RUOP

Rural/Underserved Opportunities Program

Preceptor Manual

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Table of Contents

Dear RUOP Preceptors,

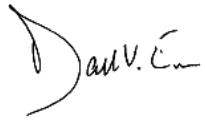
What a pleasure to welcome new and returning preceptors to the RUOP program! This year, 130 first year medical students will work with you and other volunteer preceptors in rural and urban underserved communities in Washington, Wyoming, Alaska, Montana and Idaho. Once again, we want to extend our appreciation to you for your efforts to make this a great learning experience for these future physicians.

As a former preceptor I know that teaching takes time – an admittedly limited resource to you. But teaching is a superb way to continue your education. Students help keep you sharp. They can 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.

Someone probably helped shape your career – 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. You also have a wonderful opportunity to impact the professional life of a physicians-in-training early in their educational trajectory.

Besides working with you in the clinic, your student may also be working on a community medicine project. A university-based faculty mentor is assigned to assist the student with this portion of his/her experience through a web-based curriculum. Students have found that their work with the community has deepened their overall understanding of what it means to work with underserved populations. Please ask your student to explain this process to you but know that it is not your responsibility to facilitate this project.

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.



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Introduction

PURPOSE OF THIS MANUAL

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

GOALS OF RUOP 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.

RUOP: A BRIEF HISTORY:

- **RUOP 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,
  - 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
- RUOP is administered by the Department of Family Medicine.
- RUOP is a popular elective experience that has seen an increasing number of students apply over the last 20+ years.
- Students apply for stipend positions in approved rural and urban-underserved training sites, where they spend 4 weeks in working side-by-side with community preceptors serving the community's health care needs.
- Students are expected to plan their own learning experiences and review their Learning Plan with their preceptors.

WHERE DOES RUOP FIT INTO THE MEDICAL STUDENT EXPERIENCE?

RUOP is offered to students the summer after their first year of medical school. RUOP 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
  - many students have completed a basic suturing workshop

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

Clinical & Community Exposure

Students are early in their educational career and should not be considered independent. They highly value the opportunity to practice history and physical skills and are anxious to learn/observe the myriad skills and nuances of "doctoring". Learning to be comfortable with patients and their families as well as being involved with procedures at the clinic and hospital are all activities that provide a rich learning experience.

- A primary objective of RUOP 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 RUOP 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 healthcare 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.

"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 RUOP Experience

The following are "tips for success" gathered over time from our RUOP 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 RUOP community.
- This brief telephone call is for: introductions, confirming arrival date & departure date, housing.
- **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. Students will bring with them a learning plan. This document will be shared with you when they arrive on site.

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 it 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 known
- 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 RUOP 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.

STUDENT INVOLVEMENT

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 RUOP goals include both clinical and community experiences

DETERMINING LEVEL OF STUDENT RESPONSIBILITY AND AUTONOMY

RUOP students are very early in their clinical education. As first year students they should be under direct supervision of their preceptor. *You must be physically present to verify the students' findings or you must repeat the key history and exam. You must be present for all procedures.*

- Early discussions about supervision and levels of student responsibility are important. Refer to the Learning Plan for skills students have learned in (Introduction to Clinical Medicine). Encourage them to refine these skills.
  - **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 a positive regard and appropriate setting
- Be specific and timely (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

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…..

"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 informed patients and obtained 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.

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. Coverage applies to the negligent acts or omissions of the University of Washington and it's employees, students, and agents acting in the course and scope of the University duties. The term "agent" includes volunteers to authorized University programs. *All preceptors must also be covered by their own or their practice's professional liability policy.*

LETTER OF GOOD STANDING
RUOP 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. However, students between 1st and 2nd year of school have no licenses yet to *credential*. It is helpful for you to check with your facility. If additional "credentialing" information is needed, please advise your student or the RUOP 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."

"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."

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 RUOP PROGRAM

- Initially, will be asked to complete forms to appoint you as "**Clinical Preceptor**"
- When you sign on for your 2nd RUOP 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:
    - Danielle Bienz, Program Coordinator 206-543-9425
    - Family Medicine Department 206-543-3101
    - Web site: *http://depts.washington.edu/fammed/predoc/programs/ruop*

Appendix I

VOLUNTEER CLINICAL FACULTY
DEPARTMENT OF FAMILY MEDICINE CRITERIA

In any of these clinical faculty ranks, the Department of Family Medicine may choose to promote an extraordinary individual who has made exceptional contributions to the Department in ways other than those designated in the criteria below.
(Department of Family Medicine additions to the School of Medicine criteria are presented in italics.)

Teaching Associate - Volunteer
Appointee is one who has limited credentials and who is assigned to a specialized teaching or research position.

Clinical Instructor - Volunteer
Clinical Instructor rank requires completion of residency training or experience sufficient to meet Board requirements or their equivalent. Clinical faculty teachers with a Masters degree must meet requirements for board certification, licensure or the equivalent in their field. In addition, the appointee should be a regular, active participant in departmental work, such as having regular teaching responsibilities, etc. This is the most commonly used initial appointment level.

