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# Underserved Pathway Annual Report
# October, 2016

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## Summary

Entering its tenth year, the Underserved Pathway (UP) continues to show remarkable strength evidenced by outcomes, student enrollment numbers, and mentor and student evaluations. This is possible because of the dedication and time allocations of our faculty and staff. 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 the Pathways Informational Kickoff and Pathways Graduation. Other Family Medicine faculty participate in some teaching sessions. Initial funding for the UP was from HRSA Title VII.

This support allows both a flexibility to individualize working with student interests and academic foci and the opportunity to function collaboratively within the team and with students, leading to a creative product that the students value. Students are encouraged to develop their interests with an expectation that their program has both experiential and robust didactic content. The team actively mentors this process. Additionally, maintenance of the asynchronous learning platform requires significant and constant attention. Less faculty or staff support will negatively impact the ability of the program to serve the number of students enrolling and remain cutting-edge. The UP had the following landmarks and events for the 2015-2016 academic year:

1. 44 students graduated in 2016 with certificates from the UP. Another 13 graduating students participated in the UP, but did not complete all requirements for a certificate.
2. Since its inception, 241 students have completed the Underserved Pathway (Figure 1).
3. Across all four classes, 288 students were enrolled in the UP in the 2015-16 year.
4. UP students continue to choose primary care residencies at higher percentages than students who do not participate in the UP (Table 1).
5. This was a big year with the launching of the Foundations Phase for the new curriculum for students who entered in fall 2016. Material from UP modules was incorporated into immersion and several other blocks. With students completing the Foundations Phase on six campuses, the UP will continue to find ways for parts of the UP curriculum to be presented to all students then to develop additional materials for more in depth exploration by the UP enrolled students.
6. With Foundations students on six campuses, the UP explored and tested different methods to present UP material, via ZOOM technology, in-person sessions, and asynchronously with or without a follow-up discussion group.



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E304 Magnuson Health Sciences

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7. Teaming with the other pathways, the UP prepared an elective program for one of the Intersessions in the Foundations Phase. This was approved. Most students elected for "rest" rather than doing electives, so it was not presented. It will be an offering in the 2016-17 academic year.
8. Two new modules were developed and a second tier program on advocacy was offered to Targeted Rural Underserved Track (TRUST) Scholars at their TRUST Leadership retreat.
9. All existing modules are revised annually for content accuracy, relevance, and functionality of web references and data sources.
10. All TRUST Scholars participate in the UP. A total of 29 students were TRUST Scholars during 2015-16 and that number will increase to 32 for 2016-2017. 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.
11. We led discussions at two in-person sessions and led sessions at the TRUST Leadership Retreat, some specifically for TRUST Scholars and some for both TRUST Scholars and other UP students. The faculty from both TRUST and the UP continue as part of a learning collaborative with community physicians and administrators to provide direction for curricular development.
12. Dissemination of the UP work continues. [1-12]



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E304 Magnuson Health Sciences

