

R/UOP

Rural/Underserved Opportunities Program

Preceptor Manual

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Revised: February 2009

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Letter to our Preceptors

To our R/UOP Preceptors

Thank you for your commitment to precept our students. This year marks the 20th year of success for R/UOP! The popularity of the R/UOP program continues since its inception in 1989: this year we will again be placing over 100 first year medical students with preceptors in rural and urban underserved communities in Washington, Wyoming, Alaska, Montana and Idaho.

As a preceptor, you will have a life-long influence on our future physician's career, and continue the age-old process of teaching future generation of physicians. You may be wondering just how much of an imposition an eager pre-clinical student is going to be. Teaching takes time, an admittedly precious, limited resource to you. But teaching is a superb way to continue your education. Students can at times free up bits of your time by talking with patients who need an ear as much as they need your personal attention. Patients often cherish the extra attention that they get from students.

Finally, as a conscientious physician you may be anxious about whether you'll be a good teacher. Remember the good and bad teaching from your own student and resident days, and you will recall how significant and appreciated a good mentor can be. Someone probably helped shape your careers - as you may now shape those of your students. By taking the responsibility seriously you already have the critical foundation upon which you can build good teaching skills. There is much to learn about effective teaching. This handbook has some tips collected by your predecessors and from the students, themselves.

We want to thank you again for your support and involvement in the teaching of medical students. The Rural/Underserved Opportunities Program continues to be one of the most important experiences for students at the University of Washington School of Medicine.

Roger Rosenblatt, MD, MPH
R/UOP Director

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Introduction

PURPOSE OF THIS MANUAL

1. To provide an overview of the Rural/Underserved Opportunities Program (R/UOP).
2. To provide a resource of strategies for precepting pre-clinical students.

GOALS OF R/UOP EXPERIENCE:

1. Provide the student with early exposure to the challenges and rewards of practicing *primary care medicine* in a rural or urban underserved setting.
2. Promote in students a positive attitude toward rural and urban underserved medicine.
3. Provide students with an opportunity to learn how community healthcare systems function.

R/UOP: A BRIEF HISTORY:

- **R/UOP is non-credit, immersion experience; there are no grades.**
- Begun in 1989, it is a collaborative effort of
 - the Dean's Office of the UW School of Medicine,
 - the Area Health Education Centers of the WWAMI (Washington, Wyoming, Alaska, Montana, Idaho) Region,
 - The Idaho and Washington Associations of Family Practice
 - Clinical preceptors and communities throughout the WWAMI area
- R/UOP is administered by the Department of Family Medicine.
- R/UOP is a popular elective experience that has seen an increasing number of students participating throughout the years.
- Students apply for stipend positions in approved rural and urban underserved training sites, where they spend 4 weeks in intimate contact with the practice and the community served.
- Students are expected to plan their own learning experiences and review their Learning Plan with their preceptors.

WHERE DOES R/UOP FIT INTO THE MEDICAL STUDENT EXPERIENCE?

R/UOP is offered to students the summer after their first year of medical school. R/UOP is the first intensive clinical experience for most students

- Students have completed a number of didactic courses (see Appendix III).
- Clinical skills are basic and primarily practiced in the classroom
 - history-taking
 - physical exam
 - some students have completed a basic suturing workshop

Additional information about this program can be found on the R/UOP web site at <http://depts.washington.edu/fammed/predoc/programs/ruop>

COMMUNITY EXPOSURE

A primary objective of R/UOP is to provide students with exposure to rural/underserved community medicine, including the opportunity to observe how local health care systems function.

By participating in the community, and by arranging experiences outside their preceptor's practice, students gain a greater understanding of the unique features of practicing medicine in a rural or underserved area.

Exposure to lifestyle issues, social and recreational opportunities, economics, and cross-cultural medicine are important aspects of the R/UOP experience.

A Community Framework:

We suggest that students view their community experiences within the following framework:

Population Overview: Students should identify the social, economic, occupational, educational, and cultural characteristics of the community.

