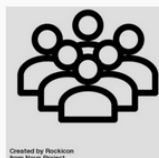


UNDERSERVED PATHWAY ANNUAL REPORT 2016-2017

EXECUTIVE SUMMARY



IN 2017, 62 STUDENTS GRADUATED WITH A CERTIFICATE FROM THE UNDERSERVED PATHWAY, AN INCREASE OF 43% FROM 2016.



SINCE ITS INCEPTION IN 2006, 304 STUDENTS HAVE COMPLETED THE UNDERSERVED PATHWAY.



ACROSS ALL FOUR CLASSES, 309 STUDENTS WERE ENROLLED IN THE PATHWAY DURING 2016-2017.

STUDENTS WHO COMPLETE THE UNDERSERVED PATHWAY ARE MORE LIKELY TO MATCH IN PRIMARY CARE



56% OF 2017 PATHWAY GRADUATES MATCHED IN FAMILY MEDICINE, PEDIATRICS, MEDICINE-PEDIATRICS, OR PRIMARY CARE INTERNAL MEDICINE

CURRICULUM UPDATES



23 MODULES ARE NOW LIVE ON CANVAS, WHICH PROVIDES A MORE STREAMLINED, ORGANIZED, AND EASY-TO-USE PLATFORM FOR FACULTY AND STUDENTS.



MOST POPULAR MODULES: RURAL HEALTH, PUBLIC HEALTH EPIDEMIOLOGY, MEDICAID 101, INTRODUCTION TO SUBSTANCE ABUSE, AND ETHICS OF MEDICAL VOLUNTEERISM.

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Underserved Pathway Annual Report 2016-2017

I. Overview and Enrollment

There continues to be a predicted shortage of all primary care physicians and even more so for physicians working in underserved communities, both urban and rural. Pipeline programs are therefore an important part of a strategy for supporting and preparing medical students for these careers. Now completing its tenth year, this is the mission of the Underserved Pathway (UP) at the University of Washington School of Medicine. Funded initially by federal grant dollars and the Department of Family Medicine, continued funding now comes from the Dean of the School of Medicine for faculty, and from the Department of Family Medicine for staff, administration, web development, management support, and with teaching by department faculty.

During 2016-2017 and across all years, the UP had 309 students enrolled. Students from all WWAMI campuses participated. (Figures 1 and 2) Because we still have students from the Moscow-Pullman site, in addition to Spokane, we combine Eastern Washington sites. Montana has the greatest proportion of students in the UP.

Figure 1.

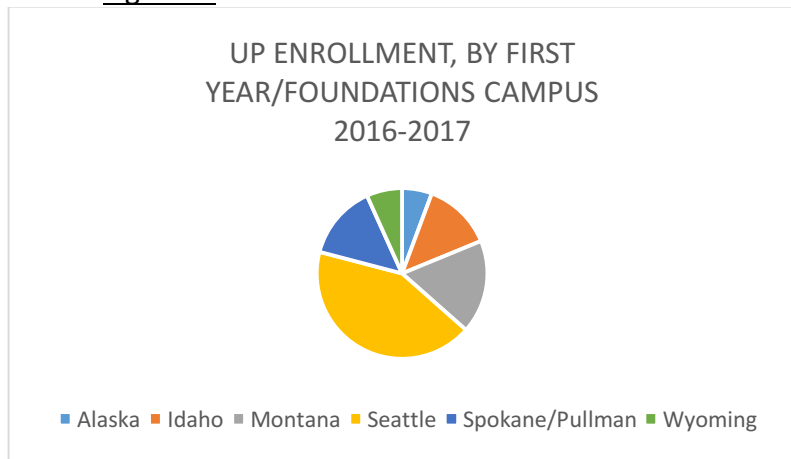
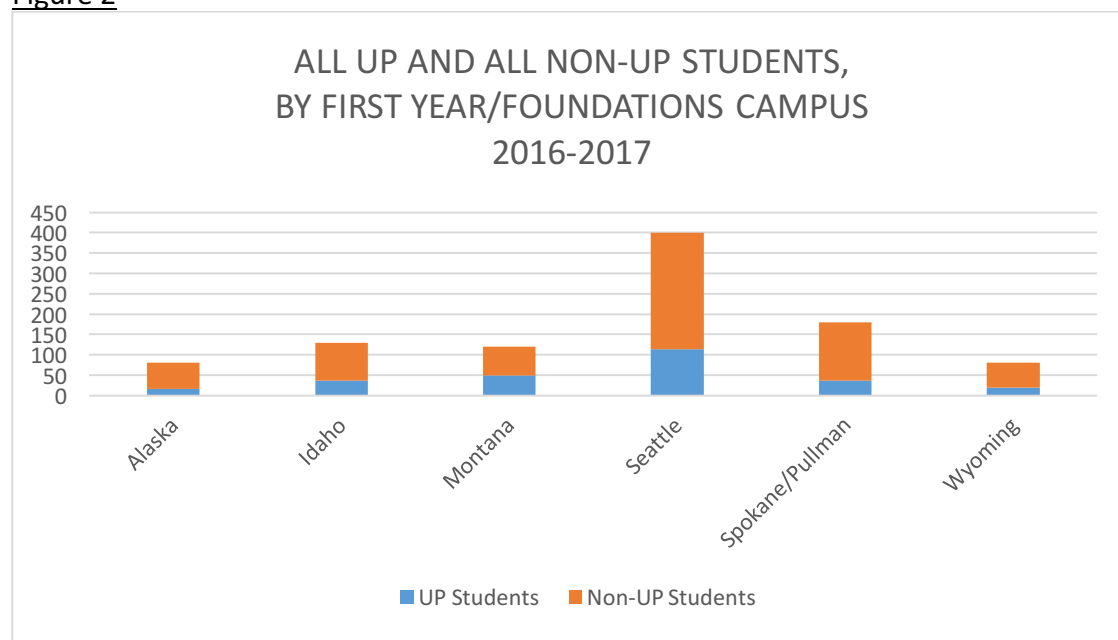


