University of Washington
Department of Family Medicine
Diversity Appraisal Report 2004

Efforts supporting diverse populations are embedded and highly visible throughout the work in the Department of Family Medicine. From the patient bases at the two family medicine clinics, to the many faculty research efforts, to the student and faculty courses and opportunities provided through Family Medicine, it is apparent that diversity is an evident and active part of this department. The final paragraph of our mission statement below indicates the strong commitment behind our actions.

*The mission of the Department of Family Medicine is to commit ourselves to advancing the School of Medicine's efforts to develop the generalist/primary care physician base in the region and the nation. In pursing this mission, we engage in:*

1. Education, to prepare family practitioners and future academicians
2. Research, to advance the discipline of family medicine
3. Service, to provide care for patients and support for communities and policy makers

*We strive for excellence in our work and respect the dignity of all persons. We advocate for a more integrated, effective, and cost-efficient care system, with concern for equity of access and quality of care. We commit ourselves to educating and distributing family physicians to address the health needs of our region, with particular emphasis on rural and underserved populations.*

Student Access and Opportunities

The Department of Family Medicine is involved with training medical students, residents, and fellows.

MEDICAL STUDENTS

Instruction of medical students occurs in a number of ways. These include:

* instruction and mentorship in the basic College curriculum
* clinical clerkships as part of the clinical core curriculum
* other elective courses open to all medical students

The School of Medicine selects the students and the department provides clerkships, courses, and research opportunities in family medicine. We have departmental representation on the School of Medicine Admissions Committee.

All UW medical students are assigned to one of five colleges named after natural wonders in Washington, Wyoming, Alaska, Montana, and Idaho; respectively, Rainier, Wind River, Denali, Big Sky, and Snake River. Each college faculty member mentors six
students from each class for the duration of their medical school experience. The faculty mentor works with them at the bedside during the second year and meets with them regularly in other years. Devoted to their students, these talented teacher-clinicians teach clinical and professional skills in five core areas: physical exam and diagnosis; clinical reasoning and interpretation; communications; professionalism and ethics; and the use of informatics. Family Medicine has seven faculty serving as College faculty including a Hispanic woman, and a Native American woman.

The Family Medicine Interest Group (FMIG) provides students the opportunity to meet with other students interested in Family medicine for seminars, forums, and group activities that explore family medicine.

The Dinner with a Family Doc program, sponsored by the Washington Academy of Family Physicians and UW Family Medicine is way for medical students to meet community physicians and talk with them about their careers over a dinner in their home. Dinners are typically held during the Fall and Winter quarters.

Formal classes such as Family Medicine 501, the Family Medicine Clerkship, the Community Health Advancement Project and the Rural and Underserved Opportunities Program are other ways students can see family physicians in action and improve their clinical skills. These courses are offered throughout the academic year. Elective clerkships in Family Medicine are also available. Further detail on these programs is covered under the curriculum section.

RUOP (Rural/Urban Underserved Opportunities Program) is a four-week immersion experience for medical students between their first and second year designed to increase the number of student who choose primary care to underserved populations. They spend four weeks in rural and underserved communities throughout the five-state WWAMI region.

CHAP (Community Health Advancement Program)
CHAP provides an immersion experience for the medical student into local community projects and services that serve the underserved. CHAP sponsors student-initiated and directed, extracurricular community direct service projects, educational programs and a seminar series addressing the health needs of underserved communities. Students design, plan, implement staff and evaluate these programs with assistance, guidance, and support from staff and faculty in the Department of Family Medicine and from community organizations. CHAP projects include dermatology clinics for the homeless, a sports medicine clinic, tutoring at Orion Center, and mentoring at Hamilton Middle School.

RESIDENTS
The UW-based residency program in family practice and 16 affiliated residency programs throughout the WWAMI region provide training consistent with the standards of the American Board of Family Practice, the American Academy of Family Physicians, and the Council on Medical Education of the American Medical Association.
The UWMC residency is comprised of two related but distinctly different educational programs from which applicants may choose. Six residents per year are based at the Family Medical Center at the UWMC Roosevelt ambulatory care building located a few blocks from the University of Washington Medical Center. Two additional residents per year are based at the residency's satellite Family Medical Center located at Harborview Medical Center in the heart of Seattle.