Health Status: Students should be able to identify health benefits and risks that are specific to their host community including environmental factors.

Services: Students should be able to identify what health care or social services are available and how they are integrated into clinical practice.

Practice: Students should be able to identify the breath of services provided by the primary care physicians and recognize how referrals are utilized. They should gain some understanding of the health care delivery system (private practice, community health clinic, Indian Health Service, hospital-based clinic, etc.).

Physician Role: Impact of the rural or urban-underserved primary care physician's role on quality of life.

What Students Say....

"I didn't expect to see so many different aspects of community involvement by a physician. My preceptor had me come with him for various meetings, such as IRB at Children's, Adolescent care team meeting, clinic meeting, a meeting for a minority resident recruitment plan and others.

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"He has great connections in the community. He used these connections to help me see rural primary care with other doctors."

↻

"He and the other doctors in my host town set a great example of how a family practice clinic can work to serve the community."

Planning a Positive R/UOP Experience

The following are “tips for success” gathered over time from our R/UOP preceptors. We hope that these tips are useful. We welcome any suggestions you may have.

Before Students Arrive

- Students are encouraged to telephone preceptors prior to arriving in their R/UOP community.
- This brief telephone call is for: introductions, confirming arrival date & departure date, housing.
- Students are also asked to complete a R/UOP Learning Plan and send a copy to their preceptor.
- The Learning Plan can be used as a communication tool for student and preceptor to clarify expectations and goals at their first meeting.
- **Please advise students if they need to complete “credentialing forms” at your institution or hospital as soon as possible.**

The First Meeting With the Student

Getting to know the student is critical to a successful experience. Try and set some time aside before clinical rotation begins in earnest to find out information about your student’s background. Here is a suggested line of inquiry:

- Education
 - Undergraduate background
 - Preceptorships completed to date
 - Ambulatory rotations completed
 - Research interests
 - Interests in other fields
- RUOP Goals
 - **Is the student planning to complete an Independent Investigative Inquiry (III-3) with RUOP experience? (See Appendix IV)**
- Work Experience
 - In health related fields
 - Outside health related field
- Family and friends in student's life
 - Significant Others
- Avocation/Recreational Interests
- Career Goals
 - What specialty(s) is the student considering?

Orientation to Your Clinical Site

Orient the student to your practice early on. It will help the student feel a part of the program more quickly and save everyone time. Here are some topics previous preceptors have found useful to include in their clinic orientation:

PRACTICE AND HOSPITAL

Introduce students to the staff and the facility

- Perhaps post a student snapshot on a bulletin board?
- Make sure the receptionist knows who the student is in case of phone calls
- Establish where the student can "hang out" when he or she is not seeing patients
- Parking issues?

Insure any policies and processes governing student involvement are understood and followed.

- Secure proper nametags
- Meet with hospital Staff Office, if applicable
- Discuss phone and computer access

Office procedures

- Discuss time commitments, night call, etc.
 - Many students wish to experience night call
 - please remember that students are also expected to complete time in the community
- Provide a description of office routines and methods,
- Clarify dress expectations
- Discuss records, charts, dictation
- Individual practitioners' special interests and skills

OTHER OPPORTUNITIES

Possible experiences outside your practice.

- ER, deliveries, rounds or shadowing with a specialist
- Medical staff meetings
- Nursing home rounds
- Home visits
- Practice or professional meetings

SETTLING IN

Orientation to the community

- Important community members to know
- Places to eat Shop
- Recreation spots
- Living arrangements
- An invitation to your home for dinner/discussion

Reviewing Your Student's Learning Plan.

Clarifying expectations for the R/UOP experience is key! You and the student will work best together when you know what is expected of each other. Ask your student for his/her Learning Plan and discuss it together.

Students are expected to plan their own learning goals and review them with you.

