UW Medicine
SCHOOL OF MEDICINE

UNDERSERVED PATHWAY

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Underserved Pathway Annual Report
August, 2013

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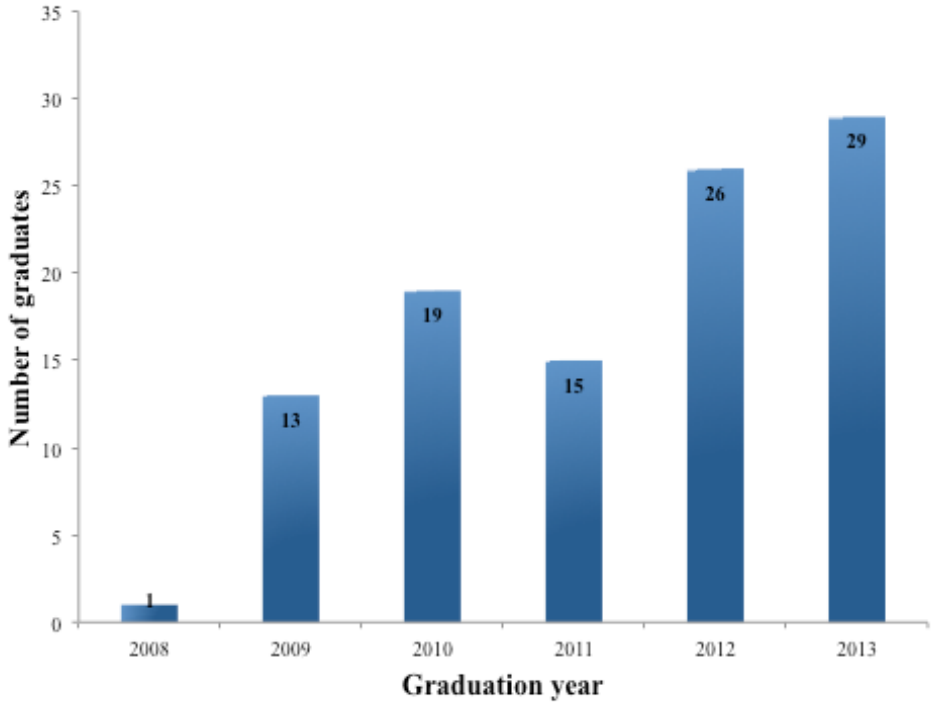
Summary

The Underserved Pathway (UP) is entering its eighth year and continues to expand its offerings and its participants. Student interest continues to grow and evaluations demonstrate that students value the capacity to shape an Underserved Pathway program that is tailored to each student's unique interests. The 2012-2013 academic year was one of growth and of challenge.

Since its inception, 103 students have completed the Underserved Pathway (Figure 1). Depending on interest and educational needs, students may enroll in the UP and meet all the requirements for completion to earn a certificate, or they may simply participate in the various components. In June 2013, the UP awarded 29 graduating students certificates of completion and 9 more participated in the UP without completing all requirements.

Figure 1: Underserved Pathway Graduates 2008-13



The 2012-13 year was notable for having 201 students enrolled. UP students continue to choose primary care residencies at higher proportion than non-participating students and the qualitative data gathered this spring suggests students value both the structural support the program gives their

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curriculum and the content of the offerings.

During this past year, the Pathway team created three new modules, tested two variations of existing modules and piloted two new modules in 4 in-person sessions. These will be converted to online modules in the coming months. All existing modules are revised annually for content accuracy, relevance, and functionality of web references and data sources.

The UP continues to be a key curricular component of the Targeted Rural Underserved Track (TRUST). The UP faculty work with TRUST continuity community leaders, TRUST Scholars and the TRUST executive committee to develop web modules and programs that support the TRUST concept. TRUST students are all members of the Underserved Pathway, complete our modules, and use other web resources. They are assigned their mentors at their TRUST site before their first year even begins. We lead discussions at two to three quarterly in-person sessions some specifically for TRUST Scholars and some for both TRUST Scholars and other UP students. The faculty from both the Targeted Rural/Underserved Track (TRUST) and the UP continue as part of a learning collaborative to provide direction for curricular development.

With the expansion of the second year in Spokane and discussions of decentralizing the second year at other WWAMI sites, the UP is committed to working with these campuses to ensure a robust UP curriculum with support on those campuses.

UP faculty continue to disseminate our program and its results. Educational scholarly products include a lecture to the MEDEX students, a presentation at the UW Mini Medical School, two national presentations, one accepted publication, and ongoing analysis of the qualitative study. [1,2,3,4] The upcoming year should see similar results.

The Dean of the School of Medicine provides funding for UP faculty. The Department of Family Medicine provides staff, administrative, web development and management support. Operational support is also provided by Family Medicine, and includes teaching sessions and other events such as pathways informational kickoff and graduation. Initial funding for the UP was from HRSA Title VII. [5]

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[1] Evans DE. A qualitative investigation of career and residency choice among Underserved Pathway participants. *Society of Teachers of Family Medicine, Conference on Medical Student Education*, 2013.