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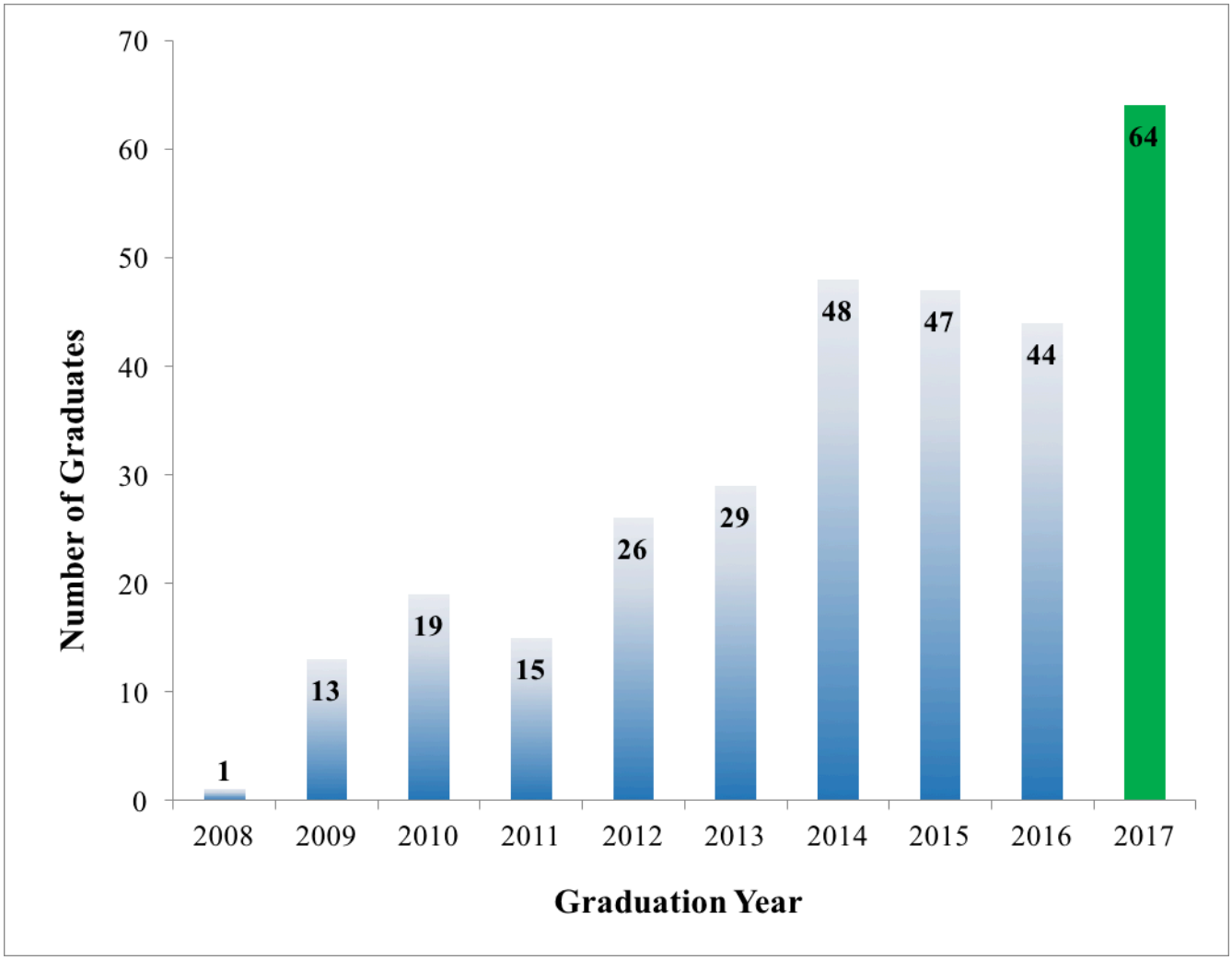
**Figure 1: Underserved Pathway Graduates 2008-16 and Anticipated 2017 Graduates**




## A. Current Student Participants

- 288 students were enrolled in the UP in the 2015-2016 academic year.
    - 62% of students attended or are attending their first year of medical school at a WWAMI region campus:

        Alaska: 18 (6%)

        Wyoming: 16 (6%)



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E304 Magnuson Health Sciences

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Montana: 56 (19%)

Idaho: 36 (13%)

Eastern WA (WSU Pullman: 11 (4%) and Spokane: 40 (14%)

Seattle: 111 (38%)

- Anticipated new enrollment during 2016-17 is approximately 58 students.
- 44 students graduated in May 2016, earning UP certificates. Another 13 from the graduating class were enrolled but did not complete the requirements.
- The current 125 TRUST Scholars, including the 32 TRUST Scholars entering in Autumn 2016, are enrolled in the UP. The 32 E2016 TRUST Scholars will have completed the Public Health Epidemiology module as part of their TRUST First Summer Experience.

**B. Mentors**

- Over 171 healthcare providers have participated as mentors from 2006 to 2016.
- During 2015-16, 132 physicians mentored students in the UP. Of these, 59 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. They practice in all five states and are both rural and urban.

**C. Assessment**

*1. Outcome measures*

Underserved Pathway graduates select residencies in many specialties. The majority, however, continue to enter primary care residencies (Table 1). Within the next few years, using American Medical Association Masterfile data, we will follow our graduates into practice to evaluate in what settings and communities they are beginning to practice.

