Hall Health Primary Care Center is an essential service department of the University of Washington. Addressing diversity is one of the critical factors by which we measure our success in the operations of the Student Health Center and Campus Health Service co-located at Hall Health Center—the campus health resource for the students, faculty, and staff on the Seattle campus. Health has both physical and mental dimensions. Real or perceived access to the health center and trust in the compassion and caring of the staff are necessary for patients to talk about their problems, and for them to receive accurate assessment and appropriate care.

In the past decade, the Hall Health Center Staff embraced the concept that our staff and programs should reflect the diversity of our University community, within the context of the high standards for certification and training required of an accredited health care organization. This became our vision, and progress has been one of stepwise realization. Thumbnail photos of our staff of health care providers reflect the great diversity of the HHPCC staff—and while we do not have a photo roster of our other employees, this diversity is reflected by the individuals who are in our department’s medical support, administrative support, and custodial staff positions. (Attachments 1 and 2)

I. Student access and opportunities, AND student development and retention: Good mental and physical health contributes to students’ success in their academic endeavors.

1) Visibly diverse health care provider staff, clinical support staff, and administrative staff make it likely that most students can find a health care provider and ancillary assistance regardless of their background and preferences.

2) Diversity of mental health staff members has been especially valuable for addressing specific diversity issues among students on campus and in the UW Intercollegiate Athletic programs.

3) Peer Health Educators (student volunteers) in the HHPCC Health Education Department are trained to deliver programs about specific health concerns of young adults to fellow students: education by peers helps to break through barriers to communication with regard to sensitive health behaviors and attitudes among students. Examples of programs that are presented for students living in UW Residence Hall, in the Greek system, and other groups upon request include:

1. Diversity Presentation (Attachment 3)
2. Disability Presentation (Attachment 4)
3. Living in Harmony—Conflict Resolution Presentation (Attachment 5)
4) “Ask UHELP” columns for www.thedaily.washington.edu have been written by various members of the UHELP PHE group to increase knowledge of health resources on campus and break down barriers to access, especially for minority and underserved populations of students. (Attachments 6, 7, 8)

5) The UHELP Program brochure and program overview (Attachment 9) promotes student involvement in his/her own wellness choices

6) The UHELP Program has formed a positive alliance with the GLBT group and has conducted training at the Ethnic Cultural Center.

7) Focus groups being conducted by MPH students later this quarter will include a session on “Diverse Populations” and the meeting will be held at the Ethnic Cultural Center

II. Staff, administrative, and faculty diversity:
1) Retention of existing staff that reflect our diverse community
   a. Mentoring
   b. Training
   c. Accommodation
   d. Recognition, Promotion, and Career Development

2) Recruitment of new staff that are highly qualified, considering diversity of our work force as one of the factors in the final selection process.

3) Periodic review of our program descriptions, signs, processes, procedures, and physical plant for cultural bias and for the presence of barriers to access and/or understanding.
   a. Language in medical history and physical exams does not make assumptions about gender/race/ethnicity/sexuality
   b. Chaperones offered for male and female physical examinations
   c. Translators for foreign language, hearing impaired, sight impaired clients
   d. Wheelchair accessible and/or special accommodations for wheelchairs/companions
   e. Telephone system for hearing impaired

4) Continuing education sessions and staff retreats that explore the basis of misperceptions and conflicts based on race, gender, disability, class, sexual identity/orientation, age, ethnicity, culture, health conditions and indigenous status. (Attachments 10 and 11)

5) Sponsorship of outreach and health education activities among UW students, faculty and staff: for example, several HH staff members have attended the Safe Zone training, and have the sign by the same name posted on the front door to the Hall Health Center, assuring an open and affirming setting for GLBT students.

Prepared by: E.C.Jong, M.Shaw, J.Martines, B.Howe
I/admin/diversity/2004
Diversity

WHO:
Students, staff, and faculty who attend or work at the UW.

WHY:
- To expose students to the importance of being sensitive and aware of the diversity on campus.
- For many students, college is the first opportunity they have had to meet a diverse population of people. Thus, it is essential for them to be aware of any pre-existing stereotypes and perceptions they may carry about particular groups, which may affect their interactions with others.
- To explore how to work with people who may be different from you is very important when being part of such a diverse campus.