[2] Evans D, Kost A, Grocock J, Dobie S. Online Web Modules; Developing Effective Ones and Sustaining Them. A Lecture Discussion, Society of Teachers of Family Medicine, Annual Conference, Baltimore, Maryland, 2013

[3] Kost A, Benedict J, Andrilla HA, Ostborn J, Dobie S. Primary care residency choice and participation in a longitudinal medical school program to promote practice with medically underserved populations. 4/13 in press: Academic Medicine.

[4] Dobie S. Many Paths to Success. *Mini-Medical School*, University of Washington, Seattle, WA, 2013

[5] D54HP05261, Academic Administrative Unit in Primary Care, PI Drs Berg/Losh, Family Medicine, 09/01/05 - 08/31/08

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A. Current Student Participants

- 201 students were enrolled in the UP in the 2012-2013 academic year.
    - 65 (32.3%) are male, 136 (67.7%) are female.
    - 54% of students spent or are spending their first year of medical school at a WWAMI region campus:

        Alaska: 12
        Wyoming: 2
        Montana: 35
        Idaho: 15
        Eastern WA (WSU Pullman (16) and Spokane (29)): 45
        Seattle: 92

- We had 45 new enrollees during the 2012-2013 year.
- Anticipated new enrollment during 2013-14 is approximately 50 students.
- 29 students graduated in June 2013, earning UP certificates. Another nine from the graduating class were enrolled but did not complete the requirements.
- The current 64 TRUST scholars, including the 22 TRUST scholars entering in Autumn 2013, are enrolled in the UP. The 22 E2013 TRUST scholars completed the Public Health Epidemiology module as part of their TRUST First Summer Experience.

B. Mentors

- During 2012-13, 104 physicians volunteered to be mentors for students in the UP. Of these, 44 are mentoring more than one student. UP mentors are physicians in the community, the student's college mentor, preceptors, or other physicians working with underserved populations.
    - 72% are located in Western Washington (rural and urban).
    - 28% are located throughout the WWAMI region, primarily in rural areas.

        Alaska: 8
        Wyoming: 0
        Montana: 13
        Idaho: 8
        Eastern WA: 10
        Western WA: 65

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C. Assessment

1. Outcome measures

Underserved Pathway graduates select residencies in many specialties. The majority, however, continue to enter primary care residencies. (Table 1)

Table 1
Residency Choice of Underserved Pathway Graduates

Year Specialty	2008 (Number)	2009 (Number)	2010 (Number)	2011 (Number)	2012 (Number)	2013 (Number)	Total (Number)	Specialty (Percent)
Family Medicine	**1**	**5**	**6**	**5**	**7**	**9**	**33**	**32.0**
Pediatrics	**0**	**2**	**5**	**2**	**3**	**5**	**17**	**16.5**
Primary Care IM	**0**	**1**	**1**	**1**	**3**	**0**	**6**	**5.8**
Internal Medicine	0	1	2	1	4	6	14	13.6
Ob-Gyn	0	1	2	2	3	1	9	8.7
Surgery	0	1	1	1	2	4	9	8.7
Other	0	2	2	3	4	4	15	14.6
Total	1	13	19	15	26	29	103	
Primary Care Total (FM, Peds, PCIM)	**1**	**8**	**12**	**8**	**13**	**14**	**56**	**54.4**

The match rate to primary care specialties (Family Medicine, Pediatrics, or Primary Care Internal Medicine) was 54.4% for all students completing the Underserved Pathway, compared with 30.3% of the UWSOM graduating students from 2008-2013 who did not complete the UP (Table 2). The individual UP match rates to Family Medicine, and Pediatrics, but not Primary Care Internal Medicine were also higher for UP graduates than for other students matching in each of these specialties. Further match analyses are planned, including whether there is a relationship between UP participation and selecting a residency with an underserved focus.

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Table 2

Percent of Graduating Students Matching in Primary Care Residencies, UP Graduates Compared With Other Graduates, 2008-2013;

Residency match	% of UP Graduates % (N=103)	% of Graduates not completing UP % (N=1080)
Family Medicine	32.0 (33)	13.1 (142)
Pediatrics	16.5 (17)	10.3 (111)
Primary Care Internal Medicine	5.8 (6)	6.9 (75)
Primary Care totals	54.4 (56)	30.3 (328)

Evaluations

The surveys of students and mentors will be sent during the 2013-14 academic year. Staffing shortages precluded completion of surveys this past year. Evaluation data from students for this academic year exists from three sources. First, as part of a qualitative study, we interviewed 14 of the 29 students who graduated with a certificate in the UP in 2013. Their evaluative comments are available for this report. Second, each student completing each module is asked to complete an evaluation. Third, participants in the in-person sessions complete an evaluation.

a. Underserved Pathway Overall

Students continue to find value in UP participation. With over 200 students enrolled, the number graduating with a certificate is also increasing. We had 29 earn certificates in 2013, up from 26 in 2012. Forty-five are on track to earn certificates in 2014 (Figure 1.1).