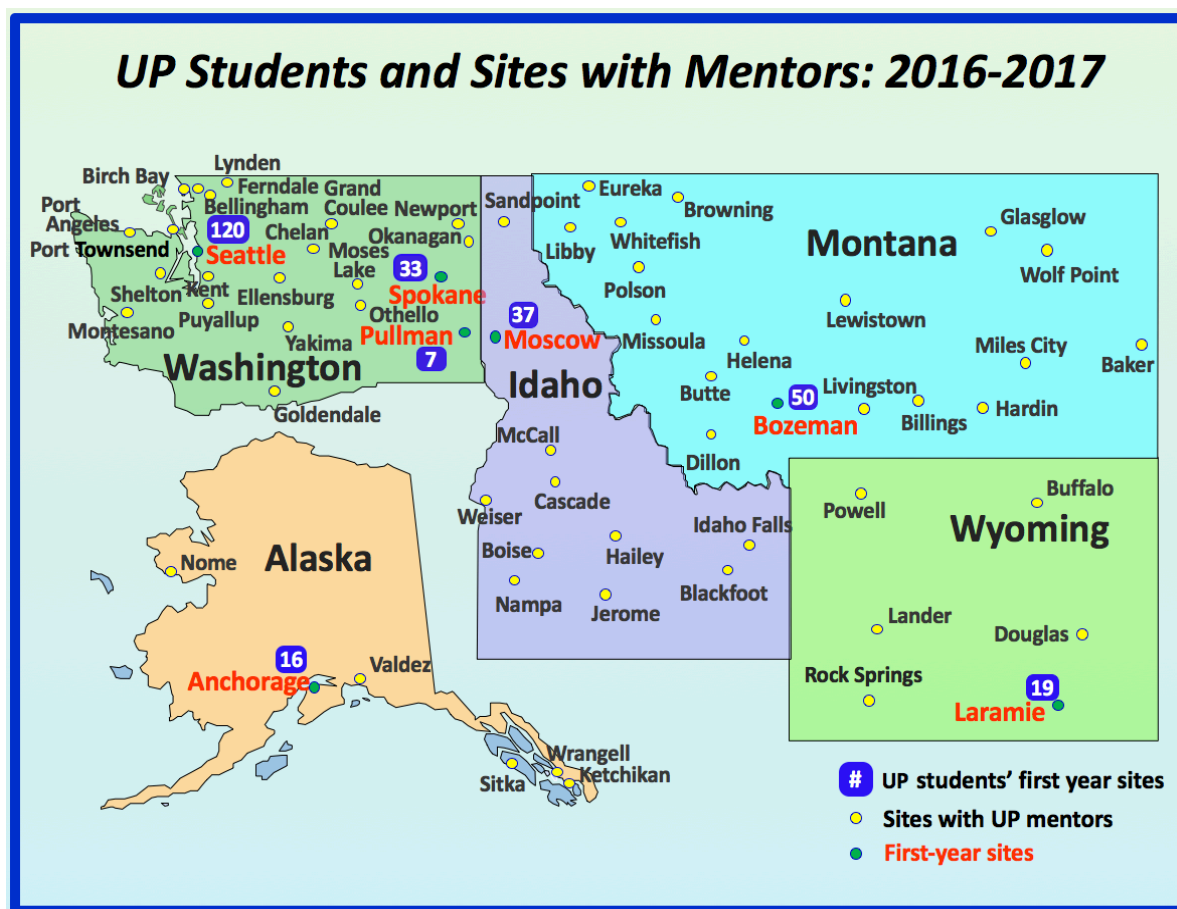
Figure 2



II. Mentorship

During academic year 2016-2017, 145 mentors were matched with students, and all five states have mentors participating in the UP. Mentors often support multiple students. Our most dedicated mentors take a new mentee from each incoming class and mentor them through graduation. (Figure 3) Students are expected to connect with their mentor once per academic quarter via email, phone, or in-person meeting.