Regardless of which track the resident chooses, the residency program emphasizes evidence-based practice decisions and cost effective preventive care. Residents have the opportunity to care for patients from diverse cultural, social, and economic backgrounds.

As of July 2003, 198 individuals have graduated from the University of Washington Family Medicine Residency Program, and all are successfully board-certified. Among the graduates in 2002 and 2003, five are in rural underserved areas, three in fellowships, one in academic practice, one at the CDC, and three in community practices.

The UW Family Medicine Residency program is rated number one in country by US News and World Report. We continue to attract top applicants to our program.

The Family Medicine Residency Network has successful residency programs throughout the five WWAMI states. Approximately 31% of the residents practice in underserved communities with populations under 1,000.

The Department participates in the National Resident Matching Program giving us the opportunity to select for women and minority candidates. We have consistently been meeting the Affirmative Action resident availability goals except for African Americans and sometimes Native Americans.

FELLOWS
Family medicine fellowship training programs are available to develop teaching and research skills for future academic faculty.

We currently have three NRSA fellows working Master's in Public Health, two of whom are women, plus two Israeli women fellows through the AAFMMI (Advancing Academic Family Medicine in Israel) fellowship.

Student Development and Retention
The Department of Family Medicine sponsors and/or administers a number of programs and activities designed to nurture and support students' interest in primary care and the specialty of family medicine. These activities are open to all medical students.

The Family Medicine Interest Group (FMIG) for students in all four years of medical school providing activities including journal club, brown bags, quarterly evening forum discussions on student-selected topics related to family medicine.
FM 501 is an elective preceptorship for first and second year students designed to demonstrate how family medicine is practiced in a community setting.

CHAP (Community Health Advancement Program) is service learning projects for students desiring hands-on experience and a way to serve others.

R/UOP (Rural/Urban Underserved Opportunities Program) is a 4-week elective experience in a rural or urban underserved practice location: summer between the first and second years, with sites throughout the WWAMI region.

The Predoctoral section links students with faculty advisors, maintain a variety of informational resources including a Web site, and provides students with one-on-one assistance in the residency application process (Advising).

These activities and a variety of departmental courses and elective educational activities continue to attract students.

Engagement with the External Community

The Department of Family Medicine is engaged with External Community in innumerable projects. Some of the most visible are listed here.

The University of Washington Affiliated Family Practice Residency Network is a group of family practice residency programs related to each other by geography and university affiliation. The Network consists of sixteen affiliated residency programs located within the WWAMI region of Washington, Wyoming, Alaska, Montana, and Idaho. We have twelve programs in Washington, two programs in Idaho, one program in Montana, and one program in Alaska. Affiliation negotiations are near completion with the two established Wyoming residency programs in Cheyenne and Casper.

The Family Medicine Clerkship is a required core clerkship of the University of Washington School of Medicine with 24 teaching sites in Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI).

The previously mentioned CHAP and RUOP programs put students and preceptors in the communities, particularly in the underserved and homeless communities.

The Pacific Island Continuing Clinical Education Program (PICEPP) was the first sustained and coordinated continuing education program for the US Associated Pacific Islands. Health professionals from these isolated island nations (including American Samoa, the Federated States of Micronesia, Guam, the Republic of Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands) participated in 4-5 day continuing education courses annually including didactic sessions, workshops and informal bedside teaching and consultation at each of the nine major centers. The
program also had a strong oral health continuing education component. During the course of the three and a half years, we provided over 15,000 CME contact hours for participants including physicians, dentists, nurses, and allied health personnel.

Staff and Administrative Diversity

The University Human Resources office screens staff applications based on the policies established and the criteria of the position. Family Medicine recruits from the referral list from Human Resources.

Family Medicine enjoys diversity in our staff members and respects the ethnic, cultural, class, and sexual orientation differences represented there.