**The match rate to primary care specialties (Family Medicine, Pediatrics, or Primary Care Internal Medicine) was 53.5% for all students completing the Underserved Pathway, compared with 30.1% of the UWSOM graduating students from 2008-2016 who did not complete the UP (Table 2).** The individual UP match rates to Family Medicine, Pediatrics, and Primary Care Internal Medicine were all 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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E304 Magnuson Health Sciences

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**Table 1: Residency Choice of Pathway Graduates 2008 -2016**

| Year<br>Specialty | 2008<br>(n) | 2009<br>(n) | 2010<br>(n) | 2011<br>(n) | 2012<br>(n) | 2013<br>(n) | 2014<br>(n) | 2015<br>(n) | 2016<br>(n) | Total<br>(n) | Specialty<br>(%) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Family Medicine** | **1** | **5** | **6** | **5** | **7** | **9** | **11** | **14** | **11** | **69** | **28.6** |
| **Pediatrics** | **0** | **2** | **5** | **2** | **3** | **5** | **8** | **6** | **5** | **36** | **14.9** |
| **Primary Care IM** | **0** | **1** | **1** | **1** | **3** | **0** | **7** | **6** | **5** | **24** | **10.0** |
| Internal Medicine | 0 | 1 | 2 | 1 | 4 | 6 | 2 | 7 | 3 | **26** | 10.8 |
| Ob-Gyn | 0 | 1 | 2 | 2 | 3 | 1 | 4 | 4 | 9 | **26** | 10.8 |
| Surgery | 0 | 1 | 1 | 1 | 2 | 4 | 3 | 3 | 2 | **17** | 7.1 |
| Other | 0 | 2 | 2 | 3 | 4 | 4 | 13 | 6 | 9 | **43** | 17.8 |
| Total | 1 | 13 | 19 | 15 | 26 | 29 | 48 | 46 | 44 | 241 | |
| **Primary Care Total (FM, Peds, PCIM)** | **1** | **8** | **12** | **8** | **13** | **14** | **26** | **26** | **21** | **129** | **53.5** |

**Table 2: Percent of Graduating Students Matching in Primary Care Residencies, UP Graduates Compared With Other Graduates, 2008-2016**

| Residency match | % of UP Graduates (N=241) | % Graduates not completing UP (N=1592) |
|---|---|---|
| Family Medicine | 28.6 (69) | 13.1 (208) |
| Pediatrics | 14.9 (36) | 10.4 (165) |
| Primary Care Internal Medicine | 10.0 (24) | 6.7 (106) |
| Primary Care Totals | 53.5 (129) | 30.1 (479) |



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*2. Student Evaluations*

Evaluation data from students exists from three sources. First, UP students complete an end-of-the-year survey in June. Second, each student completing each module is asked to complete an evaluation. Third, participants in the in-person sessions complete an evaluation. Together these sources provide information about the various components of the UP. Evaluation from mentors is both formal with an end-of-year survey and informal through student contact with faculty and staff.

a. Underserved Pathway Overall

In addition to the measures that formally evaluate the pathway, student participation levels are a measure of the value to students and they continue to participate in the UP in increasing numbers.

Response rate was only 12.4% to an end of year survey to both graduating students and other students enrolled in the pathway. Of those responding, 83% strongly agreed or agreed that the UP mentorship was meaningful. 83% also strongly agreed or agreed that they modules were relevant to their education and 70% found the modules to be "just right" in terms of detail, with 10% saying they were too detailed and 20% saying they had too little detail.

b. Web-based Curriculum

During the 2015-16 academic year, 450 modules were completed and there were 393 evaluations, for a response rate of 87%. All students must complete "Who are the Underserved?" and all TRUST Scholars also complete "Public Health Epidemiology." The popularity of each module can be seen in Figure 2. Students are asked four questions in addition to being asked for suggestions for improvement. Ninety-three percent said the modules contribute to their knowledge about the stated topic. Ninety-five percent said the module was effective in communicating the information. Eighty-four percent said the module was very or extremely likely to influence future work. Only 3% 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:

- Make the modules more in depth, more resources, more cases
- In several modules, more openly discuss oppression and race and the effect on health
- Show examples of ways to intervene/ stories of projects
- Additional modules and new or additional topics
- Increasing access of in-person modules to the region
- Continue to update material in the modules



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E304 Magnuson Health Sciences