Figure 3.



III. Outcomes

From its inception in 2008 through 2017 graduates, the match rate to primary care specialties (Family Medicine, Pediatrics, Med-Peds, or Primary Care Internal Medicine) was 53.5% for all students completing the Underserved Pathway, compared with 30.1% of the UWSOM graduating students. In 2017, for UP graduates, it was 56% (Figure 4), while for the 2017 graduating class as a whole, it was 33% (Figure 5). Further match analyses are planned, including whether there is a relationship between UP participation and selecting a residency with an underserved focus.

Figure 4.

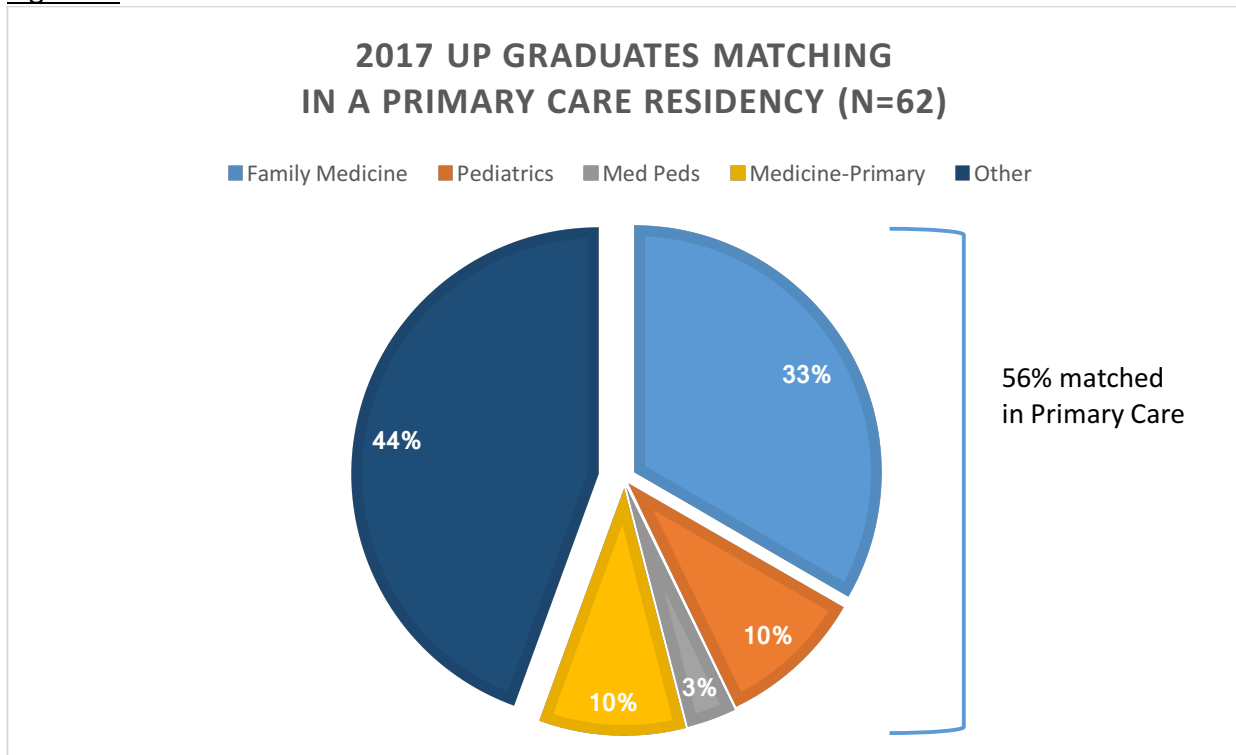
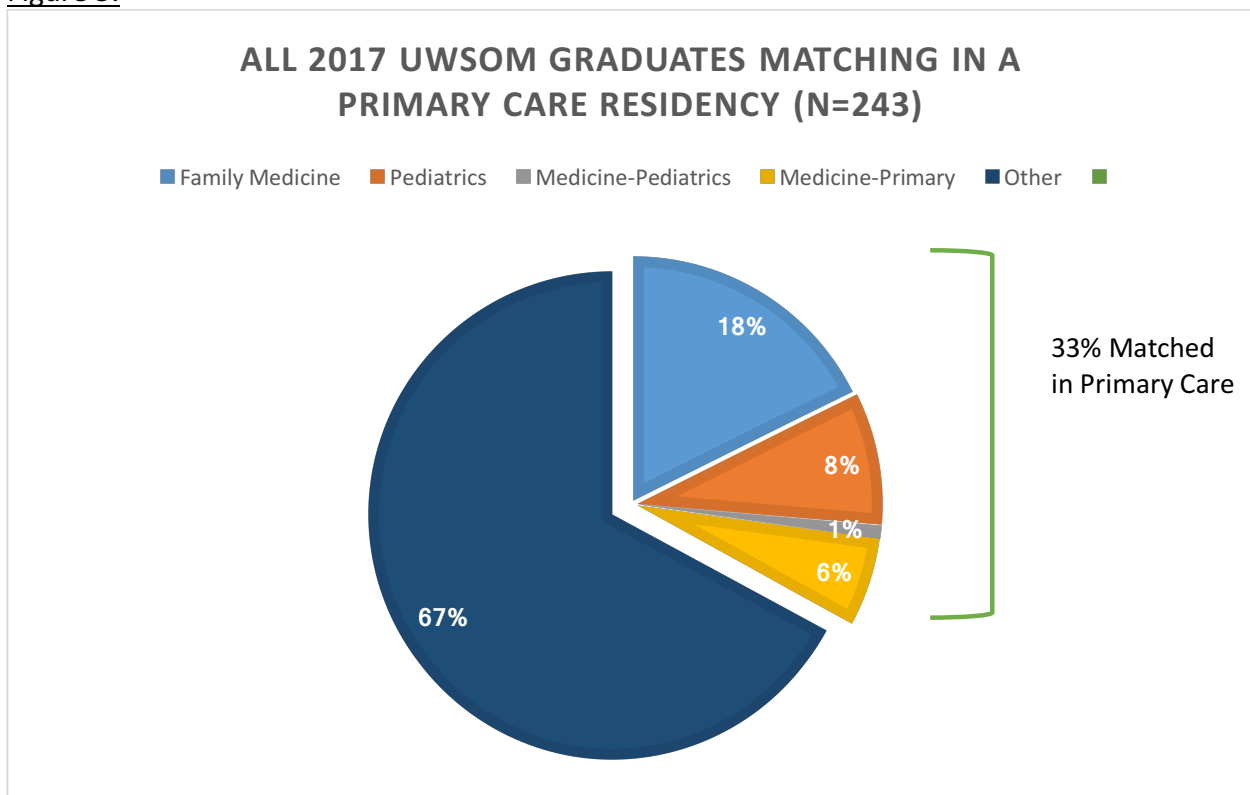


