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Winston Churchill said, “Christmas is not only a season of rejoicing but of reflection”. In light of two recent events, I spent some time over the holidays on reflection. In a departure from my usual practice of commenting on a few items and then reviewing all areas of the Department, I want to share two of my reflections with you. They are linked by recent events. The first is about the importance of people in the life of an organization, and the second is about a situation that troubles me.

The person is Roger Rosenblatt, friend and longtime vice-chair, who left us on December 12, 2014. Roger grew up in rural New Hampshire, developing a dedication to rural people and places. He received his undergraduate degree, medical education, and MPH at Harvard before coming to Seattle to be one of the Department’s first Family Medicine residents. After training, he took a leadership position in the embryonic National Health Service Corps, initiating what would be a career-long dedication to rural health. In 1977 he returned to UW, where he would spend the rest of his life. Roger’s legacy is one of support for Rural, with a big “R”. His early research work highlighted shortages of rural healthcare providers and the marked disparity between the health problems in rural settings and those in larger communities. He found that rural hospitals were critically important to rural health systems, and he also found that in rural communities that were significantly dysfunctional, the hospitals (and health systems) floundered. Working with grant money from foundations and government, alongside others from UW, he developed the WAMI Rural Hospital Project to undertake community development in struggling rural towns to assist in improving the financial stability and quality of their healthcare. Beginning in six pilot communities, the methodological approaches were refined and later applied to dozens of communities in the Northwest. In addition to improving the community setting of healthcare, this journey convinced Roger that there must be an adequate supply of trained and compassionate healthcare providers who are passionately dedicated to working in rural settings. This belief led Roger’s support for decentralized medical education. It was clear to him that if we brought good students to Seattle and kept them here for their entire educational process, they would probably stay in the Seattle area. He was an early proponent of having medical students undertake their Family Medicine clerkships in distant, often rural places. Concluding that this was a step in the right direction, but not early enough in medical school, he helped develop the Rural Underserved Opportunities Program (RUOP) to expose first year students to primary care in rural places. Later, he concluded, with many of us, that intermittent episodic rural exposures were not enough—which led to development of the program we call TRUST (Targeted Rural Underserved Student Track), an unbroken sequence of ongoing rural connections for students.
Yet another of Roger’s prescient observations was that the physical environment in which rural communities are located is pivotal to the health of the people living there. This observation led him to obtain a Master’s in Forest Resources and to undertake tireless campaigning to improve rural ecosystems. Roger was a man with an idea and a passion. His idea was that rural people deserved good health and good healthcare—his passion was to make it a reality. His workshop was WAMI (eventually WWAMI), and his tools were a brilliant mind, a remarkably articulate communications ability, and a self-certainty that his actions could make a difference. He intended to leave the world a better place than he found it, and he did. Since Roger’s passing, many have said that he was the “soul” of our department. The Scottish philosopher, Thomas Carlyle, observed that, “Permanence, perseverance and persistence in spite of all obstacles, discouragements, and impossibilities: It is this, that in all things distinguishes the strong soul from the weak”. I think he was describing Roger.

Roger died on a Friday. I had a long meeting with him one week prior to his death. He knew he was ill and that the disease that he had battled for years was advancing. He was thankful that he had been able to keep working through most of his illness. He was thankful for his students and colleagues. At our last meeting Roger and I talked about his concerns and his hopes for the future. One of the concerns that we both shared was about the future of WWAMI. The situation that evoked our discussion is the effort of Washington State University to break from their 40+ year partnership for medical education with the University of Washington and to start their own separate medical school in Spokane. This “divorce” could seriously damage WWAMI’s efforts to provide decentralized medical education across our region. Together, we have proven that we can do it better. I was part of a group that began to develop the plans for a first year WSU/UW WWAMI campus at Riverpoint in Spokane in 2004. The new first year campus in Spokane became a reality, and WSU also moved their Pullman WWAMI program to Riverpoint, increasing the class size from 20 to 40. Last year a new second year pilot program was undertaken that created the first 4-year WWAMI campus outside of Seattle. If legislative support is forthcoming, the next step for WWAMI in Spokane will be substantial expansion of the medical student class there. Both WWAMI and WSU recognize a critical shortage of physicians in Eastern Washington. WWAMI’s hope is to address this through steady, planned, and urgent expansion of the successful Spokane based program. Unfortunately, WSU has concluded that this should be done by leaving WWAMI and creating their own school. Inherent in their proposed process will be delays as the legislature decides who to fund, years of delays in obtaining accreditation, 4 years of delays until the first class graduates, and 3 to 5 years of delays until the first class finishes residency training. During all of this time the already critical physician shortage in Eastern Washington will worsen. In addition, WWAMI will be wounded and efforts to support decentralized, often rurally-oriented educational efforts that are our hallmark will suffer.
This was part of the conversation that Roger and I had. The situation worried both of us (and continues to worry me)—we voiced hope that the community, the institutions, and the legislature would do the right thing, remembering the fragility of rural health and rural health systems as decisions are made.