Clinical Instructor will be the usual initial appointment. A minimum expectation of involvement (e.g., 50 hours per year) is necessary for appointment as a Clinical Instructor. Promotion beyond Clinical Instructor will depend on meeting the criteria for Clinical Assistant Professor.

Clinical Assistant Professor - Volunteer
Appointment or promotion to the rank of Clinical Assistant Professor will require sustained and substantial involvement in the mission of the Department and the School, which exceed the expectations for Clinical Instructor. 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 general, Board certification in the relevant discipline (or an equivalent recognition) will be required for appointment or promotion to the rank of Clinical Assistant Professor or above. In rare circumstances, because of unusual qualifications or experience, the requirement for Board certification may be waived.

The Department of Family Medicine requires substantial involvement in teaching, teaching administration, or research for promotion to the rank of Clinical Assistant Professor. Clinical work and clinical administration alone will generally not be sufficient.

Clinical Associate Professor - Volunteer
The rank of Clinical Associate Professor is reserved for those who have made high quality contributions of a substantial nature (e.g., more than 150 hours annually or equivalent effort) to the mission of the Department and the School over a prolonged period of time. Scholarly contributions to the literature will be considered, but are not required at this rank.

The Department of Family Medicine requires high quality, substantial involvement in teaching, teaching administration, or research over a prolonged period or demonstrated leadership and involvement in teaching, teaching administration, or research for promotion to the rank of Clinical Associate Professor. In addition, substantial scholarly contributions to the literature will merit consideration for the rank of Clinical Associate Professor.

Clinical Professor - Volunteer
Appointment or promotion to this rank is based on national or international recognition as a leader in the

discipline as evidenced by accomplishments in teaching, scholarly publications, or services in national or international professional societies. Distinguished and substantial (e.g., more than 150 hours per year) professional activity in teaching, patient care, service to the community and/or region over an extended period of time, and dedication to the programs of the Department and the School will be considered in exceptional cases.
The Department of Family Medicine requires regional, national, or international recognition in teaching, teaching administration, or research for promotion to the rank of Clinical Professor.

Emeritus
Emeritus status will be considered for a clinical faculty member who has retired from clinical activities and whose scholarly teaching or service record has been highly meritorious. Emeritus appointments will be reserved for those clinical faculty who have made sustained and substantial contributions to the mission of the Department and School. Requires at least ten years of prior service and achievement of the rank of Clinical Professor or Clinical Associate Professor.

CLINICAL FACULTY APPLICATIONS:

Applications for appointment can be found on the UW Family Medicine web site:
http://depts.washington.edu/fammed/administration/clinical-faculty-appointments/application
OR "google" UW Family Medicine and follow the Administrative link on the left navigation bar to Clinical Faculty link.

APPENDIX II

USING THE UNIVERSITY ONLINE 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 Healthlinks 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 RUOP program has it's own web site. To access it, go to:
http://depts.washington.edu/fammed/education/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 2014	WINTER 2015	SPRING 2015
HuBio510: Microscopic Anatomy (Histology)	HuBio512: Mechanisms in Cell Physiology	HuBio532: Nervous System
HuBio511: Anatomy & Embryology	HuBio522: Introduction to Clinical Medicine	HuBio534: Microbiology
HuBio513: Introduction to Clinical Medicine	HuBio523: Introduction to Immunology	HuBio535: Introduction to Clinical Medicine
HuBio514: Biochemistry	HuBio524: Biochemistry	
HuBio516: Systems of Human Behavior I	HuBio553: Musculoskeletal Systems	
HuBio590: Introduction to Critical Reading and Evaluation of the Medical Literature		

Students also have access to a number of non-clinical selective requirements, preceptorships and Independent Investigative Inquiry (iii) during their first year.

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 RUOP 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.

Autumn 2015	Winter 2016	Spring 2016
HuBio540: Cardiovascular System	HuBio530: Clinical Epidemiology	HuBio551: Gastro-Intestinal Systems
HuBio541: Respiratory System	HuBio550: Introduction to Clinical Medicine II	HuBio560: ICM II
HuBio542: Introduction to Clinical Medicine	HuBio552: Hematology	HuBio563: Brain and Behavior
HuBio543: Principles of Pharmacology I	HuBio554: Genetics	HuBio564: Principles of Pharmacology II
HuBio547: Pathobiology	HuBio555: Medicine, Health and Society	HuBio565: Reproduction
HuBio548: Ethics	HuBio Hormones/Nutrients	HuBio567: Skin
HuBio562: Urinary System	HuBio559: Pathobiology	

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.

III-3 offers students a chance to augment their usual RUOP field experience with a **community medicine project**. Students learn about the social determinants of health. They use these concepts to asses their RUOP community. Through community involvement, they then 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.

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.

Appendix V

POLICY RE: DISCRIMINATION AND HARASSMENT
Family Medicine Medical Student Education Section

The Medical Student Education 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 <u>you cannot promise confidentiality</u>.
    - 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:
    - Toby Keys, MA, MPH RUOP Education Specialist, (206-543-9425)
    - David Evans, MD, RUOP Director, (206-543-9425)

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School of Medicine Department of Family Medicine