Figure 5.



IV. Evaluations

In addition to the numbers of students enrolling in and completing the UP, the UP also has evaluations of major components.

During the 2016-17 academic year, 22 modules were completed and students completed 360 evaluations. The number of students who completed each module is shown in Figure 6. All students must complete the module “Who are the Underserved?” and all TRUST Scholars also complete the module “Public Health Epidemiology.” Students are asked four questions in addition to being asked for suggestions for improvement. (Figure 7)

Figure 6.

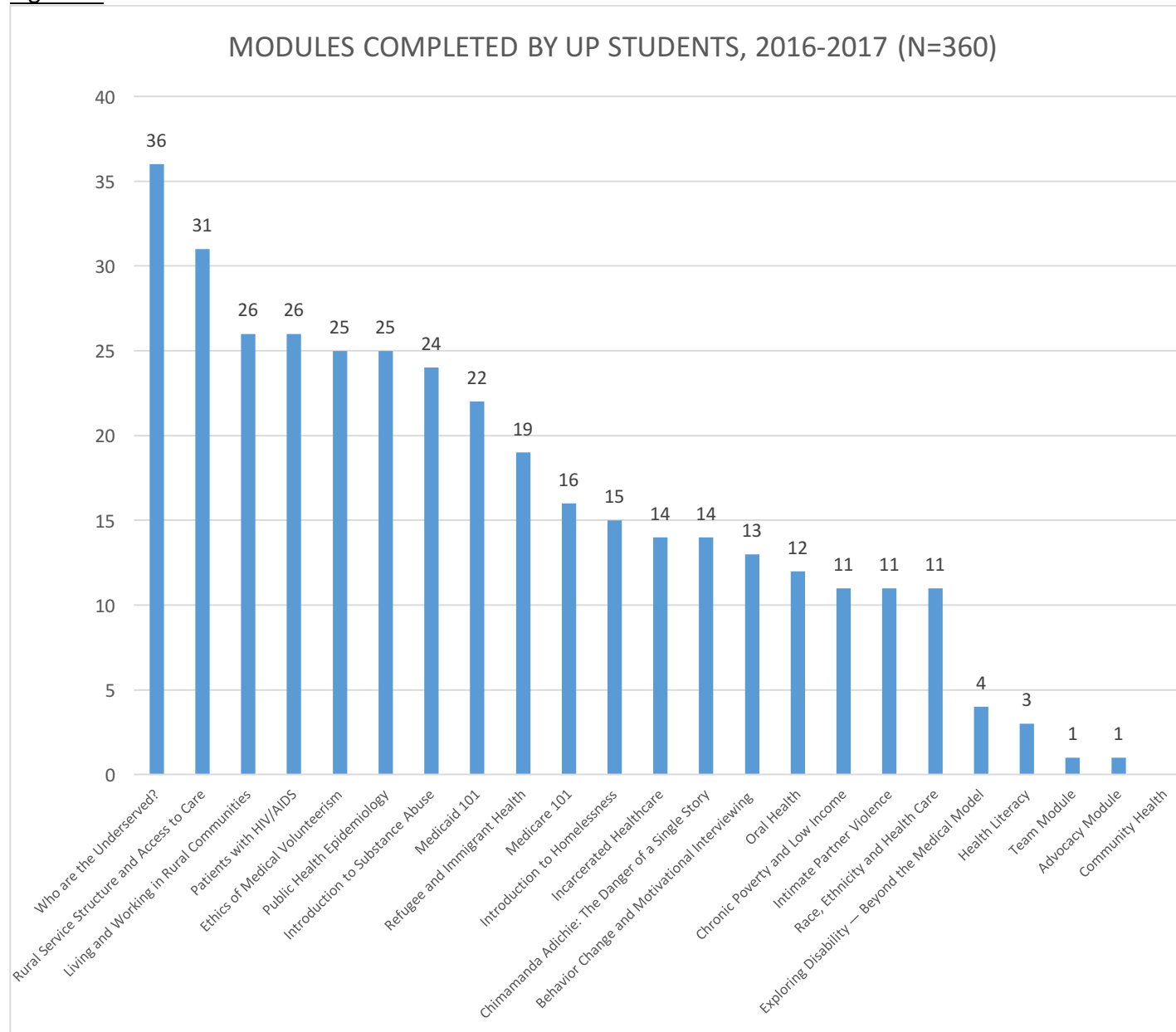
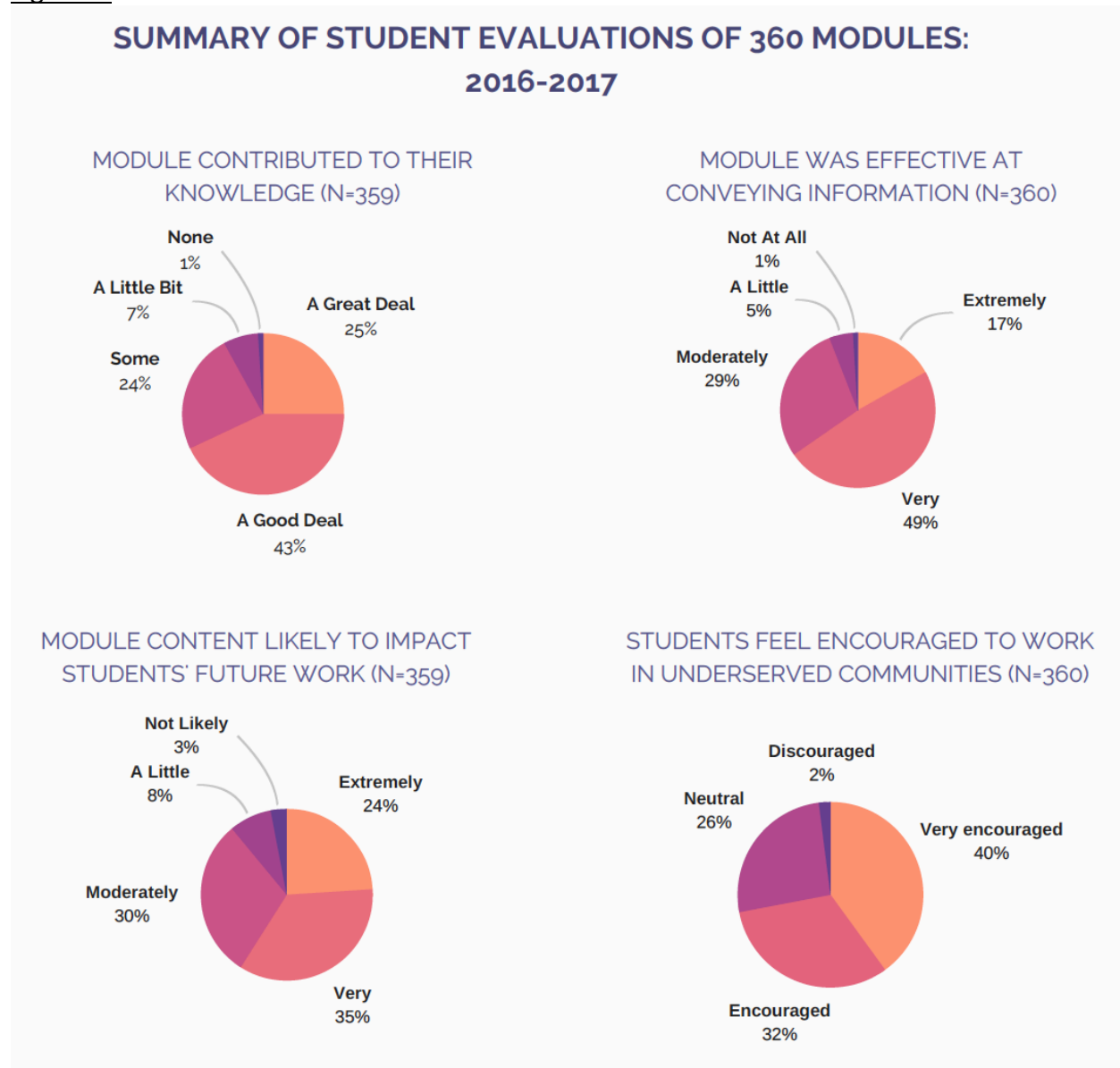