- Students who are hesitant to express expectations and goals are most likely to be disappointed.
- Encourage specific goals to maximize clarity between you and the student
- Students have different learning styles; talk about what works best for your student
- Remember, the overall R/UOP goals include both clinical and community experiences

DETERMINING LEVEL OF STUDENT RESPONSIBILITY AND AUTONOMY

R/UOP students are very early in their clinical education. **They should not be considered independent care providers.**

- Having an early discussion about supervision and expected level of student responsibility is useful. Refer to the Learning Plan for skills students have learned in ICM (Introduction to Clinical Medicine)
 - Beginning history
 - Beginning physical
- Find out what skills students may have from other life-experiences
- **Where to start and how fast to progress has to be determined by the preceptor based on both the student's competence and the preceptor's confidence in it.**
- Some students need reassurance that too much will not be expected of them too soon.

PROVIDE FEEDBACK ROUTINELY

Students value receiving specific, quality feedback in the clinical setting.

- Couch the feedback in positive regard
- Be as specific as possible and as timely as possible (i.e. "you palpated the abdomen well, however, you forgot to observe and listen first. Remember, always observe, listen, then palpate last.")
- Take every chance to comment on good work, and be specific
- Reinforce new skills
- Pick the appropriate place

What Students Say...

"I really wished I had reviewed my Learning Plan with my preceptor earlier so he knew what kind of experience I was hoping for."



"I thought I would be able to do more hands on clinical experiences. I thought that I would get to spend more time alone with patients performing histories and physicals and then presenting them to my preceptor."



"She challenged me without being harsh, and I grew a lot."



"I wish he gave more constructive, specific feedback (I got 'you are very smart' to 'you have done a very bad job')."

Strategies for Clinical Teaching

With a little bit of planning, it is possible to integrate an enthusiastic student into your practice in an efficient manner.

- **Make a daily plan** with your student
 - Negotiate mini-goals for the day or half day
 - Pick a specific skills to practice or observe (i.e. conduct patient interviews, listen to heart sounds; learn an abdominal exam, etc).
- **Begin with skills the student has already learned**
 - Focus on interviewing, the medical history, and the steps in the physical examination
 - After observing you as preceptor a few times, your student might conduct a medical history under your observation or alone and then make a presentation to you.
 - The entire examination does not necessarily need to be done on any single patient but portions can be performed on a given patient.
- **Review your schedule**
 - Identify specific patients that may be best for student learning
 - Limit the number of patients the student sees in a day.
- **Let students do some patient teaching**
 - Once you've assessed your student's knowledge level, let him/her do some patient teaching
 - Have them go over pre-printed educational handouts; educational for both student and patient
- **Students love the technical aspects of care**
 - Let them assist in simple office procedures (toenail removals, wart removals; draining
- **When everyone is comfortable, teach with the patient present**
 - Listen to student presentation in front of the patient
 - Encourage the patient to give feedback, too.
- **Non-direct patient care tips**
 - Have the student practice writing a SOAP note
 - Let them look up a disease process that will likely present or has presented in the clinic
 - Let them learn how to fill out lab slips
- **Set up time with willing colleagues** who might have different practice styles than you or different specialties: (OR, ER, OB)

What Students Say.....

"I was able to practice some basic exam skills that I learned in ICM I. I learned how to do a sports physical exam....."

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"I learned some skills for listening and more effective communication with both patients and colleagues."

↻

"Highlights were talking with patients and getting to do more exams; working with interpreters; attending births; learning about community medicine; seeing my preceptor live a pretty balanced life."

↻

"I personally would always welcome as much information as the doctor has time to share about the condition, symptoms, diagnosis, treatment, etc."

Enlisting your Patients as Partners in Teaching

Patient consent to working with students is usually not a problem for preceptor, student, or patient.

- Most patients appreciate the extra time and attention a student is able to give them.
- Students will bring a notice you may wish to post in the reception room. It states that you will be working with a medical student the coming months.
- Receptionists can also help notify patients when they schedule appointments that a student will be working with you.
- Nurses and/or Medical Assistants can inform patients and obtain their consent when they room the patient.
- It's important to introduce the student as "medical student", "student doctor" or "doctor-in-training"; calling the student "doctor" can lead to unclear expectations and confusion.
- Emphasize that the student is a regular part of the practice for a specified time period but that the patient's own doctor will always be in charge of the patient's care.