We will all miss Roger, yet his contributions and impact on the nature and the direction of our Department will continue. One of the reasons for this is his profound impact on his colleagues. After his death, his fellow faculty members contributed to a “wordle” describing him. In these figures, all of the descriptive words are included, but those used most often are largest. Roger’s “wordle” is shown below. The word that stands larger than all others is MENTOR. His work will live on through his impact on the rest of us.
In Memoriam – Roger Rosenblatt

On Friday, December 12, 2014, we received a message from Tom Norris: Roger Rosenblatt, our colleague and mentor, passed away that morning. He was at peace and he was thankful that he had been able to participate in teaching, research, and the academic work he loved for as long as he had.

Responses poured out: Roger was a force and positive energy behind the department’s research efforts; he was the department’s first resident and the first to volunteer when the Country Doctor Clinic opened in the early 1970s. Roger was always a strong supporter of the MEDEX program and of Pas; in his role in Alaska he was key in supporting PA roles in a variety of rural and remote areas, including the pipeline. There is no one who has had the breadth and depth of devotion and contribution to our department as Roger.

A Celebration of his life and works will be held on Wednesday, January 14, 2015, from 6:00 pm – 7:00 pm in the auditorium of the lower level of the Foege Genome Sciences building. His colleagues and professional friends are invited to join us there.

Roger Rosenblatt
He’s gone – ahead. We can follow.
Let’s go climb that gleaming hill.
Let’s go search those ancient forests.
He’s waiting for us somewhere still.

He’s resting in a mountain cabin
Built by friends and hewn by hand,
Working still to bring health justice
To all people ’cross our land.

But who will lead us up this mountain?
Who will bind our loyal band?
Look into each other’s faces;
He’s asking you to lend your hand.

William R. Phillips
December 17, 2014

Left to right: Suzy El-Attar, Dave Evans, Fernne and Roger Rosenblatt, Tom Norris. Dave Evans, MD, is the first recipient of the Rosenblatt Professorship, one of Roger’s legacies.
Roger Alan Rosenblatt, M.D., M.P.H., M.F.R. 1945-2014
Professor and Vice-Chair of Family Medicine
University of Washington School of Medicine

On December 12, 2014, Roger Rosenblatt succumbed after a long battle with cancer. He was surrounded by his family and close friends at the time of his death at home.

Roger was born in Colorado and grew up in a small community in New Hampshire. He attended Harvard for college, medical school, and for his MPH and then moved to Seattle for residency. Roger was one of the first Family Medicine residents at the University of Washington. Upon completion of his training in 1977, he became a clinical faculty member and served as the Director of Region X of the National Health Service Corps. He returned to the faculty in 1977 as an assistant professor. He was passionate about teaching medical students and became the leader of the Family Medicine Clinical Clerkship in 1977. His experience working with medical students would span the next 37 years and would include leading the clerkship, teaching about international health systems, teaching in the Introduction to Clinical Medicine course, developing new courses on the impact of environmental change on human health, and leading, for many years, the Rural/Underserved Opportunities Program (RUOP).

Roger’s skills as a researcher, writer, and scholar were profound. He was promoted to professor in 1985 and became vice chair of the Department of Family Medicine about the same time. He participated in the authorship of almost 150 peer-reviewed articles, as well as 12 books, monographs, and book chapters. He also wrote over 60 other non-peer-reviewed articles. Although his breadth of interest was extraordinarily wide-ranging, his primary areas of focus were rural healthcare, medical education, primary care relevant research, and the impact of the environment on health. He was elected to the Institute of Medicine of the National Academy of Sciences in 1987, and received many research awards including the Hames Research Award from the Society of Teachers of Family Medicine in 1996.

