our troops and advise our leaders and our program takes pride in helping our residents realize their maximum potential. My Associate Program Directors and I have varied backgrounds with significant experience in the operational setting, including tours with the surface fleet, undersea medicine community, and Fleet Surgical Teams. Many of the members of our program leadership team have also completed advanced training in Health Professions Education.

With our inception in 1951, our training program is one of the oldest in the country. However, our team uses dynamic changes to ensure that our program stays fresh and relevant. Our philosophy is simple: provide high quality care to our complex inpatient and outpatient populations and have outstanding academics. Regarding patient care, we are proud to offer a robust inpatient experience at Naval Medical Center Portsmouth augmented by high-yield outside rotations with our community partners at Sentara Norfolk General Hospital and Maryview Medical Center. The cornerstone of our residency curriculum is our 3+1 rotation model which involves three-week rotations followed by one week dedicated to the outpatient continuity clinic experience and key “can’t miss” didactics. Our outpatient clinic curriculum culminates with our third-year residents’ pre-graduation schedule mirroring a staff attending schedule. Our innovative academics center around experiential, active learning with a focus on hands-on simulation and case-based didactic sessions. With the increased reliance on point of care ultrasound as a powerful diagnostic aid in military medicine, we have also developed a robust ultrasound curriculum.

Our residency program is uniquely positioned near the Atlantic Fleet which provides ample opportunity for operational electives and an immersive military-unique curriculum. The experiences at Portsmouth are great, but our faculty and residents are what stand out most. Our residents are talented, hardworking, and dedicated to learning the art and science of medicine, with supportive faculty who guide and mentor them on this journey. Please arrange a rotation and interview with us if you are interested in joining our program.



## Patient Care Experience

Naval Medical Center Portsmouth is located in the Hampton Roads region of southeastern Virginia. This area is home to the Navy’s Atlantic Fleet, and Naval Station Norfolk is the largest Naval base in the world. We serve over 450,000 Tricare beneficiaries. This offers our trainees a broad exposure to patients with both common and uncommon illnesses. We regularly update our curriculum based on the recommendations of the Internal Medicine Education Committee, made up of faculty and PGY1-3 peer-selected representatives.

In our continuity clinic experience, trainees enjoy a longitudinal doctoring and learning experience shared between the patient, trainee, and outpatient general Internal medicine faculty preceptor. The curriculum moves on a 3+1 schedule (3 weeks of an inpatient rotation or outpatient elective and 1 week of continuity clinic). This allows the interns and residents dedicated time to focus on outpatient general internal medicine in their continuity clinic for both clinical practice skills and clinic-based didactics. For the outpatient experience, we offer diverse training both within and beyond the Military Health System.

Our inpatient experience at Portsmouth is robust with highly variable pathology. Each ward team provides care for cardiology, neurology, oncology and general internal medicine patients. Interns and residents will also rotate in the ICU each year at Portsmouth.

Beyond Naval Medical Center Portsmouth, all of our PGY2-3 trainees spend two months rotating through the ICU at Sentara Norfolk General, our regional tertiary care center, and have a month-long experience in geriatric medicine hosted by the Eastern Virginia Medical School. We also support trainees interested in completing dedicated research electives, specialized off-service electives, and other opportunities, such as international health courses.

Trainees are required to complete a minimum of two scholarly projects and participate in a quality improvement initiative during their three years with our program. Depending on each trainee’s level of interest and initiative, the results of these projects range from clinical vignettes presented at local meetings to peer-reviewed publications and national presentations.

| <b>PGY1</b>                        | <b>Weeks</b> |  | <b>PGY2 &amp; 3</b>                      | <b>Weeks</b> |
|------------------------------------|--------------|--|--|--------------|
| Inpatient Wards (including nights) | 17           |  | Inpatient Wards                          | 9            |
| Oncology Consults                  | 2            |  | Geriatrics                               | 4            |
| Cardiology Consults                | 3            |  | Cardiology                               | 3            |
| Intensive Care Unit                | 3            |  | Portsmouth ICU                           | 3            |
| Sentara Norfolk General Wards      | 3            |  | Sentara Norfolk General ICU              | 3            |
| Emergency Department               | 4            |  | Night float (admissions and cross cover) | 8            |
| Orthopedics                        | 2            |  | Outpatient GIM                           | 12           |
| Outpatient GIM                     | 11           |  | Military Specific Clinic                 | 1            |
| Military Specific Clinic           | 1            |  | Elective                                 | 6            |
| Elective                           | 3            |  | Leave                                    | 3            |
| Leave                              | 3            |  |  |              |