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**Figure 2: Number of Students Completing Each Underserved Pathway Module: 2014-16**

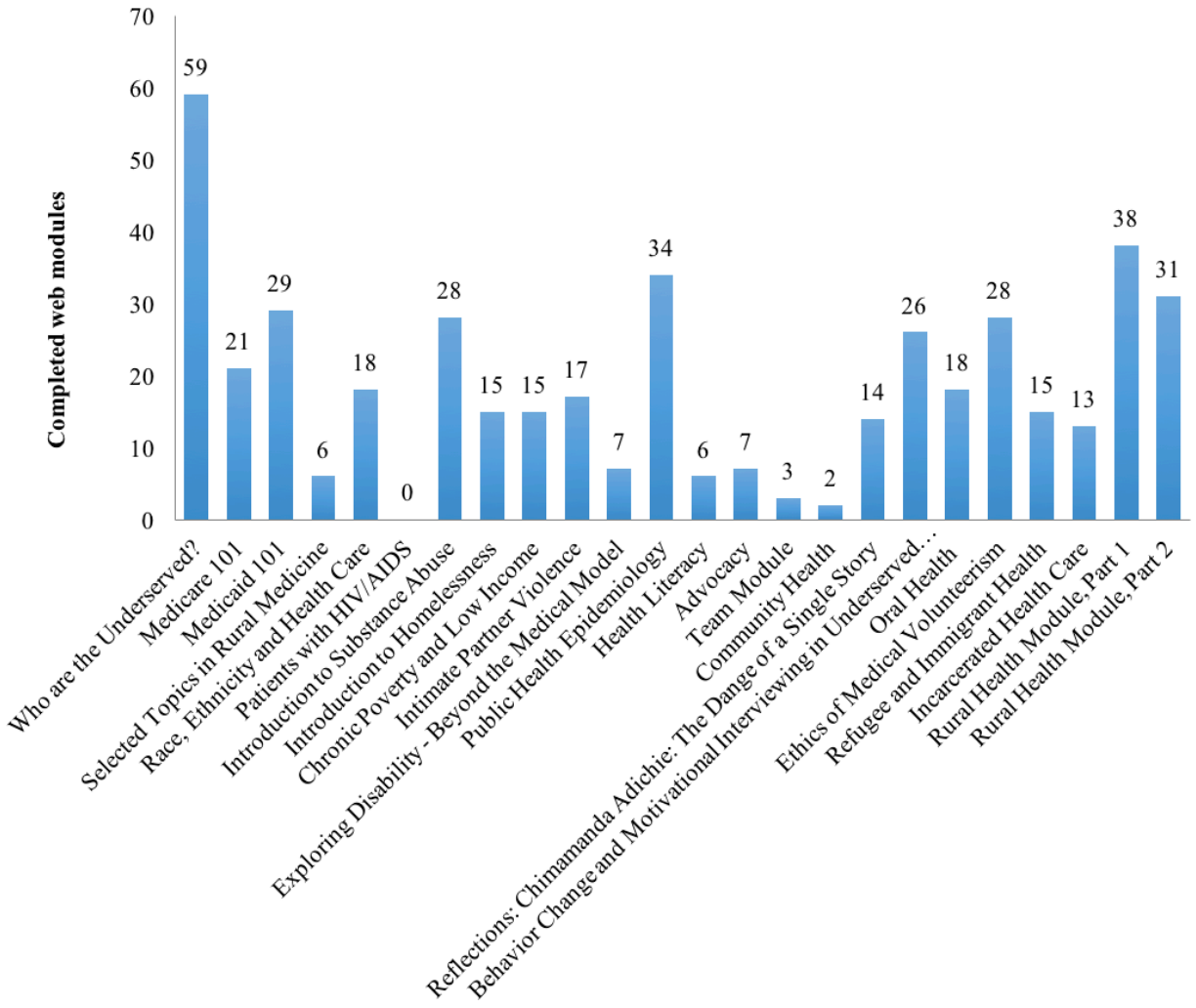




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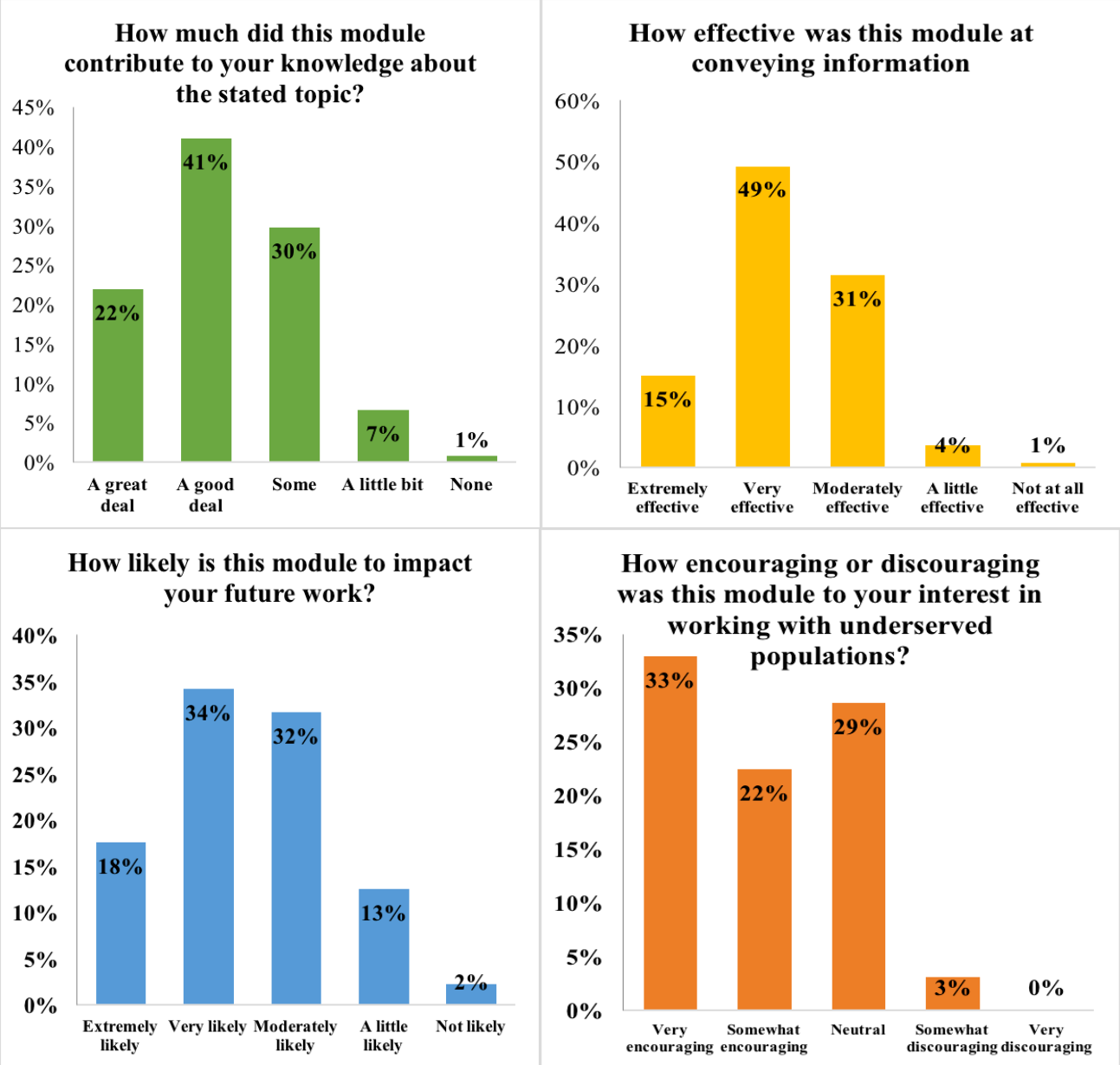
**Figure 3: Underserved Pathway Total Module Evaluation Results: 2015-16**




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

In-person sessions (Health Literacy, Rural Health1 and Rural Health 2, and Advocacy) were held for UP and TRUST Scholars in a variety of ways and venues. Health Literacy was presented as an interactive synchronous session in Seattle and Moscow, Idaho. In Alaska and Wyoming, students completed the module on-line and then met for



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Medical Student Education Section, University of Washington
E304 Magnuson Health Sciences

a discussion with a faculty member. The Rural Health modules 1 and 2 were completed on-line by all TRUST E15 students, followed by a webinar discussion with participations by students at all sites. Students completed Advocacy in several ways. Some in Idaho completed it on-line and then met with a faculty facilitator to discuss. Many from all campuses participated through Zoom technology. All Trust Scholars from E15 completed this module and then completed Advocacy 2 during their Leadership Retreat in Montana.