WHERE:
- In U.W. residence halls, on Greek Row, FIGs, and at conferences.

WHAT:
- To increase awareness of the perceptions and stereotypes we carry as individuals and as a society.
- How to discuss topics which are sensitive in nature and therefore difficult to talk about openly.
- To facilitate a dialogue on various issues in diversity.
- To gain knowledge about one another.

WHAT FOR:
- Learners will reflect on their perceptions of what types of diversity exist in the world.
- Learners will volunteer assumptions made about them by others and will state how that affects them.
- Learners will confront societal and individual perceptions of diversity.
- Learners will participate in skits aimed at highlighting issues in diversity, discuss the skits, and brainstorm ways in which the situations could be approached more effectively the next time.
- Learners will be challenged to look at things from the perspective of people who are different from them.
- Learners will discover hidden diversities in the student population.

HOW:

Icebreaker Options

Icebreaker I: The World in a Nutshell - participants fill out a worksheet which asks them to think about their perceptions of the make-up of diversity in this world.
Possible Discussion Questions
How different is this from what you had on your worksheet? What in particular surprised you, if anything at all?

Icebreaker II: Find your twin- We are all different, but share similarities - participants interact with each other as they fill out a worksheet which asks them to find people who share their characteristics and interests.

Possible Discussion Questions
Were you surprised at the number of people whom you share something in common with? How does it make you feel to know that someone else shares these traits with you?

Icebreaker III: Name the thing most assumed about you---write down people’s responses on sheet and then follow with discussion.

Possible Discussion Questions
How does it make you feel when others assume things about you? What are the consequences (good and bad) about making assumptions?

Activity Options

Activity I: Agree/Disagree - A PHE reads a series of statements and the participants are asked whether they ‘agree’ or ‘disagree’ with the statements (See attached sheet for possible statements.) Depending on the PHEs presenting, the activity can proceed in various ways, two of which are the following:

1) Participants will be asked to collect themselves in the center of the room. On one side of the room will be an agree sign, on the other will be a disagree sign. Participants can go to either the 'agree' or 'disagree' side of the room depending on their response to the statement. The activity may have more impact if it is completed in silence.
2) Participants remain in their seats and just reflect on the statements being read---no one needs to share whether or not they agree or disagree with the statements.

Possible Discussion Questions
How did these statements make you feel? Were you surprised at your response to any of the statements? Do you feel the way that most people feel?

Activity II: Skits - Volunteers will be chosen to read prepared 'diversity skits.' The audience will then be encouraged to participate in a discussion about the situation presented in the skit and how the situation can be resolved.

Possible Discussion Questions
Have you ever been in a situation like this before? What are the challenges you face in this situation? How comfortable are you with expressing feelings which may not be shared by others? How might you act in a situation like this?
Activity III: Guided Imagery - PHE will ask participants to close their eyes and will read a passage that guides them through a situation that they may not be familiar with (i.e. what it might be like to have a disability, to be homosexual, or to be living in a nursing home.) Following the imagery passages, participants will be asked to share their reactions.

***This activity can be time consuming---it is possible to build an entire presentation from these guided imagery passages and engage in a discussion of audience reactions (what kinds of questions did this activity raise for you? Do you think that these passages are representative of most people’s experiences?)

Activity IV: Hidden/invisible diversity – Participants will be asked to share things about themselves which may be different from other people. PHEs will record responses for later review and discussion.

Possible Discussion Questions
Do you think these traits are types of diversity? Would you ever have imagined that the people in this room had so many unique characteristics/skills/interests?

Materials

1) ‘The World in a Nutshell’ (worksheet and answers)
2) ‘Find Your Twin’ worksheet
3) Agree/disagree statements (agree/disagree signs to put on the wall)
4) Skits
5) Guided imagery scripts
6) Butcher paper and pens (if no black or white board available in the presentation locale)

Presentation Outline:

Introduction

Introduce the presenters, U-HELP, and the WRC. Make sure to include that diversity is a very sensitive issue---and that we will do our best to create an open and accepting environment (i.e. everyone is entitled to their own view and should be shown respect whether or not we agree with them.) (The quote, which appears below, could be read if desired.)

