WRITE Newsletter
UWSOM WWAMI Rural Integrated Training Experience

June 2013

UW School of Medicine Garners Top Awards for Family Medicine Focus

The UW Department of Family Medicine received three awards for outstanding performance at the 46th Society of Teachers of Family Medicine (STFM) Annual Spring Conference in Baltimore.

In addition to the Achievement Award given by the AAFP to the UWSOM in recognition of the School of Medicine’s efforts to foster student interest in family medicine and produce graduates who enter the specialty, The UW School of Medicine is one of the top 10 schools in the nation for producing family medicine physicians.

The Targeted Rural and Underserved Track (TRUST) received the 2013 STFM Innovative Program Award, which honors excellence in the development of an original educational program or activity for family practice residents, students or faculty. Tom Norris, chair of the Department of Family Medicine; Jay Erickson, assistant dean of WWAMI Clinical Phase/Montana; Suzanne Allen, vice dean for regional affairs; and Tom Greer, co-director of TRUST, received the 2013 STFM Innovation Program Award.

Reflections from a 2005 Powell WRITE Student, Char Weeda (Stiles)

My WRITE experience was truly a turning point for me. Indeed, when physicians in academia state that the best care is in the big cities, my answer is, “who do you think is taking care of rural America?” Char Weeda

Dr. Weeda has taken a position with Coeur d’Alene Pediatrics in Idaho. She hopes to precept medical students at some point.
Wasilla WRITE student traveled to D.C. to attend FM Congressional Conference

Throughout my first 3 years of medical school I have been continually inspired and engaged by the leadership in the Washington Academy of Family Physicians. I have enjoyed serving as a student representative to the WAFP House of Delegates and was interested in exploring other ways I could get more involved. Because we are in an era in which our whole system of health care is being re-molded, I think there’s a lot of opportunity right now to re-set a foundation that will eventually bring effective and economical care to our country. I feel strongly that a successful new model of healthcare is absolutely contingent on a strong workforce of family medicine physicians. And so, it is crucial that those in power and making the decisions, are well informed and are aware of the value of family physicians.

At the FMCC we spent the first day learning about the current political landscape in congress, sharing ideas on important issues, and practicing effective advocacy with clear, concise messages. The second day of the conference, we headed up to the hill and met with members of congress and their staffers... I was lucky to not only attend meetings with Washington senators, congressmen and congresswomen, but to also attend a few of the Alaska meetings with Dr. Doty.

All of the conference participants had 3 main goals to address at our meetings. These 3 goals were decided upon by the AAFP so that all the family docs advocating in congress that day had a unified set of requests. Roughly, our "asks" were to: 1. Repeal current SGR method for physician reimbursement in favor of a completely new plan; 2. Continue to fund community health training centers (which independent studies have shown that they produce and retain a large proportion of rural primary care physicians) whose funding will abruptly end in 2 years; and 3. Unburden medical students and residents in primary care from increasingly enormous student debt through increased funding and expansion of programs such as the national health service corps.

As a student, I was able to communicate the environment of selecting a medical specialty and balancing financial issues with specialty decision. I was able to communicate the challenges students face as they consider rural family medicine. We also came armed with recent data describing how learning opportunities direct student choice of specialty and support retaining docs in underserved areas.

Overall, we received very positive and reaffirming responses. I was actually quite surprised at how well our discussions went. Before the conference, I had this image in my mind that D.C. was a sort of fairy tale place where things “happened” but I had no idea that one could just make an appointment with a senator, meet them face to face, and then tell them exactly what your concerns are. It was an incredibly empowering experience, and it definitely changed my outlook on the possibility of productive change in our country.

Since the FMCC, congress has earnestly begun working on an alternative to SGR. We have scheduled meetings for staffers to come to our clinics and WWAMI sites to get an idea of what our situation is like. With diligence and open communication I do believe that we can continue to make things better.

Kelsey Wertzler

UWSOM Faculty Visits to WRITE Sites

Each year faculty from the UWSOM visit students at their WRITE sites. This is done to support the educational efforts of the local physicians and to give students practice organizing and writing case work-ups and doing formal case presentations that include findings and differential diagnoses. It also helps to evaluate the teaching strengths and weaknesses at sites, allowing the program to provide support where needed.

Sage Coe-Smith, Hailey, JD WRITE student with visitor Dr. Mick Starck, Dept. of Psychiatry
Big Sky 2013: WRITE Faculty Orientation & CLIC International Conference: Exploring Ideas in Medical Education

The annual 2013 WRITE Faculty Orientation will take place at Big Sky, Saturday evening, Sept. 28th, ending early afternoon, Sunday, Sept. 29th. Immediately following is the CLIC International Conference, Sept. 29 to Oct. 2, hosted by the University of Washington School of Medicine. WRITE faculty are welcome to attend (conference registration is now underway).

The Consortium of Longitudinal Integrated Clerkships (CLIC) is a group of faculty from medical schools around the world who have or are considering developing, implementing and studying the longitudinal integrated clerkship model to address core clinical training for undergraduate medical education.