## Academics

Our academics are structured around the principles of optimized adult learning theory. Experiential learning is complemented by a daily, often case-based, morning report. Additionally, there is a weekly subspecialty lecture on Wednesday, followed by a case-based reinforcement session on Thursday to solidify knowledge retention. We are most proud of our robust simulation curriculum which includes scenario-based simulation involving high acuity, low frequency inpatient topics which promotes active decision-making of our residents in these “can’t miss” clinical scenarios. In response to resident feedback, we have also expanded our simulation curriculum to include topics in addition medicine and end-of-life care over the past couple of years. Simulation sessions are incorporated into the continuity clinic week to ensure all trainees are afforded the opportunity to participate. In addition to a traditional Internal Medicine curriculum, the program also has major focus areas including:

- Point of Care Ultrasound
- Military Operational Medicine
- Social Determinants of Health
- Palliative Care
- Evidence Based Medicine & Journal Club
- Quality Improvement

## Scholarly Activity

Over the past few years, Internal Medicine at Portsmouth has had a dramatic increase in scholarly activity. Our interns and residents have given multiple presentations at local and national conferences, published book chapters, and had scholarly activity published in multiple peer-reviewed medical journals.

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| <p><b><u>Publications</u></b></p> <ol style="list-style-type: none"> <li>1. Shields, D; Dore, M, Plasse, R. <i>Treatment of FSGS and HPS with Tocilizumab</i>. J Am Soc Nephrol 32, 2021: 142.</li> <li>2. LaMorte, D and Dore, M. <i>Antacids and Antibodies: A Case of PPI Induced System Lupus</i>. The American Journal Of Gastroenterology. 2021. S925.</li> <li>3. Lee, M Monteil, D, Spooner, M. Peripartum Management of Patient with Long QT3 After Successful Implantable Cardioverter Defibrillator Device Discharge Resulting in Device Failure: A Case Report. <i>European Heart Journal</i>. 2021; 5(12):1-6. PMID: 34926986</li> <li>4. Ford B, Dore M, Moullet P. Diagnostic Imaging: Appropriate and Safe Use. <i>Am Fam Physician</i>. 2021;103(1):42-50. PMID: 33382559</li> <li>5. Ford B, Hedge V, Dore M. What imaging can disclose about suspected stroke and its Treatment. <i>J Fam Pract</i>. 2020;69(9):438-446. PMID: 33176339</li> <li>6. Burns M, Robben P, Venkataraman R. Lyme Carditis with Complete Heart Block Successfully Treated with Oral Doxycycline. 2021 Oct 6. Epub ahead of print.</li> <li>7. Freeman, Emily; Steward, Ian; Dore; Michael; An, Joseph. <i>GBM and TBI: A Case Series</i>. <i>Mil Med</i>. 2024; 189(1-2) PMID: 37223958</li> <li>8. Reed TJ, Zimmer SK, Nelson NT, Bush AM. Pernicious Pouch of Problems: A Challenging Case of Massive Hemorrhage Secondary to Jejunal Diverticular Bleeding. <i>Cureus</i>. 2024 Nov 27;16(11):e74590. doi: 10.7759/cureus.74590. PMID: 39734997; PMCID: PMC11675453.</li> <li>9. Corder J, Paul S, Dehart J, Jayne L, Bush A. High-Grade B-Cell Lymphoma: An Atypical Mass in the Colon. <i>Mil Med</i>. 2025 Apr 23;190(5-6):e1271-e1275. doi: 10.1093/milmed/usae488. PMID: 39570612.</li> <li>10. Chaurasia, A.R., Nhliziyo, M.V., Paul, S.R., Horton, I.M., Wright, V.K., Serjilus, A. (2024). US Military Physician Workforce Diversity. In: Deville Jr., C. (eds) Physician Workforce Diversity. Springer, Cham. <a href="https://doi.org/10.1007/978-3-031-63050-7_27">https://doi.org/10.1007/978-3-031-63050-7_27</a></li> <li>11. Shechter O, Sausen DG, Dahari H, Vaillant A, Cotler SJ, Borenstein R. Functional Cure for Hepatitis B Virus: Challenges and Achievements. <i>Int J Mol Sci</i>. 2025 Apr 11;26(8):3633. doi: 10.3390/ijms26083633. PMID: 40332208; PMCID: PMC12026623.</li> <li>12. Serjilus A, Zimmer SK, Bush AM, De Luca-Johnson JN, Keenan BJ, Harvey AL. Unmasking the Silent Culprit: Gastric Neuroendocrine Tumor in the Setting of Iron Deficiency Anemia. <i>Cureus</i>. 2025 Jun 14;17(6):e86010. doi: 10.7759/cureus.86010. PMID: 40662018; PMCID: PMC12258610.</li> <li>13. Lacasse DC, Otto AM, Bosse N, Baker MF. When the Numbers Lie: Uncovering Pseudohyponatremia After an Anabolic Steroid Injection. <i>Cureus</i>. 2025 Dec 5;17(12):e98516. doi: 10.7759/cureus.98516. PMID: 41492630; PMCID: PMC12765362.</li> </ol> <p><b><u>Presentations</u></b></p> <p>48 podium and poster presentations in AY 2025-2026 including:<br/>         National and Virginia American College of Physicians<br/>         Society of Hospital Medicine<br/>         Alliance for Academic Internal Medicine<br/>         American College of Gastroenterology<br/>         CHEST<br/>         Allergy and Immunology<br/>         Tri-service ACP, AMSUS, USSA, and AMOPS<br/>         THOR</p> | <p><b><u>Quality Improvement/Patient Safety Initiatives</u></b></p> <p>Currently over 20 QI initiatives</p> <p>Examples:<br/>         Improving hypertension recognition and management in the active duty population. Currently conducting outreach events on multiple amphibious ships and aircraft carriers.</p> <p>Code blue drills: to practice or not.</p> <p>Improving Accuracy of Colorectal Cancer Screening.</p> <p>Improving Adherence to Inpatient Oxygenation Goals in Patients with Chronic Lung Disease.</p> <p>Improving Clinic Rooming Times in the Internal Medicine Clinic.</p> <p>Improving Breast Cancer Screening Rates by Self-referred Mammography.</p> <p>Improving PrEP Prescribing Practices in the Primary Care Setting.</p> <p>Five residents Lean Six Sigma Green Belt trained.</p> <p><b><u>Patient Safety:</u></b></p> <p>Multiple residents on the hospital quality and patient safety council. Currently review Patient Safety Reporting data to drive future Quality Improvement efforts.</p> <p><b><u>Innovative Educational Activities</u></b></p> <p>Created an innovative 20+ hour GMO to GME lecture series - fleet returnee bridge<br/>         Development of New Military Specific Curriculum<br/>         Development of a new Social Determinants of Health Curriculum<br/>         Continuous Updates on Journal Club format<br/>         Expanding simulation curriculum<br/>         Development of Addiction Medicine and Palliative Care Curricula</p> |
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## Living in the Hampton Roads Area

