

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 assess 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 you cannot 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:
 - Toby Keys, MA, MPH RUOP Education Specialist, (206-543-9425)
 - David Evans, MD, RUOP Director, (206-543-9425)