All sessions continue to receive high ratings for both content and process. The students value getting together and the interactive nature of the sessions.

Of 91 responding participants for the in person sessions, 93% said the module contributed to their knowledge on the topic, with 79% saying the module contributed "a good deal" or "greatly." 87% said the module was "very effective" or "extremely effective" in conveying the material and 44% said it was moderately effective. Only one student said the module was unlikely to impact future work, and 79% said the module was either "somewhat encouraging" (36%) or "very encouraging" (43%) to their interest in working with underserved populations. These values are significantly higher than for the in-person sessions from 2014-15.

The ZOOM session was a first-time use of this technology for delivering "in-person" modules to all campuses at the same time. Thus, for the Zoom session, we are reporting evaluations separately. Of the 20 respondents, 65% said the module contributed to their knowledge. Only 45% said the session was very or extremely effective, with another 35% saying it was moderately effective and 50% said it was either somewhat or very encouraging.

Specifically, students value the content and the presentation of tangible skills. The TRUST students in particular seem to routinely comment that it is useful to come together as a group. Most suggested more time for the session; a minority asked the sessions be shorter. Other suggestions for improvement include having more time for discussions and having more sessions in person. Comments are summarized in appendix 1.

d. Community Service
Students continue to value community service. Projects are developing on all campuses.

e. WWAMI-Specific Issues

This past year we worked with regional campuses and piloted ways to deliver material that is consistent and allows for individual campus preferences on how it is delivered.

## D. Initiatives 2016-2017 and Looking Forward

### *1. Curriculum Renewal*

The UP faculty, along with the other pathways, is working to have core concepts incorporated into the curriculum all students receive.

a. The team continues to offer its resources to various blocks in the new curriculum and then to revise our materials if they use parts of ours.

b. Along with the other three Pathways, the UP created an All Pathways offering for one of the

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Intersessions and it is approved for credit.

c. The UP faculty and staff will continue to participate in Immersion.

*2. Student Enrollment and Correspondence*

Correspondence sent to new and prospective UP students encourages their longitudinal connection to the pathway. The team continues to promote early enrollment and to better support students while they are in the pathway.

a. To encourage this longitudinal relationship with the UP, increasing the overall length of time a student is in the UP:

   1.) Each spring quarter the UP will continue to engage with entering students at the spring Second Look Seminar for new students. (initiated 2014)

   2.) Each summer the UP will send all entering students electronic information about the Underserved Pathway. (initiated E14)

   3.) Each fall quarter the UP will attend the UW SoM Student Activities Fair and continue to have kickoff events with the other UW SoM Pathways.

b. To inspire students to get started on UP requirements as early as possible, immediately after they join the UP, the UP team developed and will continue to improve initial correspondence sent to students (initiated 2013-14). Each UP welcome letter:

   1.) Identifies at least 4 modules that may be of interest to the student - based of the content of their UP application.

   2.) Outlines the policy for UP mentorship, and if noted in student's application, also provides mentorship suggestions.

*3. Module Development*

With a focus on providing both content and activities that broaden the skills of our students, our module development and revisions focus on offering tangible tools and strategies that might work for health improvement in diverse communities and ones that will augment material in the new curriculum.

a. There are currently 23 modules. Annually they are revised for web link accessibility. Each module receives a more in-depth revision for relevancy, content, and resources every two-three years.

b. The UP will continue to coordinate with all campuses to offer in-person modules at least three times a year on all campuses. These will be required for TRUST Scholars and all UP students invited. This past year by developing Faculty Guides for the in-person sessions, Faculty on each campus could decide among two-three methods for how they wanted to present the material.

c. 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 rural populations. Our focus this year will be to support distance learning on all campuses for TRUST Scholars and faculty development to teach our



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modules.

d. The ability to develop new modules will be curtailed by decreases in faculty support.

e. New Modules and Materials completed 2015-16:

1.) Health Literacy Facilitators Guide
2.) Rural Health Module – Part 1: Living and Working in Rural Communities
3.) Rural Health Module – Part 2: Service Structure and Access to Care in Rural Communities
4.) Advocacy 2

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

*4. Mentor Relations*

Based on the evaluations by students and mentors, The UP team launched the ***Mentoring Guide*** for mentors and students. Based on best practices, it provides tangible tips for building and sustaining a working mentoring relationship. The quarterly memos to mentors and to students continue to propose themes for conversations between them. We continue to invite Mentors to in-person events. Our Twitter feed continues.