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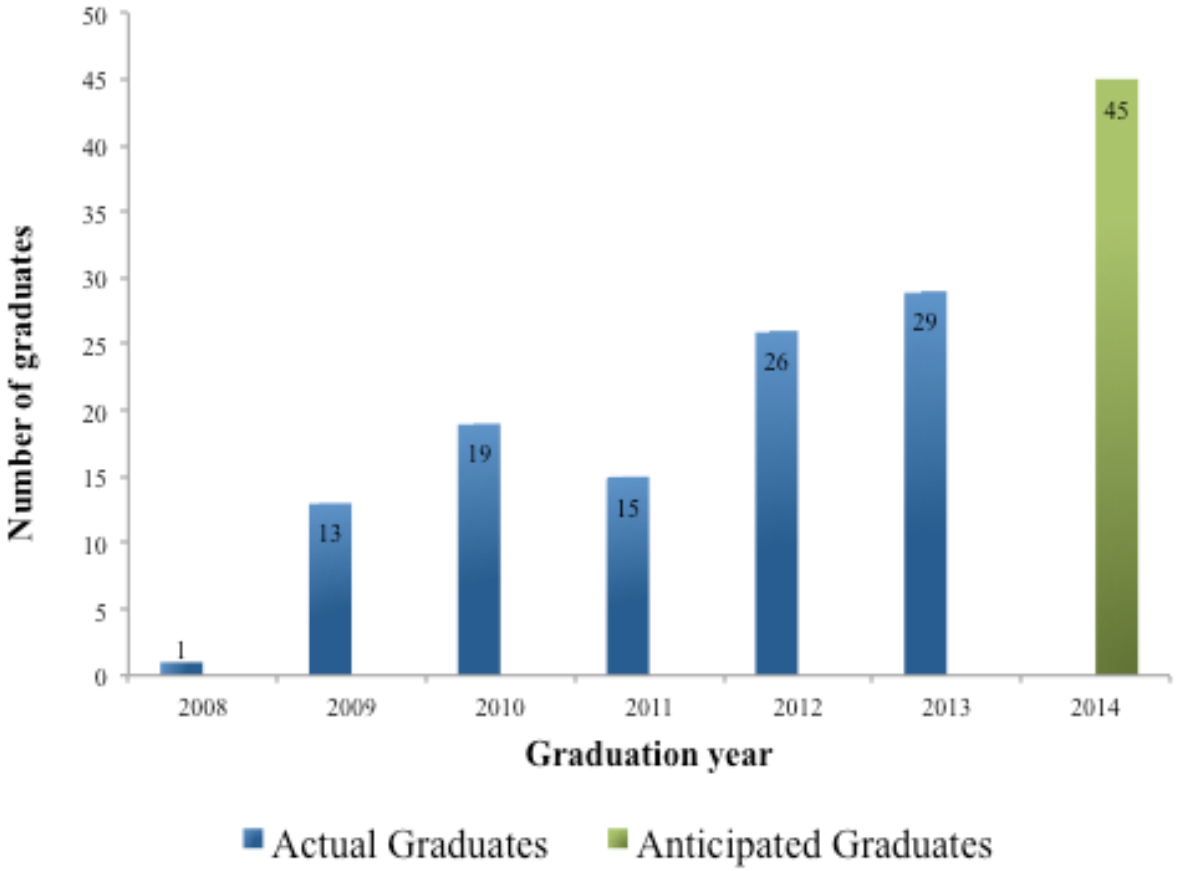
Figure 1.1: Actual and Anticipated Underserved Pathway Graduates 2008-14



In the interviews with students several themes appear frequently. First students continue to find value in the UP. Second, there is tremendous variety in what students find as most valuable. Some students found the mentorship the most valuable, while others found the modules, or service learning particularly important. Others liked the structure that helped them focus selection of non-clinical selectives and clerkship sites. The preferences for particular module content and UP requirements also did not cluster. The diversity and spread of feedback about particular components and about the benefits of UP participation is consistent with the diversity of interests among our participating students.

Most of the 14 students interviewed said that the UP influenced or supported their interest to work with underserved populations in their careers. They reiterated that the UP provided tools and education that will be helpful in their careers. Common words used were reinforcing, providing structure, and supporting values. Examples of comments include the following:

> "It helped with my medical knowledge of what underserved medicine meant. There are a lot of workshops, having to read and actively

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participate, sections about this are very helpful in finding more about Medicare and helped me to learn about the underserved. The UP provides that information and groundwork. The knowledge is very helpful to come to this decision with a more well-rounded knowledge base."

"Structure is there, great foundation, based on the individual and how vested they are in the Pathway. …Mentorship was a strong point, people doing things actively engaged in community, not just about doing well in school, but what else one is doing outside med school and in the community. That is what the curriculum organizes or structures so not flying blind or cherry picking, has a set structure, making sure you get direct exposure to these populations."