In addition to teaching and research, Roger was a competent and dedicated family physician. He practiced in the department’s family medicine clinic, choosing to locate his practice in the Family Medicine Clinic at Harborview Medical Center when that opportunity became available. He liked Harborview because it allowed him to focus on underserved patients.

Roger’s personal characteristics included enthusiasm, optimism, energy, and a strong commitment to mentoring others. He served his students, colleagues, and rural friends with consistent vigor and drive. His goal was to leave the world a better place, and he did. Roger was married to Fernne and had four adult children (Jon, Garth, Eli, and Ben) and three grandchildren. We will all miss his consistent smile, his willingness to help us, and his brilliance.
In Memoriam – Xavier Engle

A message from Dr. Byron Joiner, Vice Dean for Graduate Medical Education:

12/2/2014

“One of the UW medical school students, Xavier Engle, was tragically killed in a kayaking accident in Washington state over the Thanksgiving holiday weekend. Xavier was a gifted student and an accomplished athlete and his loss is immense. He was a Dartmouth graduate and an Alaska WWAMI student in his third year of medical school. He was participating in his Internal Medicine clerkship at Harborview Medical Center at the time of his death.

The death of a young adult in the prime of life is always a tragedy. Some of you may have worked with Xavier… At this time our thoughts are with his family, friends, and partner Kaitlyn Mulhern, also a third year student.”

Xavier’s obituary can be read here:
Edmund Wesley Gray
November 9, 1928 - December 19, 2014

Biography

Edmund Wesley Gray, a long-time Colville Primary Care Physician passed away on December 19th from what he would describe as “getting old”. Ed was born on November 9, 1928 in Colville, the only son of Wesley Harold and Helen Corridan Gray. He graduated from Colville High School in 1946 and following undergraduate studies at Gonzaga University he moved on to medical school at the University of Washington from October 3, 1949 to June 13, 1953. A week later on June 20th Ed married the love of his life, Patricia Jane Bloomfield (61 years) in Crosby Minnesota. On July 1st he began his medical internship at Indianapolis General Hospital in Indianapolis, Indiana and concurrently served time in the Air Force Medical Corp, earning the rank of Captain. First son, Tim (born in 1955) joined the family while Ed was serving at Beale Air Force Base in Marysville, California. He finished his military service at Fairchild Air Force Base in Spokane in September of 1956 and returned to Colville to pick-up his father’s medical practice. Daughter Sally (born in 1957) and son Terry (born in 1960) entered the family and Ed set about in a new practice with Doctors Robert Goetter and William Doyle. Through the 60’s and 70’s he was very active in Colville civic affairs such as the Colville Elks, Benchwarmers, Chamber of Commerce and Mount Carmel Hospital Foundation.

In 1960, Colville Mayor Phil Sax hired him for $10 a month to be the City of Colville Health Officer and thus began his role in Public Health, especially rural public health. By the late 1970’s Ed had played a significant role in several healthcare related fields. His private practice banded together with most of the other city physicians to form the Northeast Washington Medical Group, which has grown into a significant medical service in the Colville community. His city public health position grew into the Northeast Tri-County Health District, which serves Ferry, Pend Oreille and Stevens County. He served as the Medical Officer there until his 84th birthday in 2012.

Ed was also very active at State and National levels about Rural Medical Care and Public Health. He advanced through the Washington State Medical Association leadership to President in the days of tort reform, followed that with at run for 7th District State Legislature (his only known failure). He was a player in the first State Basic Health Insurance program and has been recognized by Gonzaga University, the University of Washington, Providence Health Systems and the Nathan Davis Foundation for his vision, leadership and dedication to others. He served in many roles at Mount Carmel Hospital and it’s progression into Providence Health Services and even spent a few years on the Colville City Council.

In his limited spare time he enjoyed the game of golf, playing bridge, gin or cribbage or discussing world affairs, politics, education or any other topic of the day over a drink or a glass of wine or a soak in the hot tub and tinkering on projects large and small at home or at the lake.