Special Considerations

We know from the students' evaluations that there are times when gender and race issues in patient encounters, with clinic staff, or in the community can be difficult for them. The time taken to introduce your student to patients, staff and community may often set a tone of support and acceptance that will facilitate the interactions the student has throughout his/her stay. Please let students know you are receptive to discussing any problems they encounter.

The University of Washington, the School of Medicine and the Department of Family Medicine are committed to providing a quality experience for all students regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran in accordance with University policy and applicable federal and state statutes and regulations.

Please see Appendix VI for further information.

Clinical Faculty Appointments for Preceptors

Preceptors are officially recognized for their time and effort in teaching medical students through clinical faculty appointments. Level of appointment varies from *Clinical Associate* to *Clinical Professor*.

Application for appointments can be made at any time **after completing a minimum number of 50 precepting hours. Clinical faculty are expected to continue this level of commitment to the SOM.**

PRECEPTORS NEW TO THE R/UOP PROGRAM

- Initially, will be asked to complete forms to appoint you as “**Clinical Preceptor**”
- When you sign on for your 2nd R/UOP rotation, you become eligible for “Clinical Instructor in Family Medicine” appointment. A Clinical Faculty Application packet will be sent to you.
- University contacts for further questions:
 - Corinne Corrigan, MN, R/UOP Educator 206/543-9425
 - Family Medicine Department 206/543-3101
 - Web site: <http://www.fammed.washington.edu/>

RETURNING R/UOP PRECEPTORS

- You are eligible for “Clinical Instructor in Family Medicine” appointment and should receive the packet of forms with this Preceptor Manual Packet.
- Use the contacts above for further questions.

For additional information about Clinical Faculty appointment, see Appendix 1 or go to the Family Medicine website: <http://www.fammed.washington.edu>

Administrative Issues

MALPRACTICE INSURANCE COVERAGE

All students in officially sponsored University of Washington teaching activities are covered by a blanket malpractice policy. Students are covered if they are participating in an approved activity of the Medical School and are indemnified under the program for adverse outcomes in medical care arising from the student's participation. Preceptors are indemnified for adverse outcomes in medical care related to their teaching responsibilities. *All preceptors must also be indemnified by their own or their practice's policy.*

LETTER OF GOOD STANDING

R/UOP is an officially sanctioned program of the UW School of Medicine. All students carry with them a "letter of good standing" from the University of Washington School of Medicine.

HIPAA TRAINING

Each of the students has completed HIPAA training early in the first academic year.

PROOF OF IMMUNITY

The UW School of Medicine requires all students to demonstrate proof of immunity to common infectious diseases prior to working in the clinical environment. Students are encouraged to bring a copy of these records with them should the local hospital require such documentation.

HOSPITAL CREDENTIALING

Some community hospitals require students to go through their credentialing process in order to be in the patient care area. It is helpful for you to check with your facility. If additional "credentialing" information is needed, please advise your student or the R/UOP office as soon as you are aware.

Career Advising: A Critical Period

The early years of medical school are critical in the students' specialty decision process. This is the time when students are being socialized into the culture of the University Medical Center.

During this period, students with an interest in primary care and community service need to have their career aspirations validated. Many students will come into your practice with profound misconceptions about the challenges and rewards of primary care, especially in rural or urban underserved areas.

They are especially receptive to the perspectives of practitioners with whom they come into contact. Whether seriously considering a primary care specialty or taking the preceptorship only to gain some contact with "real medicine", students appreciate and need your input. We hope you will find time to offer them the following:

YOUR ROLE AS A MENTOR

In a retrospective study, students said that preceptor role modeling was most important to them, particularly, how the preceptor interacted with patients. Your honest assessment of their strengths and limitations is also valuable.