"Instead of guiding me to it, it bolstered it and helped me feel like I am getting some tools to exceed in it."

"My Underserved Pathway acted like another factor that supported my way through medical school in identifying that the underserved population was something I was interested in and passionate about and helped me understand all the different areas of what it means to be underserved and kind of the different avenues we can take in terms of caring for the underserved and recognizing what is considered the underserved."

More students said it guided them in residency program choice, than students said it guided them in specialty choice. Students also stated it was useful in their interviewing process.

"I think it does have an influence. 90% of the places I am interviewing only work with the underserved and maybe 2 out of 11 have a bigger range, middle class and some underserved patients, with Medicare or Medicaid. They want to know how do we know you are committed to working with underserved groups, they ask about the Pathway as a way to explain. I've been doing this since medical school. I can see it informed my decision. I can say it has. I am not just using this buzzword, or looking for a good location, but am picking programs that are committed to this too. My experience with the Pathway shows my commitment and how it informed my decisions. It is having a good influence in terms of what I want to do."

b. Mentorship: Value and Challenges

In past surveys, about two thirds of the students have found mentorship to be valuable. The surveys are of all students, all years. In the interviews of graduating students, respondents all cited some value of the mentoring they received and described mentor-student relationships in ways that further our

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understanding of its value, when it is useful, and where students get mentoring. The unanimity of positive comments likely is because these students have had four (or more) years to have these relationships, allowing for maturation and development.

Students described Mentors as persons who reinforced the student values and goals and with whom students could discuss the real world of clinical practice with an underserved population.

> "The mentor was a rural doctor himself, and could share experiences and paint a picture of what it is like to be a rural doc. Was really helpful and advocating for me in my underserved education or pushing for me on who to contact"

> "My underserved Pathway mentor was really helpful in reinforcing this. When I came into medical school I wanted to… work with the underserved, and working with my mentors sort of strengthened my commitment to doing that. There were a lot of things in Medical School I really liked, but having her as a mentor was really helpful, listening to her experience with the underserved population she works with was very helpful, seeing about how rewarding experiences makes her work meaningful to her, that renewed my commitment to working with underserved populations. …Really what made the difference in my career choice was my mentor."

Students also valued the longitudinal and personal nature of the mentor-student relationship.

> "If I were not in the Pathway she and I would not have had those discussions and I would have missed out a lot, hearing about her experiences and her being so passionate about caring for underserved populations. The Pathway added a good dimension to my relationship with my mentor… It was a lot more personal. That's the biggest difference. More like a friendship, others were more about business and career advancement, this was how are your classes, how are you progressing, do you need help with anything? Overall development, my life outside of school."

> "It was nice to have an established mentor early on in my first year, to have that continuity over 4 years was nice. Having it be more locally based, she was somebody I would meet and talk to about the good opportunities for me to have a mentor that was much more active in my medical school career than other mentors- the others were a little more short term, while the UP mentorship was more enduring that the clerkship."

> "The most helpful thing about mentoring was encouragement and being shown by example I can still do a lot of academic things I want to do while serving in underserved rural places, in a lot of different ways has been helpful. My RUOP mentor was my official pathway mentor. He was more inventive for

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> sure than other mentors. Especially through second and third year, it helped a lot. Mostly talking through what rotations I liked, how he thought as a teacher of medicine and being involved in an underserved area. … Exposure and experience, and mostly talking through things, getting to the bottom of what I wanted to do."

Students suggested several areas for improvement of the mentoring component of the UP:

- Reinforce the importance of having relaxed down time down with the mentor
- Provide a checklist of topics to discuss with the mentor, providing a little more structure.
- Invite mentors to events; encourage more experiences together

c. Web Based Curriculum

Since the 2011-12 academic year an evaluation survey has been attached to each module assignment. Completion is voluntary. During the 2012-13 academic year, 255 modules were completed and there were 164 evaluations, for a response rate of 73%. All students must complete "Who are the Underserved?" and all TRUST scholars complete "Public Health Epidemiology." The popularity of the each module can be seen in Figure 2. Students are asked four questions in addition to being asked for suggestions for improvement. Seventy percent said the modules contribute to their knowledge about the stated topic. Ninety-one percent said the module was effective in communicating the information. Eighty-nine percent said the module was very or extremely likely to influence future work. Only 2.5% said that the modules were somewhat or very discouraging to interest in working with the underserved. (Figure 3)

In addition to comments acknowledging the content and delivery of the modules, there were a number of suggestions:

- More depth (Medicare, Intimate Partner Violence, Substance Abuse, HIV),
- Focus on solutions being tried (Rural Health, Substance Abuse),
- New or additional topics (models for defining poverty, how epidemiological data is collected)
- In the Intimate Partner Violence Module, include more about screening men.

