

Dear RUOP Preceptors,

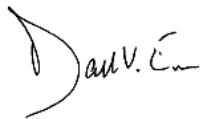
What a pleasure to welcome new and returning preceptors to the RUOP program! This year, 130 first year medical students will work with you and other volunteer preceptors in rural and urban underserved communities in Washington, Wyoming, Alaska, Montana and Idaho. Once again, we want to extend our appreciation 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 breadth 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.”

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“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.”