Give suggestions on factors to consider in their career decisions.

Provide your opinions on the satisfaction and drawbacks of your own career choices

Give tips for maintaining balance between professional life and other pursuits

Help the student define what is most satisfying and necessary for their future.

PROMOTING INTEREST IN PRIMARY CARE

There is a projected need for more primary care physicians both regionally and nationally. Students need to see the rewards and challenges of primary care.

You are uniquely qualified to demonstrate these to the student working with you.

Programs for Students

As a preceptor working with students early in their training, you are a key influence in promoting and maintaining student interest in primary care medicine. What you say and do has the potential for considerable impact on student career choice.

What Students Say.....

"I also learned how one might balance rural medicine with a family life."

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"He seemed to see it as his role to educate me as to all of the troubles of rural doctoring. This seemed to turn me off towards rural medicine more than getting me excited for it."

↻

"I learned that it is absolutely possible to keep loving medicine and feeling honored to be a part of it."

↻

Here are a few tips that may help you to advise your students:

- Ask students what attracts them to primary care.
- Emphasize those aspects of practice in your contacts with the student.
- Emphasize the sources of your own professional satisfaction in primary care.

The School of Medicine has a strong advising program, encourage the student to develop an advising relationship.

What Students Say...

"It was a great opportunity to examine my values and my motives for medicine once again and think about how my choices about specialties will fit into my future plans."



Appendix I

GUIDELINES FOR APPOINTMENT TO CLINICAL FACULTY RANKS

For additional information see Department of Family Medicine website:
<http://www.fammed.washington.edu/>

UNIVERSITY OF WASHINGTON

School of Medicine

Department of Family Medicine, Box 356390

Seattle, WA 98195

Clinical Preceptor in Family Medicine

Requires completion of residency training or experience sufficient to meet Family Medicine Board requirements or their equivalent. This is the initial designation for Family Medicine 501 preceptors.

Clinical Instructor

Requires completion of residency training or experience sufficient to meet Family Medicine Board requirements or their equivalent. In addition, appointee should be an active participant in departmental work, such as having regular teaching responsibilities of more than 50 hours annually. This is the most commonly used initial clinical faculty appointment recognized by the University.

Clinical Assistant Professor

Requires clinical training and experience plus substantial involvement. An example of substantial involvement would be a contribution of more than 150 hours annually in instruction or preparation for instruction or equivalent effort. In addition, such regular or exceptional contribution should have been sustained for at least three years. Usual time in rank as Clinical Assistant Professor is three to ten years.

Clinical Associate Professor

Requires above qualifications and is reserved for those who continue to make regular exceptional contributions to the departmental work over a prolonged period of time. Scholarly contributions to the literature will also be considered but are not required at this rank. Usual time in rank as Clinical Associate Professor is five to twenty years.

Clinical Professor

Requires outstanding, mature scholarship, as evidenced by accomplishments in clinical teaching, related professional activities, and scholarly contributions to the literature. This appointment should be based on national recognition as a leader in family practice, and requires exceptional contributions to teaching and related professional and scholarly activities within the Department of Family Medicine over a long period of time.

Emeritus Appointment

Recommended by departmental action for a retired faculty member, including research and clinical faculty, whose scholarly, teaching, or service record has been meritorious, and who is at least 62 years of age. Requires at least ten years of prior service as a member of the faculty and achievement of the rank of professor or associate professor.

APPENDIX II

USING THE UNIVERSITY ON-LINE RESOURCES

UW SOM Clinical Faculty have access to the UW Health Sciences Library and ***HealthLinks***, the UW Health Sciences Libraries powerful gateway for accessing multiple data bases including information for Care Providers, Researchers, Public Health, etc.

- High-speed connections are best but dial up modems work, as well.
- Go to the Healthlinks web site: <http://healthlinks.washington.edu/>
- Click on the red-bordered icon in upper right corner to gain access
- You will need your University Net ID for access. This code is provided with your notification of clinical faculty status.