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Figure 2: Underserved Pathway Modules Completed: 2012-13

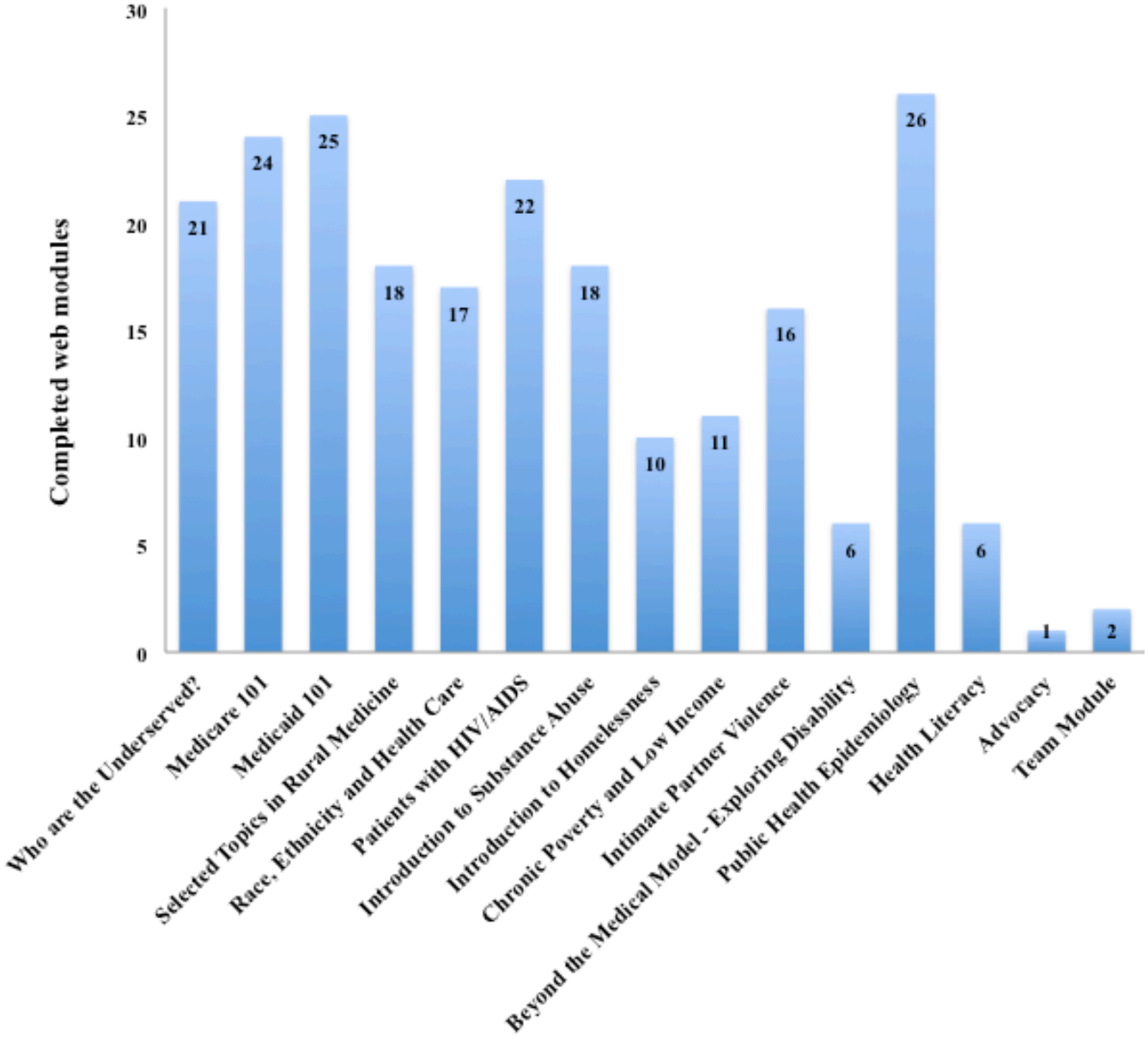

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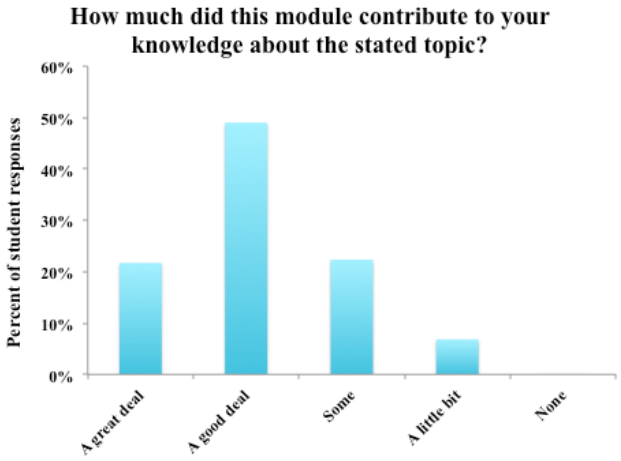
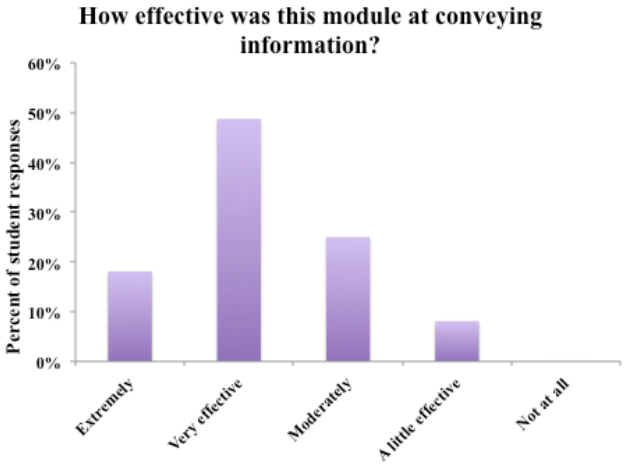
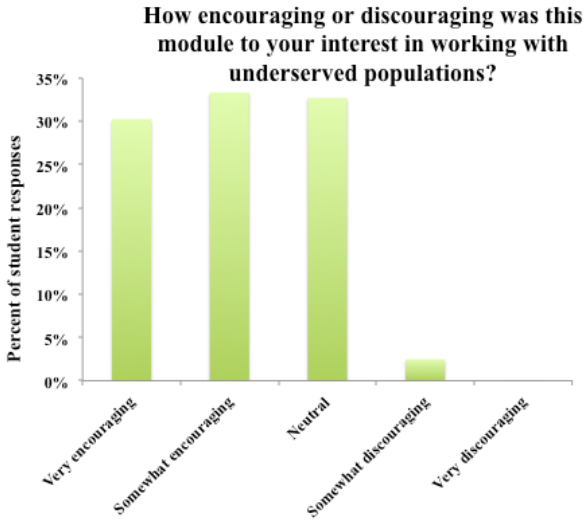
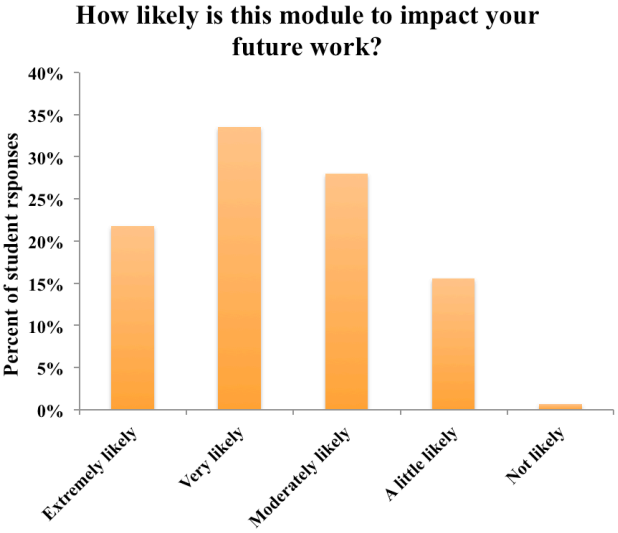
Figure 3: Underserved Pathway Total Module Evaluation Results: 2012-13









All interviewed graduating students found the modules useful. They appreciated the content as helpful to learning about different populations and health issues. They also valued the flexibility to do the modules in their own time. It is clear from the number of modules completed (225) that currently most students do the bulk of the 8 required modules during 4th year. We have changed the policy to encourage completion of at least half by the end of third year and this may influence future data.

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Subtracting the fourth year completion of modules, all other students for this reporting period had only completed an average 2 each. Comments included:

> "Online modules were helpful in learning more info about working with underserved populations and issues that affect them."
>
> "They highlight how much work there is to be done and how far we have to go as a society to have good HC for everyone. Good way to fact check, appreciate learning about different issues, always more."
>
> "I am really glad the program is flexible in terms of the time that I could do the modules. I did the modules as I had time to do them, and all my community service activities were frontloaded into the semesters when I had time to do them."
>
> "I have to say that all my modules, they are pretty good, but I can't say- they do seem a little bit like busy work for me. I would almost rather have a day or weekend where I am required to go to a conference and we do that all at once. It is hard to do that on stay engaged when you are just working on the computer. I have done 5 or 6 and there are 8."

d. <u>In-Person Sessions</u>

Five in-person sessions were held for UP and TRUST students: Who Are the Underserved, Advocacy, Understanding Bias (a pilot), Behavior Change; Working with the Underserved (a pilot), Dinner with a Doc: Rural Health through the eyes of a family practicing it. Who Are the Underserved was also taught as a session with MEDEX students. Attendance ranged from 5 to close to 100. Evaluations include two questions: what was valuable and what would you suggest to improve the session.