Our dedication to professional excellence includes a commitment to helping you develop a healthy work-life balance. To this end, we like to celebrate all that Hampton Roads has to offer.

Trainees live in Portsmouth and the surrounding areas of Norfolk, Chesapeake, and Virginia Beach. Some spend 5 minutes walking to work each day, and no one has a commute of more than 30-40 minutes. With the lowest cost of living of any of the Navy's three largest MTFs, many trainees opt to purchase homes during their time in our program. We have designed our rotation schedule to maximize the amount of call-free weekends that trainees can use to take advantage of all that is available in the local Hampton Roads area.

The program supports a weekly social gathering, which is organized and advertised by the residents rotating on their +1 clinic week. All trainees, family members, rotating students and faculty are invited to attend these events. At the end of each academic year, trainees look forward to our departmental Dining Out, where we honor our graduates and teachers.

In keeping with the recently updated ACGME requirements, the program also provides formal curricular elements focused on physician well-being. Trainees receive yearly lectures on burnout in academic medicine, and trainee well-being is formally assessed by program leadership on a semi-annual basis. Our institution provides faculty and trainee support through a provider wellness program. We also hope to expand our wellness curriculum to include a broader range of activities for both trainees and faculty in the coming years.



## After Graduation

Our PGY1 graduates are well prepared to continue GME training in Internal Medicine or other specialties, such as anesthesia, emergency medicine, radiology and dermatology. We encourage all trainees to use their PGY1 elective time to help meet their specific career goals. Many of our trainees also opt to serve the fleet in an operational medicine setting prior to returning to complete their residency training with us.