Faculty Diversity

Our department has guidelines to ensure compliance with the University policy of equal opportunity regardless of race color, creed, religion, national origin, sex, sexual orientation age, marital status, disability, or status as a disabled veteran or Vietnam era veteran. Faculty positions are advertised in peer-reviewed journals and include a diversity statement:
The University of Washington is an EO/AA employer, encourages cultural diversity, and strongly encourages applications from female and minority applicants.

Women comprise 19% of the family medicine physicians in the US. Family Medicine is 41% female in the ladder faculty and 80% female in the non-ladder faculty. Minority family physician availability is about 9%, and our Department has close to that. We are not satisfied with those numbers and continue to search for minority applicants when an opening occurs. We also realize that part of the solution is to increase the applicant pool by training more female and minority residents.

Curriculum and Research

CURRICULUM

Family Medicine offers courses in the program called the “Indian Health Pathway,” Native American and non-Native American medical students have increased opportunities to learn about Native American medical concerns in the classroom, through clinical training at sites with Indian physicians and patients, and by research on the diseases and the barriers to heal care facing Native Americans.

The program’s training goals are: (1) To encourage Indian and non-Indian students to become primary-care physicians for Native peoples; and (2) To relieve the national shortage of Native American medical school faculty by guiding students, residents, and
fellows who desire to enter academic medicine, and by developing an Indian Health fellowship.

Family Medicine courses in this pathway include:

Family Medicine 560 – Indian Health Problem-Based Learning (PBL) Research and analysis of common and unique American Indian/Alaska Native clinical and patient health problems. Required for certification in the Indian Health Pathway.

Family Medicine 501 – Introduction to Family Medicine Preceptorship

Family Medicine 680 – Traditional Indian Medicine Clerkship Third and fourth year medical students participate at an urban or reservation healthcare facilities in the Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) region for four weeks to learn how Western physicians collaborate with traditional Indian healers in the administration of care to Native populations.

Family Medicine 681: Indian Health Medicine Clerkship Third and fourth year medical students experience healthcare delivery at an urban or reservation facility in the WWAMI region for four weeks. Sites include the Crow reservation, the Lap Wai reservation, the Seattle Indian Health Board (SIHB) and approximately 25 other clerkship sites.

Other Family Medicine courses supporting diversity include Spanish Speaking for the Health Professional and Spirituality in Medicine.

R/UOP – Independent Investigative Inquiry (III) Selective 3 In addition to the standard R/UOP experiences, these students undertake a community based health intervention in the RUOP community utilizing the model provided by Community-Oriented Primary Care (COPC) methods. Students identify an area of concern, work with local health agencies and providers to define and describe an intervention, produce topical provider- or community-education materials, and present their efforts in an academic poster session to their peers and medical school faculty when they return to Seattle. This experience fulfills the III medical school requirement.

RESEARCH Some of the research conducted in our department provides information about the healthcare in rural and urban areas, which includes many of the ethnic minority populations. They look at the training and supply of rural healthcare providers and the outcomes of the care they provide.

The WWAMI (Washington, Wyoming, Alaska, Montana, & Idaho) Rural Health Research Center (RHRC) is one of six rural research centers funded by the federal Office of Rural Health Policy (FORHP) to perform policy-oriented research on issues related to rural health care. Major areas of inquiry being conducted at the WWAMI RHRC focus on
(a) the training and supply of rural health care providers and the content and outcomes of
the care they provide; (b) the availability and quality of care for rural women and
children, including obstetric and perinatal care; and (c) access to high-quality care for
vulnerable and minority rural populations.

Some of the relevant studies nearing completion are:
1. Availability of Specialty Health Care for Rural American Indians (Al's) and
   Alaska Natives (ANs)
2. Are Rural Perinatal Systems Deregionalizing?
3. National Changes in Physician Supply
4. Health Care for the Uninsured: How Do the Uninsured Use the Rural Safety Net?
5. Validity of Commuting Area Designations for the Elderly
6. Evaluation of Washington State Shortage Designations
7. Access to Physician Care for the Rural Medicare Elderly
8. Rural Dentistry: Availability, Practice, and Access

Climate

The Department of Family Medicine has a positive working and learning environment
that promotes mutual respect and advancement for students, residents, staff, and faculty
while striving to meet the health needs of our region.