All sessions received high ratings for both content and process. The students value getting together to discuss the topics covered. The activities and presentations were appreciated for being interactive. The content was evaluated as useful and practical. Suggestions for improvement included more practicing of skills, extra cases to work, and follow-up discussions. Comments included the following:

> "All of it! I want to do all the UP modules together! I really appreciate getting to work together and learn about each others perspectives."
>
> "Learning important advocacy skills: letter to editor; media and lobbying; also, reassuring my concerns regarding advocacy in medicine."
>
> "Discussion the challenges of our personal biases with colleagues and current practicing physicians."

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"Having a tool for approaching behavioral change – I thought it was great to be reminded to be curious about the patient's feelings and why they might be continuing unhealthy behavior/what they get out of it."

"The chance to break into pairs and see each other's MI skills in action and give each other critical feedback."

"I really enjoy hearing about the different perspectives from various doctors on why they practice rural medicine and how valuable the experiences are. Helps speak to the values of TRUST. Keep up the good work."

The graduating students who participated in the interviews also had positive comments about these sessions. If they attended they were glad. If they did not they wish they had. They also suggested taping and archiving them.

"I really enjoyed having the in-person modules with people from the community or the practices- much more active learning processes than doing the modules on line. The ones I did get to do I really enjoyed."

"The best modules were the ones we did in person. I got a lot more out of them than doing it myself online modules. Things that stick out- advocacy I really enjoyed, one on HIV, one on giving definition and statistics, which I thought was helpful and eye opening towards underserved medicine."

"The in-person session: one component I wanted to do and encourage having."

"I would like the opportunity to watch the in person modules later, that would be cool. At the beginning of the year when students are starting there- that's the only time they bring us altogether. It would be cool to do that more often, share research, ideas, the connection of like-minded people. Would benefit to see how others are addressing issues we are all passionate about."

e. Community Service

UP Students have no difficulty completing community service; most are active in projects throughout their medical student careers. There continues to be requests for more activities in the WWAMI sites outside of Seattle.

"The service learning component was a good experience. If I had not been in the pathway, I would not have been as intentional about seeking out service

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experiences, would have thought I am so busy, I don't have time for that, I have to study. Being in the pathway I realized I could commit to that, really got into that."

"I think the service part was also really important, having committed to the Pathway motivated me to be consistent about engaging in community service. I might not have been as good at that had I not been involved in the program. The volunteer services I had in medical school were rewarding and helped me with my commitment to working with underserved."

"Develop more opportunities in first year sites. Not much opportunity to volunteer during the first year."

e. WWAMI-Specific Issues

While several non-clinical selectives that focus on underserved issues have been created on the campuses outside of Seattle, students would like more. The development of distance learning is a critical need throughout the curriculum, including for the UP. With expansion of the second year in Spokane, the UP will seek ways to make more modules and in-person session available in the region.

C. Initiatives 2012-2013 and Looking Forward for 2013-2014

Module Development

With a focus on providing both content and activities that broaden the cultural skills of our students, our module work this past year has focused on diversity, strategies that work for health behavior change in diverse communities, and team concepts.

1. All modules are revised annually; this process includes a survey of existing curriculum to avoid duplication. There are currently 18 modules.

2. The UP will coordinate with the Spokane campus faculty to test strategies for in person module completion for their students.

3. The UP team continues to meet regularly with the TRUST team. With the learning collaborative of TRUST preceptors, the UP will continue to identify topics that the TRUST preceptors believe to be critical to educating future physicians to work with vulnerable populations. Last year we reported that they desired modules on the following topics: inter-professional collaboration and teams in rural health, inter-professional collaboration and teams in the community health centers, and what is community health? Two of these have been written and are on-line.

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4. Modules developed and piloted or completed 2012-13:

a. Health Care Teams (completed)
b. What is Community Health (completed)
c. The Danger of a Single story (completed)
d. Facing bias (piloted)
e. Behavior Change Strategies for Working with the Underserved (piloted)

In addition to those above, the following topics are being considered for development or in development:

a. Immigrants and Refugees
b. Self-Paying Patients
c. Women's Health
d. Elder health
e. Comparative Health Systems–International
f. Incarcerated Populations
g. Health Care among American Indian and Alaska Native (AI/AN) Populations
h. Health disparities and African Americans
i. Mental Illness
j. GLBTQ Community
k. Community Health Centers
l. Human Trafficking
m. Sex Workers
n. Youth and Young Adults
o. Ethical Issues and the Underserved
p. The Affordable Care Act and the Underserved

Web Modules can be accessed using at the following website:
https://courses.washington.edu/fmocw/

Mentor Relations

Based on the evaluations by students and mentors, we revamped the quarterly Mentor Memo to provide more ideas for structuring the relationship. We have opened a Twitter account and send tweets to registered mentors and their students; these might be articles or news items for them to discuss. We are inviting mentors to in-person sessions.

Plans for 2013-14:

1. Complete development of an orientation packet for students and mentors that will assist each to initiate and continue contact and to understand expectations. It will contain some prompts for conversations.

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2. We will continue the quarterly Mentor Memos as a way to keep mentors abreast of where students are in their medical school journey.