All this from a quiet humble man, who loved his wife Jane for over 60 years, raised three successful children and enjoyed his family time at their Christina Lake cabin especially when his five grand children and two great grandchildren were there. Ed was preceded in death by his parents Wesley and Helen Gray. Ed is survived by his wife Jane, his son Tim (Roween) Gray of Colville, WA and their children, Kayla (Owen) Nestor and Kelsey Gray; daughter, Sally (Bill) Juzeleer of Prosser, WA and their children, Megan and Hannah Juzeleer; son Terry (Sue) Gray of Sammamish, WA and their son, Andrew Gray; great granddaughter Rhaya Nestor and great grandson Gray Nestor. Ed was also known as “grandpa” to extended family members Loween, Chris and Erica Lent and as a mentor to Mary Selecky, Ron Rehn and others.

The Funeral Mass for Dr. Edmund “Ed” W. Gray will begin at 11:00 a.m., Tuesday, December 23, 2014 at the Immaculate Conception Catholic Church in Colville, WA with cremation to follow. Father Tyler Smedley will celebrate the Mass. Memorial contributions may be given to either the Dominion Meadows Athletic Association or Mt Carmel Hospital Auxiliary. Please visit the on-line memorial and sign the guestbook at www.danekasfuneralchapel.com. Danekas Funeral Chapel & Crematory, 155 W. First Ave., Colville, WA is entrusted with the arrangements.
Upcoming Events

Celebration of Roger Rosenblatt
Foege Genome Sciences Bldg,
Lower Level Auditorium.
January 14, 2015
6:00PM – 7:00PM

UW Family Medicine In the News

Celebrating Veterans Day with Richard Layton, the UW’s 2014 Distinguished Alumni Veteran
(UW Office of the President)

“Each year, the University of Washington presents one graduate with the Distinguished Alumni Veteran Award, commending graduates who have made a positive impact through community service and civic engagement. This year’s recipient has dedicated his life to service – first through the military and later as a physician for the underserved and an educator in the medical field.”

Dr. Layton is a Clinical Professor Emeritus in the Department of Family Medicine.

State must stick with world-class med school (The Olympian)

“For 22 years, WWAMI – Washington, Wyoming, Alaska, Montana and Idaho – has been rated the No. 1 medical school in the nation for primary care medical education. It also ranks No. 1 in family medicine and rural medicine.”
Awards and Recognitions

Rosenblatt Professorship – Dave Evans, MD

Dave Evans, MD, Associate Professor of Family Medicine, is the first recipient of the Rosenblatt Professorship.

2015 ACGME Award – Matthew Short, MD: Parker J. Palmer Courage to Teach Award

Dr. Short directs the transitional year and colonoscopy fellowship at Madigan FMR and put together the book on Simulations to access intern skills. He is a Clinical Assistant Professor in the Department of Family Medicine.

CLIME Awards: Tom Egnew and Amanda Kost

Drs. Egnew and Kost were highlighted for their teams’ Scholarship Grant proposals funded by CLIME (Center for Leadership and Innovation in Medical Education). The announcement can be viewed here: http://engage.washington.edu/site/PageServer?pagename=%2FUWMedicine%2FOnlineNews%2FOnlineNews_10_24_2014#Section4.

AAFP Commission: Mark Beard, MD

Mark, our Residency Program Director, has been appointed by the AAFP to their Commission on Continuing Professional Development for a 4-year term. Congratulations, Mark!

KCMS President: Freddy Chen, MD

The King County Medical Society (KCMS), founded in 1888, is a nonprofit professional organization dedicated to representing Seattle and King County physicians and their patients by promoting best practices in medicine and raising public awareness of issues critical to quality patient care and public health. Frederick Chen, MD, has been installed as the 126th President of the KCMS. Congratulations, Freddy!
A big thank you to all our mentors of students participating in the Underserved Pathway (UP). We currently have 150 mentors working with our 235 enrolled students. Mentors meet with students once a quarter in person, by Skype, phone, or email. Sometimes students will accompany mentors in their workdays and always it’s an opportunity to catch up and chat about life in medical school and career aspiration. You can view an interview with one of our mentors, Dr. Mary Barinaga, at http://depts.washington.edu/fammed/education/programs/upath/mentors. We would love to have more mentors around the region and have a special need for the Spokane area and Wyoming. If you are interested, please contact Jaime Fitch at upath@uw.edu.

During Fall Quarter, all School of Medicine Pathways (Indian Health, Global Health, Hispanic Health, and Underserved) hosted our Fall Kick-off Event and attended the USWOM student activities fair. Both of these events have helped to increase student pathway involvement. Many thanks to the already enrolled UP students who helped us staff question and answer tables.