*5. Plans 2016-17*

With the new curriculum overlapping with 2 years of students continuing on the old curriculum, schedules and where students are will be even more complex. Through the manual and the quarterly memos, the UP will guide UP Mentors and students as we all transition.

*6.Service Learning*

Students throughout the SOM are increasingly interested in participating in Service Learning. In general students find the most time to participate later in first year, throughout second year, and in fourth year, and if expanded, during the expanded years. With the new curriculum, each student will spend the entire pre clinical Foundations Phase in their home state and campus. Having options for service learning is important for all students, not just those in the UP. New projects were developed or are in development in Wyoming, Alaska, Idaho, and both Western and Eastern Washington. While it is beyond the role and capacity of the UP to develop opportunities, the UP remains active within the Service Learning Advisory Committee and the Inter-Professional Service Learning Committee on the Seattle campus, in particular to help other campuses develop opportunities.

*7. IT Development*

With the support of the Department of Family Medicine, the UP continues to work on integrating into the newly established database. Other departmental IT priorities made completion of this not possible in the 2015-16 timeframe. The UP maintains links to SOM's Service Learning website, the TRUST site and other service sites. We continue to tweet interesting articles for mentors and students. The links initiated in 2014 for the student tracker continue to facilitate students' tracking of their progress. The UP is transitioning off Moodle and onto Canvas this year.

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8. *The Underserved Pathway-TRUST Interface*

The UP provides key components of the TRUST 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 is required of the non-TRUST 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 continue to integrate TRUST and the UP and the UP will be working to improve these offerings:

1. TRUST Scholars prior to E15 completed two rural health classes. A new TRUST program is a leadership retreat that has been held in Montana for rising second-year students. It was quite successful in Spring 2015 and for the E15 students, the TRUST team envisioned and the UP delivered two rural health sessions prior to Leadership Retreat in June 2016. As the new curriculum for the entire school takes shape, TRUST will need to work with its community and academic partners, including the UP, to design and modify requirements and offerings to best support and to provide the best education for the TRUST Scholars.
2. Each TRUST Scholar has a continuity community site with a specified physician mentor. The 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.
3. The UP/TRUST team hosts a welcome dinner for all TRUST Scholars when they arrive in Seattle.
4. TRUST Scholars of all years will continue to 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 and now with our regional faculty. For in-person modules, the UP will continue to develop material and faculty guides outlining a variety of ways faculty at Foundation Phase sites can present these materials.

*9. The Underserved Pathway in Collaboration with other School of Medicine Pathways*

Collaboration among the Pathways will focus on preparing for delivering the Intersession on Community Engagement, and on curriculum development to enhance material all students will now receive in the pathways. The UP team supports the continued existence of multiple pathways however. By having options and a heightened presence of pathways, elective offerings, and service learning and community engagement opportunities, students receive an important messages within the "hidden" curriculum: that these values matter, that our communities deserve better health, and that our students and we need to be part of the solutions.



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**E. Dissemination**

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. 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 (Presentation)
3. Kost A, Overstreet F, Evans D, 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 (Presentation)
4. Nokes K, Evans D, 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 (Presentation)
5. 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 (Presentation)
6. Kost A, Cawse-Lucas J, Evans D, 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.
7. Evans DV, KrasinB, Brown K, Kost A. Dobie S. Student perceptions about benefits from an extracurricular curriculum: Experience from the Underserved Pathway.draft rewrite in progress.
8. Kost A, Evans D, Reason L, Fitch J, Dobie S. Who are the Underserved? MedEd Publication, Oct 2015.
9. Fitch J, Evans DE, 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 (Presentation)
10. Evans DE, 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 (Presentation)
11. Evans DE, 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 (Presentation)
12. 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.
13. Greer TV, Kost A, Evans DE, 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.