4. We will invite mentors to all in-person sessions.

5. We are still considering ways to thank our mentors, if possible in person. We developed a map of regional mentors, and hope to collaborate with regional partners for possible ways they can assist us in visiting practices to deliver a thank you.

Service Learning

Students throughout the SOM are increasingly interested in participating in Service Learning. In general students find time to participate most later in first year, throughout second year, and in fourth year, and if expanded, during those years. The lack of third year participation is because student time is dedicated to their rotations, and also because many are out of Seattle. Lack of opportunities continues to be an issue outside of Seattle. Spokane has a robust program, Wyoming students developed a new program that has tremendous promise, and there are other opportunities scattered throughout the region (eg the Shepherd's Hand Clinic in Whitefish, Mt). The UP will continue to be represented on the Service Learning Advisory Committee and to seek ways to increase the community engagement and service opportunities

IT Development

With the support of the Department of Family Medicine, the UP is integrating into the newly established database. The UP maintains links to SOM's Service Learning website, the TRUST site and other service sites. A Twitter account was established for posting articles of interest to mentors and students.

The Underserved Pathway-TRUST Interface

The UP provides key components of the medical school curriculum for TRUST scholars. All students enrolled in TRUST (year one until graduation) are required to enroll in the UP. The UP Director serves on the TRUST Steering Committee and works closely with TRUST faculty to ensure that the UP meets the needs of TRUST scholars.

As a select community of students within the UP, the TRUST Scholars have a curriculum with enhanced mentoring and more in-person learning sessions and journal clubs than the regular UP students. With a goal to sustain TRUST scholars' desires to choose careers with the underserved, the UP supports them as a community. The following components integrate TRUST and the UP and the UP will be working to improve these offerings:

1. The first year rural health class has been taught on several campuses but without a unified curriculum or set of objectives. This has led to issues of redundancy when students take the second tier class. The UP team will continue to work with the TRUST team (which includes the regional deans) to develop a more cohesive curriculum for this course. It should be

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one that leads sequentially to the second year course.

2. The second tier rural health class continues. It has brought TRUST scholars together during the second year, when they are all in Seattle. In the 2013-14 academic year, some of these students will be in Spokane. The UP will work with TRUST to develop a curriculum that can be used at both sites.

3. The TRUST program assigns each TRUST scholar to a continuity community site with a specified physician mentor. TRUST scholars have their "First Summer Experience" at their sites during the summer before autumn quarter of their first year of medical school. This TRUST continuity mentor also serves as the UP mentor for each given student. The UP team solicits this agreement and works with the regional deans, mentors, and their students to encourage a meaningful longitudinal relationship, including return visits.

4. The UP/TRUST team hosts a welcome dinner for all TRUST scholars when they arrive in Seattle.

5. The UP works with regional faculty to ascertain which non-clinical selectives could be made available to first year students on those campuses via webinar or podcast etc.

6. TRUST scholars of all years will have two to three sessions per quarter (in person or live/virtual) that will be a journal club, a career-relevant presentation, or a group session to complete a web-based module. These are hosted by the UP team in conjunction with TRUST.

The Underserved Pathway in Collaboration with other School of Medicine Pathways

The UP remains committed to the All Pathways Working Group. This collaboration among the four pathways demonstrates an effective partnership that benefits all of the participating students, and maximizes meaningful experiences targeted to each individual student's interests.

Dissemination

1. Dobie S. Many Paths to Success. *Mini-Medical School*, University of Washington, Seattle, WA, 2013http://www.uwmedicine.org/Global/News/Events/Mini-Medical-School/Pages/default.aspx

2. Evans DE. A qualitative investigation of career and residency choice among Underserved Pathway participants. *Society of Teachers of Family Medicine, Conference on Medical Student Education*, 2013

3. Evans D, Kost A, Grocock J, Dobie S. Online Web Modules; Developing Effective Ones and Sustaining Them. A Lecture Discussion, Society of Teachers of Family Medicine, Annual Conference, Baltimore, Maryland. 5/13

4. Kost A, Benedict J, Andrilla HA, Ostborn J, Dobie S. Primary care residency choice

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and participation in a longitudinal medical school program to promote practice with medically underserved populations. 4/13 in press: Academic Medicine.

5. Two proposals are submitted for STFM meetings in 2014 and to the AAMC. Two are accepted:

   Kost AR, Overstreet FC, Evans D, Dobie S. Can I Tell You a Secret? An Anonymous Exercise to Address Individual Bias and Improve Health Disparities. STFM, Medical Student Education Conference, January 2014.

   Nokes K, Evans D, Brown K, Krasin B, Dobie S, Grasson E, Kost A et al. Comparing Values and Motivators of Newbies and Veterans in Underserved Communities. STFM Medical Student Education Conference, Januare 2014

6. Interviews for the qualitative study on the impact of UP participation were completed; coding will be completed by late July 2013 and analysis will begin.

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