One requirement of the UP is for students to complete 8 online modules. The Underserved Pathway is pleased to announce that we have added three new modules to our collection of online student modules available to UP students. During summer quarter, Dr. Elisha Nziengui Boussengui worked with the UP and wrote two new modules for our UP students: “Ethics of Medical Volunteerism” and “Refugee and Immigrant Health”. Dr. Sharon Dobie contributed a new module on “Oral Health”. With these new modules, the UP currently has 20 online modules on underserved healthcare for students to choose from.

The Underserved Pathway is working with the other three pathways to contribute content and methods of delivery for the curriculum renewal. There is material that we believe all students should have and we will continue to be involved in the process that seeks to integrate within the new curriculum. This will involve “remodeling” and deepening of our modules if, as we hope, some parts of our content moves into the required curriculum.
Second year medical students Sophie Cain Miller and Laura Mayeda Saganic worked with Dr. Roger Rosenblatt as their research mentor this summer examining the workforce implications of the Affordable Care Act for safety-net clinics. They partnered with the Washington Association of Community and Migrant Health (WACMHC) centers to focus their research question, design their survey instruments, and get support from Washington State's 26 large CHC organizations. The two students presented their poster at the American College of Physicians Washington Chapter annual meeting on November 7th. Their poster, entitled "Clinician Workforce Shortages in Community Health Centers Following Washington State's Implementation of the Affordable Care Act" focused on increases in patient demand, patient insurance status, and workforce implications. They found increases in patient numbers at the clinics, with the majority of new patients covered by Medicaid. Internists represented only 8% of physicians practicing at the health centers, and 92% of clinic organizations reported difficulty filling internist vacancies. Finally, 21 out of the 24 internists practicing at the health centers are in Western Washington, demonstrating dramatic regional variation. The research was generously funded by the Medical Student Research Training Program, the Liu Bie Ju Endowed Fellowship, and the Department of Family Medicine.
The UW Department of Family Medicine was an active contributor to the recent annual meeting of NAPCRG (North American Primary Care Research Group) in New York City, November 21-25, 2015.

Harborview resident Claire Ankuda presented a poster on a study of FP-patient trust and collaboration. Laura-Mae Baldwin presented a study, conducted with several WWAMI region collaborators, of using text messaging to improve lipid testing. She also participated in the Committee on Advancing the Science of Family Medicine and the Research Directors meeting. Freddy Chen attended the NAPCRG Board Meeting as STFM liaison and led a workshop on how to do research using CAFM Educational Research Alliance (CERA) surveys. Allison Cole presented results of a practice-based "card study” done in the WPRN with Gina Keppel and Laura-Mae Baldwin, on weight-loss goals of obese patients. She also moderated a health informatics session on sharing data across health care systems. Davis Patterson presented a study, done with Holly Andrilla, Caitlin Morrison and Sue Skillman, on residency training to prepare future rural family physicians. Bill Phillips lead the Annals of Family Medicine editorial team in a workshop on writing effective research reports. He also participated in an international roundtable on Postgraduate Studies in Family Medicine Research, a panel on Residents Looking for Fellowships and the NAPCRG Career Mentoring Program. Matthew Thompson coauthored a report on a clinical algorithm for predicting hospitalization in children with acute respiratory tract infection. (For full citations, see the list of presentations on the next page.)
Research

NAPCRG PRESENTATIONS

The following works were presented at the NAPCRG Annual Meeting, New York, NY, November 24, 2014.


**Cole A, Keppel G, Baldwin L-M.** Desired weight loss reported by overweight and obese patients in primary care practice

**Patterson DG, Andrilla CHA,** Ostergard S, Morrison C, Schmitz D, Longenecker R, **Skillman SM.** Residency training to prepare future rural family physicians.

**Phillips WR** and the *Annals of Family Medicine* editorial team. Shorter is better — writing effective research reports. Workshop


Wallace LS, **Chen FM,** Chessman AW, Crawford III PF, Mainous III AG, Peterson L, Seehusen D, Shokar N. CERA: What Is It and How Can You Use It? Workshop
MEDEX Northwest

Announcement:
In October Lois Thetford, PA-C went to El Salvador with a group started in 2000 by the Pediatric Residency that has transitioned to doing community health organizing in rural communities through twice yearly trips. Please see the MEDEX Facebook for a fuller description with pictures https://www.facebook.com/MedexNorthwest. The organization, CHI1MPS, is open to new members, so please contact Lois at loist@uw.edu if you are interested in learning more.