Figure 7.



Comments by students

In addition to the Likert scale evaluations, students are asked to comment on modules. Comments are overwhelmingly positive. Examples include:

- "I liked the challenge of trying to manage chronic poverty on a day to day basis module. I think just thinking through those decisions was a good learning experience." – *Chronic Poverty and Low Income*
- "I think this was my favorite module so far because it felt like I was actively involved more than other ones. I liked being presented with a question, going to a resource, and

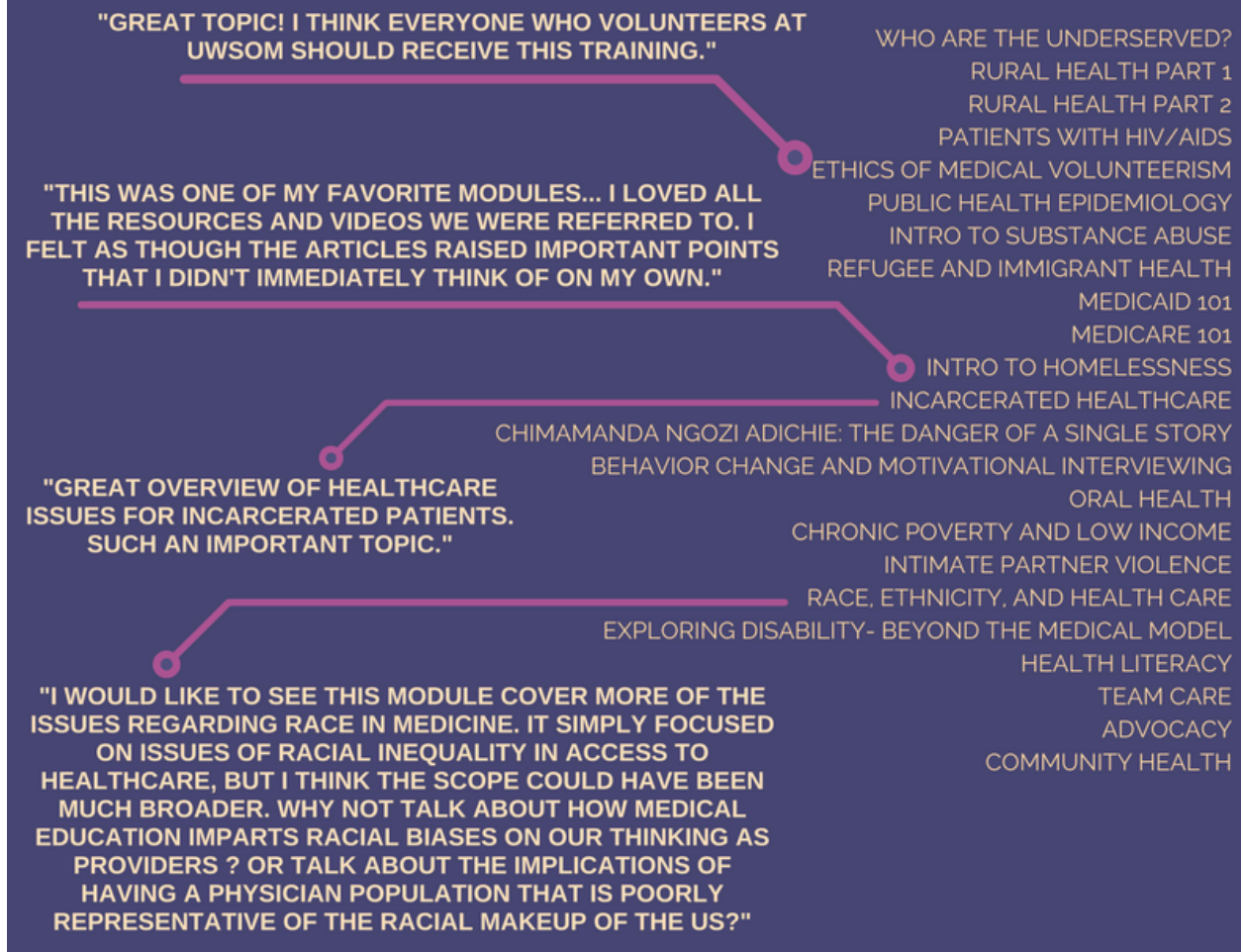
figuring out what I might use with an actual patient, because it felt like something I would do in real life.” – *Introduction to Substance Abuse*