The R/UOP program has it's own web site. To access it, go to:

<http://depts.washington.edu/fammed/predoc/programs/ruop>

APPENDIX III

SCHOOL OF MEDICINE FIRST AND SECOND YEAR CURRICULUM

The curriculum listed here for the first and second years may help you to understand the courses your student has completed and those that she or he has yet to complete.

First Year Courses

| AUTUMN 2008 | WINTER 2009 | SPRING 2009 |
|---|---|---|
| HuBio510: Microscopic Anatomy | HuBio512: Mechanisms in Cell Physiology | HuBio512: Mechanisms of Cell Physiology |
| HuBio511: Anatomy and Embryology | HuBio520: Molecular and Cellular Basis of Disease | HuBio523: Introduction to Immunology |
| HuBio513: Introduction to Clinical Medicine I | HuBio513: Introduction to Clinical Medicine | HuBio522: Introduction to Clinical Medicine |
| HuBio514: Biochemistry | HuBio524: Biochemistry | HuBio526: Systems of Human Behavior I-B |
| HuBio590: Medical Information for Decision Making | HuBio516: Systems of Human Behavior | HuBio553: Musculoskeletal Systems |
| | HuBio590: Introduction to Critical Reading and Evaluation of Medical Literature | |

Additional information regarding the curriculum can be found at the following web site:

<http://uwmedicine.washington.edu/Education/MDProgram/Curriculum/1st+Year+Students.htm>

In the first year, the student receives instruction in courses taught predominantly from specific departments or disciplines. The disciplines of Biochemistry, Physiology, Pathology, Immunology, Microbiology, and Anatomy and Embryology are introduced during this time period.

The first year also introduces the "organ system" method of instruction. The interdisciplinary teaching focused around specific systems starts in Spring quarter, with the Nervous System and Head and Neck as the major examples.

Throughout the first and second year, the student begins being tutored in interviewing skills, history taking and recording techniques, and the art of the physical examination.

Second Year Courses

These classes have NOT been completed at the end of the first year. Students will begin them after their summer R/UOP experience.

The second year continues the organ systems teaching method and adds two discipline courses from Pharmacology. The ICM teaching in this year focuses on the history and physical exam of the specific areas of the body such as heart, lung, abdomen, mental status, etc. Topics such as human sexuality, geriatrics, and death and dying are covered in the small group format of ICM. The second-year student averages 25 hours of lecture/lab contact per week.

Second Year Courses

| AUTUMN 2008 | WINTER 2009 | SPRING 2009 |
|---|---|---|
| HuBio540: Cardiovascular System | HuBio530: Clinical Epidemiology and Evidence-Based Medicine | HuBio546: Systemic Pathology |
| HuBio541: Respiratory System | HuBio550: Introduction to Clinical Medicine | HuBio551: Gastrointestinal System |
| HuBio542: Introduction to Clinical Medicine | HuBio552: Hematology | HuBio560: Introduction to Clinical Medicine |
| HuBio543: Principles of Pharmacology I | HuBio553: Musculoskeletal System | HuBio563: Brain & Human Behavior |
| HuBio544: Endocrine System | HuBio554: Genetics | HuBio564: Principles of Pharmacology II |
| HuBio562: Urinary System | HuBio555: Medicine, Health and Society | HuBio565: Reproduction |
| HuBio567: The Skin | HuBio559: Problem-Based Learning | HuBio568: Clinical Nutrition |
| | | HuBio600A: Capstone-Transition to the Wards |

APPENDIX IV

INDEPENDENT INVESTIGATIVE INQUIRY (III)

The purpose of the Independent Investigative Inquiry (III) portion of the curriculum is to engage students in activities that will foster the skills of life-long learning. It is a unique opportunity for students to choose both the content and form of their learning and to pursue an interest that may not be included elsewhere in the curriculum.

The student investigates a subject independently, utilizing the advice of a faculty advisor or sponsor.