We ensure that our PGY3 graduates are successful wherever they land, and we take an active role in mentoring them through the process of negotiating their next duty station as a general internist. By facilitating their longitudinal relationships with faculty mentors who share similar scholarly and clinical interests, we also ensure our graduates are highly sought after during the fellowship selection process, should they opt to pursue that path.



## Our Leadership

Our Program Director, **LCDR Aaron Tallant**, is board-certified in internal medicine. He graduated from Texas Tech University Health Sciences Center School of Medicine and completed his residency training at Walter Reed. His operational experience includes a COVID augment mission on the USS Dwight D. Eisenhower (CVN 69) and a department head tour on the USS Mesa Verde (LPD 19). He deployed with Carrier Strike Group 2 in support of the Afghanistan troop withdrawal in 2021 and the Bataan Amphibious Ready Group in 2023. He previously served as an Associate Program Director at Naval Medical Center Portsmouth and is currently a faculty member of USUHS. He assumed the Program Director position in 2025.

Our Department Chair, **CDR John "Jace" Matingly**, is board-certified in internal medicine, hematology and medical oncology. He is a graduate of the Uniformed Services University School of Medicine and completed internal medicine residency and hematology and oncology fellowship at Walter Reed. His operational experience includes a tour as a flight surgeon from 2011 – 2014 where he deployed aboard the USS Enterprise (CVN-65) in support of Operation Enduring Freedom.

**LCDR M. Andrew Boatwright** is the Associate Program Director for Resident Trainees and is board-certified in infectious disease as well as internal medicine. He is a graduate of Lincoln Memorial University DeBusk College of Osteopathic Medicine in Tennessee. He completed his residency at Naval Medical Center Portsmouth and fellowship at Walter Reed.

**LCDR Guenola Hunt** is the Associate Program Director for Faculty and Operational Development. She is board-certified in internal medicine, hematology, and medical oncology. She attended medical school at the Geisel School of Medicine at Dartmouth in New Hampshire, then went to Walter Reed for internal medicine residency where she was a Chief Resident. She then completed fellowship training in hematology and medical oncology at Walter Reed.

**LCDR W. Rainey Johnson** is the Associate Program Director for Intern Trainees and is board-certified in internal medicine and cardiology. He attended medical school at the University of Pennsylvania Perelman School of Medicine and completed his internal medicine training at Walter Reed where he was a Chief Resident. He then completed fellowship training in cardiology at Walter Reed. His operational experience includes a tour as an Undersea Medical Officer from 2016-2019 where he served as a deputy department head. He has extensive training in health education and has received a Master's in Health Professions Education and is a current PhD candidate.

**LT Sean Oenick** is the Uniformed Services University Medical internal medicine medical student clerkship director. He is a graduate of Lincoln Memorial University – DeBusk College of Osteopathic Medicine. He completed residency training at Naval Medical Center San Diego and is a board-certified internist. His operational experience includes a tour with Fleet Surgical Team SIX where he deployed with the Bataan Amphibious Ready Group in 2023.



## How to Apply

Thank you for your interest in our program. We look forward to having you visit for a rotation or interview. The program hosts PGY1 and PGY2 applicants on formal interview days throughout the July-October application season. Interviews begin with morning report, followed by a brief introduction and group information session with the PD, APDs and Chief of Residents, a tour of the facility and the internal medicine spaces by the Chiefs, and an informal lunch with current trainees. This is followed by the formal interview opportunity with a member of the program leadership team. Virtual interviews are also available upon request. Please reserve your spot by contacting our Program Coordinator at [dha.hampton-roads.portsmouth-nmc.list.nmcp-im@health.mil](mailto:dha.hampton-roads.portsmouth-nmc.list.nmcp-im@health.mil). At that time, we ask you to also forward a copy of your CV and personal statement (and any additional application materials you would like to send) so that we may review them in advance of your visit with us. We are all looking forward to meeting and working with you!

If you are in the Norfolk/Portsmouth area, please come visit us at any time of the year. Dr. Tallant and the Chief of Residents both have offices located within the Internal Medicine Clinic on the second floor of Building 2.

| Interview Dates 2026 |
|----------------------|
| Friday July 17       |
| Friday August 7      |
| Friday September 11  |
| Friday October 2     |