- “I thought the case study quiz was great! A much better experience for learning than a post! Great idea and made me realize the implication my medical decision making can have on patients.” – *Medicare 101*
- “I think this was a great way to learn more about tools that will come I handy with our future work. For the most part the websites had good statistics, I wish there was more for certain areas (collected on state levels). Overall I thought this was a great exploratory module and was not lacking in topics.” – *Public Health Epidemiology*
- “I thought it was a good intro! Getting accurate definitions is helpful from the start. I thought the links were great and help keep it interactive.” – *Who are the Underserved*

Additionally, students offer comments that directly affect how we modify, update, expand modules and develop new ones. They continue to request additional modules covering new subjects, more depth in some, and more in- person sessions throughout the region. They also want, within each module, more open discussion of racism and disparities and their impacts on health. Student comments include:

- Use other talks/stories to demonstrate how “The Danger of a Single Story” plays out in medicine and patient care specifically.
- Broaden the scope of “Ethics of Medical Volunteerism” to include aspects of international volunteerism, and patient perspectives on volunteer clinicians.
- Include more introductory information and definitions in “Public Health Epidemiology” to help set the stage for students. How do physicians use epidemiological data to inform their practice?
- Expand “Patients with HIV/AIDS” to include clinical applications: tips for working with patients, information about Ryan White Programs, techniques for risk counseling.
- Post more videos of skilled motivational interviewing practitioners.
- Find a better/more updated video about deafness in the “Disability: Beyond the Medical Model” module, and see if there are any interviews with clinicians with disabilities for added perspective.
- Consider expanding “Incarceration” module to include specific needs of juveniles.
- Build more content on opiates and illicit drug use in “Substance Abuse” module.

STUDENTS ARE ENCOURAGED TO PROVIDE FEEDBACK ON THE CONTENT OF EACH MODULE. PATHWAY STAFF REVIEW STUDENT COMMENTS AND INCORPORATE THEM INTO MODULE REVISIONS AND UPDATES.



V. Service

Students are required to perform 24 hours of service or advocacy over four years. Our data shows that, in fact, they do much more. In preparation for providing information to those who write the Medical Student Progress Evaluation (MSPE) letters, we surveyed UP students who are expected to graduate in May, 2018 with a certificate of UP completion. Fifty-nine responders logged over 4,700 hours of service across the WWAMI region, including work in free

clinics, advocacy projects, health screenings, student organizations, health education, homeless services, and professional associations.

VI. Going Forward: Challenges and Opportunities

There is increased attention in the new UWSOM curriculum to themes such as social and health equity, diversity, and social determinants of health. With this in mind, the UP continues to work with Curriculum Renewal teams, supporting their efforts and offering our materials. Some UP materials are being used, which leads the UP team to create new material, taking the topic to a greater depth. During this last year, we had administrative staff turnover, and yet managed to adopt Canvas as the platform for our modules, move all modules to Canvas, and close the prior platform on Moodle. We are working with the Department of Family Medicine IT team to create a new student activity tracker.

The UP team is excited about the launching of the Community-focused Urban Scholars Program (CUSP). Faculty with this new program will be defining curricular needs of these Scholars and the UP will create modules to address these needs. As with TRUST, all CUSP Scholars will complete the UP as part of their program. The UP also will be working with the CUSP team and the leaders of the Family Medicine Interest Group in their work with high school and Associate of Arts students to stimulate and nurture interest in health science careers. The UP plans to offer training seminars for medical students working in these pipeline projects. Two proposed sessions are: 1) The Art of Story Telling and 2) How to be an effective mentor.