There are 3 types of selectives/options:

- I: Hypothesis-driven research
- II. Critical Review of the Literature
- III. Experience-driven inquiry

More About III Selective-3

III-3 offers students a chance to augment their usual R/UOP, IHOP, or CHAP field experience with a **community medicine project**. Students learn about the process of Community-Oriented Primary Care (COPC). Then they use these concepts to develop and implement a community project during their field experience. It is also one way of leaving behind something of value to their host community.

What is expected of the III-3 Student?

There are several components to the actual experience. The highlights:

Before the field experience:

- Students attend an orientation workshop. They receive a detailed syllabus, reading list, and learn about Community-Oriented Primary Care (COPC).
- Students create a community profile of the host community including socio-demographics and health care resources. They also complete required readings. Students may spend up to 1 week completing this work prior to arriving at their RUOP site.

During the Field Experience:

- Students identify a community medicine project
- Consult the professional literature and develop a brief annotated bibliography supporting their project.
- Execute a project that provides something of value to the community.
- Submit journals about their experiences to III-3 faculty via a web-based portfolio.
- In the fall, prepare and present an abstract and a poster of their work at the Student Poster Session on Seattle Campus.

How Do Students Choose Projects?

Students identify projects from community and clinical observations, from information gathered from preceptors and community members, and from personal interests.

How Can Preceptors Help?

- Be a “sounding board” for students to discuss project ideas.
- Provide introduction to appropriate community members.
- Recognize and support students’ need for time outside of the clinical environment to work on projects.
- Facilitating web access for students is very helpful. Campus-based faculty mentors supply direction to students by way of a web-based curriculum.

Is there extra financial support for students who do a III-3?

There is no additional financial incentive for this project. R/UOP and IHOP students receive a stipend during their summer experiences. Those students who add on a III-3 project receive the same stipend as those who do not choose to complete a III project.

Examples of Student Projects:

- Designing patient education experiences
- Giving community talks
- Participating in community health fairs
- Providing health education offerings for coaches and school personnel
- Addressing community safety issues such as fireworks safety and gun safety

Appendix V

Family Medicine Department Pre-doctoral section Policy RE: Discrimination and Harassment

The Predoctoral Section of the Department of Family Medicine reaffirms the University of Washington's policy of equal opportunity in educational programs regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran.

In the unlikely event that a student experiences any harassment or discrimination while participating in a Family Medicine Department program, the University of Washington Preceptor, Clinical Faculty, or Consultant is expected to adhere to the University of Washington policies and procedures.

* Discrimination is prohibited by Presidential Executive Order 112246, as amended, Washington State Gubernatorial Executive Orders 89-01 and 93-07, Titles VI and VII of the Civil Rights Act of 1964, Washington State Law Against discrimination RCW 49.60, Title IX of the Education Amendments of 1972, State of Washington Gender Equity in Higher Education Act of 1989, Sections 503 and 504 of the Rehabilitation Act of 1973, Americans With Disabilities Act of 1990, Age Discrimination in Employment Act of 1967 as amended, Age Discrimination Act of 1975, Vietnam Era Veteran's Readjustment Assistance Act of 1972 as amended, other federal and state statutes, regulations, and University policy.

Procedure for Managing Complaints of Discrimination or Harassment:

1. When a student comes to you with a complaint of discrimination or harassment:
 - Listen to the student's concerns. Your role is to function both as a student advocate and as a representative of the University of Washington Family Medicine Program.
 - Inform the student that only those people who have a need to know her/his identity will be so informed. It is important to know that you can not promise confidentiality.
 - If you determine that this is a serious allegation you must share this information with appropriate UW personnel who can assist the student in determining/clarifying what has occurred, help determine what course of action the student might choose, and help prevent future episodes with other students.
2. Contact one of the following individuals listed below for assistance:
 - Corinne Corrigan, MN, ARNP, R/UOP Education Coordinator, (206 543-9425 or use MEDCON 800/326-5300)
 - Roger Rosenblatt MD, Department of Family Medicine, (206-543-9425 or use MEDCON 800/326-5300)