For more information about the conference and to register, go to [http://www.uwmedicine.org/Education/WWAMI/Pages/CLIC.aspx](http://www.uwmedicine.org/Education/WWAMI/Pages/CLIC.aspx)

Gold Humanism Society Inductees

The Gold Humanism Honor Society recognizes those who have demonstrated an extraordinary commitment to excellence, integrity, empathy, respect, and service. The May 2013 Induction Ceremony of the UW Chapter of the Gold Humanism Honor Society recognized (among others) WRITE Co-chair Dr. Jay Erickson and Ellensburg WRITE student Katie Martin.

CLIC Conference Plenary Speakers & Topics
• Ellen Cosgrove, MD, FACP, University of Washington School of Medicine: Doctor Shortage or Shortage of the Right Kind of Doctors: longitudinal integrated Clerkships to Enrich the Student Experience of Primary Care
• Charles Friedman, PhD, University of Michigan, School of Public Health: Medical Education in the Era of Ubiquitous Information
• Lindsey Henson, MD, PhD, Charles E. Schmidt College of Medicine at Florida Atlantic University: Changing a Curriculum: Lessons from the Field
• Michael Magill, MD, University of Utah School of Medicine: Primary Care 3.0
• Glenn Regehr, PhD, University of British Columbia, Centre for Health Education: The Challenge of Evaluating Clinical Competence in the Field
• George Thiabault, MD, Josiah Macy Jr. Foundation: Challenges in Health Professional Education: The Longitudinal Integrated Clerkship in Context

2013 WRITE Student Projects

Juneau: Daniel Carlson: Calculating Rates of Traumatic Injury in the Southeast Region of Alaska and Educating the Public
Kodiak: Michael Nasenbeny: Gathering of Resources; compilation of Tagalog Patient Education Library
Wasilla: A Community Approach to Identifying and Addressing Teen Health in the Mat-Su Valley
Hailey: Sage Coe Smith: HPV Immunization Promotion and Awareness
McCall: Kendra Coonse: Physical Activity Guidelines—Adults and Kids
Sandpoint: Ryan Myers: Relay for Life, Family health Center Team
Butte: Shalina Mirza: Healthcare Exploration & Career Exposure at Butte HS
Dillon: Gus Visscher: Screening for Cardiovascular Risk in a Severely Mentally Ill Population
Libby: Demetra Heinrich: Providing Awareness of Hospice Options In Libby
Shelby: Vanessa Maycumber: Reducing Falls & Fractures in the Elderly in Shelby
Ellensburg: Katie Martin: Your Heart and Keeping it Healthy—Exploration Station, Anatomy of the Heart
Grand Coulee: Jennifer Knox: Pre-health Professions Interest Group
Moses Lake: Lindsay Orme: Heart Healthy Cooking Classes
Ferndale: Annie Pfahl: Motivational Interviewing in Diabetes Management
Port Townsend: Lilian Ho: Eating a Healthy & Balanced diet, Port Townsend
Shelton: Joseph Wolf: Smoking Intervention, Tar Wars Presentation at Mountain View Elementary School

Inductees: UWSOM students Catherine Louw, Katie Martin; Dept. of FM, Dr. Freddy Overstreet Gold Humanism Society UW chapter Co-advisor, Dr. Tom McNalley, and WRITE Co-chair, Dr. Jay Erickson...demonstrated an extraordinary commitment to excellence, integrity, empathy, respect, and service...
Addition to WRITE Curriculum: Chronic Care

Starting with the 2013-2014 WRITE session, the four week Chronic Care curriculum, which consist of elements of Rehabilitation Medicine, Palliative Care, Geriatric Medicine, and Chronic Pain will be added to the WRITE curriculum. Dr. Tom McNalley, Director of Chronic Care at the UWSOM, and his team are finalizing the details of this curriculum component.

The goals and objectives of the Chronic Care disciplines will be incorporated throughout the entire WRITE experience. The WRITE lead preceptor will function as the WRITE Chronic Care site director. Students will develop and extend their foundation of attitudes, knowledge and skills that will be used in dealing with patients with chronic illnesses and who are facing death.

Specific Goals of the Chronic Care Clerkship are:

**Goal 1:** The student will be able to sensitively and effectively communicate a poor prognosis to patients and families, and provide appropriate counseling around this information using best demonstrated clinical practices.

**Goal 2:** The student will be constructively involved in a team approach to care of patients with chronic illnesses.

**Goal 3:** The student will be able to identify and perform appropriate clinical and functional assessments of patients with chronic disease, disability, and life-limiting illness.

**Goal 4:** The student will be able to identify how systems of care affect the delivery of care for patients with chronic disease, disability, and life-limiting illness.

**Goal 5:** The student will be able to design a care plan for patients with chronic disease, disability, or life-limiting illness.

**Goal 6:** The student will be able to use approaches to patients and families that support appropriate management of medical conditions outside of the hospital and clinic setting.

**Goal 7:** The student will be able to elicit and understand the patient and family’s perspective on the management of medical issues, including individual preferences, cultural perspectives, and religious beliefs as they affect the perception of care.