Collaboration with the other four Pathways is important and ongoing. Pathways staff meet monthly and we have reinitiated the quarterly meetings with staff and Pathways faculty. Together the five Pathways are creating a new presentation of the Pathways for the School of Medicine website and developing materials that can be linked to that site.

VII. Dissemination

The UP continues to place dissemination of its work at a high priority.

Peer Reviewed Publications

1. Kost A, Benedict J, Andrilla CH, Osborn J, Dobie SA. Primary care residency choice and participation in an extracurricular longitudinal medical school program to promote practice with medically underserved populations. *Academic Medicine*. 2014 Jan;89(1):162-8
2. Kost A, Cawse-Lucas J, Evans DV, Overstreet F, Dobie S. Family Medicine Extracurricular Experiences in Medical School and Choosing to Become a Family Physician. *Family Medicine*. 47.10 (2015): 763-9.
3. Kost A, Evans DV, Reason L, Fitch J, Dobie S. Who are the Underserved? *MedEd Publication*, Oct 2015.

4. Kost A, Cawse-Lucas J, Evans DV, Overstreet F, Andrilla CH, Dobie S. Medical Student Participation in Family Medicine Department Extracurricular Experiences and Choosing to Become a Family Physician. *Fam Med*. 2015 Nov-Dec;47(10):763-9.
5. Greer TV, Kost A, Evans DV, Norris T, Erickson J, McCarthy J, and Allen S,. The WWAMI Targeted Rural Underserved Track (TRUST) Program: An Innovative Response to Rural Physician Workforce Shortages. *Academic Medicine* 91.1 (2016): 65-69.
6. Evans DV, KrasinB, Brown K, Kost A, Dobie S. Student perceptions about benefits from an extracurricular curriculum: a qualitative study of the Underserved Pathway. *PRIMER*, an online journal of the STFM Resource Library. 2017; 1:13. doi: 10.22454/PRIMER.2017.153424
7. Kost A, Sanders L, Dobie S, Evans DV. What is the Impact of the Underserved Pathway program on Entering an Underserved Family Medicine Residency? A Comparison of Two Statistical Approaches. Submitted, reviewed, revised, resubmitted June 2017

National Conference Presentations

1. El Rayess F, Evans DV, Ryan M, Nokes K. Training Students to Care for Underserved Populations: Aligning Mission, Values, and Vocation. Society of Teachers of Family Medicine, Annual Spring Conference, Lecture- Discussion, San Antonio, Texas, May, 2014.
2. Kost A, Overstreet F, Evans DV, Dobie S. Can I Tell You a Secret? An Anonymous Exercise to Address Individual Bias and Improve Health Disparities. Society of Teachers of Family Medicine, Conference on Medical Student Education, Nashville, Tennessee, Jan 30 – Feb 2, 2014.
3. Nokes K, Evans DV, Brown K, Krasin B, Dobie S, Kost A, Mitchell S, Wertheimer R. From Training to Practice: Comparing Values and Motivators of Newbies and Veterans in Underserved Communities. Society of Teachers of Family Medicine, Conference on Medical Student Education, Nashville, Tennessee, Jan 30 – Feb 2, 2014.
4. Binienda J, Chadwell M, Conniff K, Cyr P, Hoffman M, Kost A, Minor S, Prunuske J, Williams M, WinklerPrins V. Engaging Today's Medical Student. Society of Teachers of Family Medicine, Conference on Medical Student Education, Nashville, Tennessee, Jan 30 – Feb 2, 2014.
5. Evans DV, Dobie S, Student perceptions about benefits from an extracurricular curriculum: a qualitative study of the Underserved Pathway. Society of Teachers of Family Medicine Annual Meeting, Minneapolis, Minnesota, May 2, 2016.

6. Evans DV, Dobie S, Medical student perceptions about benefits from an extracurricular curriculum: a qualitative study of the Underserved Pathway. 39th Annual Rural Health Conference in Minneapolis, Minnesota, May 11- 13, 2016.
7. Fitch J, Evans DV, Dobie S. Distance Learning: Same content, flexible delivery methods. Society of Teachers of Family Medicine, Medical Student Education Meeting: Anaheim CA, February 11, 2017.

Regional and Local Presentations

1. Fitch J, Evans DV, Dobie S. Distance Learning: same content, flexible delivery methods. Center for Leadership and Innovation in Medical Education. CLIME Together: A Symposium of Excellence in Health Professions Education, June 1, 2016.

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