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## APPENDIX 1

### Comments from In-Person Sessions

**HEALTH LITERACY:**

- The teach-back practice was valuable and the glimpse of what it felt like to be illiterate at something was helpful.
- I thought this was useful and something that all medical students should have to do – this applies to all patients.
- Clear demonstration of questioning techniques that make patients feel dumb, time to practice teach-backs.
- It was good to put all the teams on the hotspot so that we can develop more empathy for what actually happens in the clinic or hospital.
- Actually being the "chef" – it's tough to concisely and clearly explain a multi-step multi-factorial process in a way that others understand.
- I really liked the interactive portions with the recipes. It was good to experience what a patient may feel.
- I liked our final conversation about breaking down complex disease processes into simple explanations and would like another scenario between Amanda and Dr. Evans demonstrating this.
- Having a patient panel to discuss issues would be a good addition.
- Perhaps using a "disease based case" in addition to the recipes.
- Do the "recipe" exercise with complex med lists.
- I think the recipe example was good but maybe do one round with recipes and then one round teaching complicated patients how to manage their health.
- If you guys could send out a possible script on some possible teach-backs. I wish I had taken notes on the session. -- Handout at end with resources.
- I would have liked to hear how general literacy overlaps and doesn't' overlap with health literacy.

**RURAL HEALTH:**

- I would love to touch on what services typically have to be left to urban hospitals as compared to rural clinics, and how this impacts patients' experiences and finances.
- I would have loved more information about life/work balance and I would love to know more about physician satisfaction in urban areas vs. rural areas.
- I would have loved for there to have been some discussion of the financial aspects of rural care. For example, we talked about the distances that patients have to travel for more advanced care, but not about who pays for that transportation (esp. when it's air transportation) and when the decision to transport is made do finances factor into it?
- I would have enjoyed more rural health stories from you guys. As much as I enjoy sharing our own TRUST stories we also like to hear more about what a practicing rural physician finds amazing about rural health.
- More examples of specific projects done in the past. I'm inundated with ideas, but am unsure of whether any are or are not appropriate for the context of my RUOP/WRITE.
- Receiving more information about salary in a rural area compared to an urban area may be beneficial



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for influencing decisions about practicing in a rural area. For students leaving training with high student loan debt, it may not be financially feasible to begin immediately practicing in a rural area so it may be nice to have some information about how to handle that.

- I believe this module covered its intended topics.
- There was some talk of physician "cowboys" today and I would love to explore people's thoughts around this more in the future. What do we mean when we call someone a "cowboy?" Is it a good thing or a bad thing?

**ADVOCACY – THE ZOOM SESSION:**

- I think the information in the handouts were useful and the idea of the breakout session was very good.
- Seeing that there is a template and method to speaking about a topic in a public forum. It made it seem less convoluted and anxiety provoking.
- Being able to work with MS-3 and MS-4 students. I don't interact with them very much, so this was a great opportunity.
- The handout and meeting new people.
- The different strategies for advocacy.
- The resources provided that contained tips regarding various advocacy activities in the future.
- Small groups.
- The most valuable aspect was learning about the different policies in the WWAMI states.
- The zoom format was terrible in my opinion. Breaking into small groups in virtual format just seemed to waste time instead of focusing on what we could learn. I honestly didn't learn a whole lot. Maybe it should have been clear that this was an introduction to advocacy. …The facilitators also did not seem prepared to use the technology. I would suggest testing it out beforehand and working out kinks before you practice on students. …I think sending instructors to sites, or using faculty already in place throughout regions, to coordinate in-person meetings is way more effective and personal.
- When we split into the groups it seemed disorganized.
- It would have been useful for me to have more concrete information presented about advocacy at the beginning. A short lecture or something. I really like the breakout session idea, but it wasn't as useful as I was hoping. Most of the people in my group did not contribute. I think it should at least be mandatory that people have their cameras on because I wasn't sure if people were even actually listening.
- More examples of advocacy efforts from clinicians that have done them in order to see the process described by first-hand account.
- Please make it mandatory to have a working camera and microphone. Half of the people in my small group didn't have these features and weren't able to participate in the discussion, making the small group session really ineffective. Myself and one other group member did the entirety of the work while the other two seemed not to even be present.