MEDEX Speakers at PAEA October 15th-19th, 2014
Considering the Director Position: Asking Questions, Avoiding Pitfalls. Panel discussion. Presented by Grace Landel, Med, PA-C; Terry Scott, MPA, PA-C; Linda Sekhon, DHSc, PA-C.
Disclosure of Medical Error: Recommendations for Training Physician Assistants. Spotlight. Presented by Douglas Brock, PhD; Alicia Quella PhD, MPAS, PA-C.
Physician Assistant Wages and Employment: Research Brief. Presented by Alicia Quella, PhD, MPAS, PA-C; Douglas Brock, PhD.
Introducing the PAEA Code of Ethics and Conflict of Interest. Focused Discussion. Presented by Gino Gianola, MA-PA; Joyce Nieman, MHS, PA-C, MLS (ASCP)
Veterans Seeking Training as Physician Assistant: Fitting the Mold? Spotlight. Presented by Douglas Brock, PhD; Drew Garcia, MPAS. PA-C.
Recruiting Veterans to Physician Assistant Training: Confronting Myth with Evidence. Panel. Presented by Terry Scott, MPA, PA-C; Douglas Brock, PhD; Ken Harbert, PhD, MHA, PA; Paul Jacques, DHSc, Med, PA-C; Gino Gianola, MA, PA.
Educating International Medical Graduates as Physician Assistants. Research Brief. Presented by Keren Wick, PhD.

Presentation:
MEDEX Northwest

Group Retreats facilitated by MEDEX Faculty.
Faculty Session. Facilitated by Thomas Woods. DHSc, Med, PA-C; Donald Coerver. PhD, PA-C.
Research Directors Session. Facilitated by Tamara Risema, MPH, MMSc, PA-C. Keren Wick, Phd.
Medical Directors Pando TM Workshop. Facilitated by Maggie Gradison, MD, MHS-CL, FAAFP; Tim Evans, MD, PhD, FACP; Joe Schenbler, MD. Additional Presenters: F. J. Gianola, MA, PA, DFAAPA; Laura J. Stuetzer, Associate Executive Director, ARC-PA.

Posters by MEDEX Faculty:
Mining the Tailings: What’s Left to Predict the PANCE? Authors: Douglas Brock, PhD; Ky Haverkamp, PA-C.
PAEA Forum Proposal Submission and Acceptance Data. Authors: Thomas Woods, DHSc, Med, PA-C; Darwin Brown, MPH, PA-C; Rachel A. Carlson, EdD, MSBS, PA-C; Donald Coerver, PhD, PA-C; Curtis M. Grenoble, MS, PA-C; Danielle Kempton, DHSc, MMS, PA-C; Elana A. Min, MMS, PA-C; Pat Kenney-Moore, MS, PA-C; Joseph Zaweski, MPAS, PA-C
Veteran Training Applicants: Do Medics and Corpsmen Dominate the Field? Authors: Douglas Brock, PhD. Vanessa Bester, MPAS, PA-C; Mariah Kindle, BS; Drew Garcia, MPAS, PA-C; Gino Gianola, MA, PA.

Grants:
Use of Simulation in Physician Assistant Programs: A National Survey. Authors: Donald Coerver, PhD, PA-C; Nina Multak, MPAS, PA-C; Ashley Marquardt, PA-C; Eric Larson, MD, MPH
Recent Publications

**Socrates Was Not a Pimp: Changing the Paradigm of Questioning in Medical Education**
Amanda Kost, MD, and Frederick M. Chen, MD, MPH

*The authors propose redefining the term “pimping” to explicitly separate it from the larger practice of questioning in medical education. They also offer recommendations to improve questioning practices.*

Phillips WR. Innovative approaches to studying health outcomes in rare diseases.
*Journal of General Internal Medicine; October 2014.*

This newsletter is the result of the collaboration of the Administration, Medical Student Education, Residency, Residency Network, Research, Sports Medicine, Palliative Care, and MEDEX sections of the Department of Family Medicine and Caroline Anderson, Assistant Vice President of UW Advancement. Many thanks to everyone who submitted content. A special thanks to Amy Clark, Website Assistant for Family Medicine, for her great work in getting this newsletter online. Please send questions, comments, and concerns to dfmnews@uw.edu.

Thank you!