"Diversity, generally understood and embraced, is not casual liberal tolerance of anything, not yourself. It is not polite accommodation. Instead, diversity is in action, the sometimes painful awareness that other people, other races, other voices, other habits of mind have as much integrity of being, as much a claim on the world as you do...and I urge you, amid all differences present to the eye and mind, to reach out to create the bond that will protect us all, we are all meant to be here together."---William M. Chase: The Language of Action

This presentation is meant to increase awareness of societal and personal perceptions regarding diverse populations of people. We hope to get you to reflect on your own perceptions and
assumptions regarding people who are different from you. We also hope that this presentation will result in discussion and increased understanding of how diversity affects our lives.

**Icebreakers** (followed by discussion)

**Activities** (each followed by discussion)

1) Agree/Disagree
2) Skits
3) Go over "Tools for diversity" sheet on how to interrupt racist comments
4) Guided imagery
5) Hidden diversity

**Closing**
Are there any questions about this topic? Provide resources for further information.
Attitudes: The REAL Disability

1- Welcome/ The Ground Rules
   ▪ Confidentiality
   ▪ Respect
   ▪ Participate as much as you feel comfortable with

2- Icebreakers/Introductions
   ▪ State name, one strength, and one weakness

3- Goals of Presentation
   ▪ Learn how to interact with people who appear to be different from myself
   ▪ Discuss the impact of language
   ▪ Explore my misperceptions about “disabilities”
   ▪ Recognize my own abilities

4- Read Poem

5- Group Brainstorm
   ▪ “When I hear the word disabled, I think of....”
   ▪ Reactions/responses from panel members

6- Discussion/Activity regarding the power of language
   ▪ Words are like paint...they can paint the way we view others.
   ▪ Facilitator reads a series of adjectives about 3 individuals. Audience mentally pictures these people, focusing on how their assumptions/image of each person changes as more information is offered.
   ▪ Facilitator reads 2 list of words- What types of impressions, feelings, or images come to mind? (cripple/handicapped/mute vs. “person who is deaf” or “mother with a vision disability”)
   ▪ When are some terms, such as “the deaf” more appropriate and preferable to use?

7- Scenarios
   ▪ Split audience into 3 groups
   ▪ Each group receives a scenario and discusses how they would respond, and how they would expect *most* people to respond. (about 5 minutes)
   ▪ Groups present to the larger group and report their responses.

8- Panel Time
   ▪ Responses to the previous scenarios
   ▪ Tell us a little bit about your life. (about 3 minutes each)
   ▪ Questions from the audience
   ▪ “Take home” message

9- Evaluations
Wellness Wheel: emotional/mental, social, spiritual, physical, Cultural

Living In Harmony: Conflict Resolutions
Presentation Outline
Last updated: Oct. 10, 2002

Who
Greek System, Dorm Students

When
As Requested

Where
Dorms, Greek Houses

Why
As people interact, conflict is sure to arise whether due to differing point of views, miscommunication, wrong perceptions, or even prejudices and stereotypes. Conflicts may cause stress, anxiety, and sometimes even verbal or physical violence. In this negative manner, conflict can harm all aspects of the wellness wheel. However, put in a positive manner, conflicts can also strengthen the bond and improve communication and understanding between two individuals when resolved properly. The goal of this presentation is then to show/suggest ways that people can resolve conflicts in a positive manner to maintain their relationship and health.

What Information (content, subject matter: skills, knowledge, attitude to be imparted?)
How to resolve conflict in a positive manner.
How to avoid negative conflict.

What Actions (what would they have done in the presentation to demonstrate their knowledge?)
- Participants would have listed some sources of conflict that they struggle with in their lives; note: If they do not respond very well, try listing some sources of conflict yourself (see the “Conflict” document).
- Participants would have assessed a conflict scenario and demonstrate how to resolve the conflict in a positive manner
- Participants would have assessed a few scenarios and identified which ones are conflicting and/or potentially conflicting, and demonstrate how to resolve the scenarios in a positive manner as to avoid negative conflict, or to resolve the conflict in a positive manner.

How (Learning tasks? Activities, Exercise)

Brainstorm: What sources of conflict?
Think of a solution: individual lists of solutions
Talk about the general standard steps for conflict resolution
Compare list

general steps for conflict resolution
Living in Harmony: Conflict Resolution  
Revised 10/01

WHO is the audience?

- Residence halls, Greek houses, Freshman Interest Groups, Transfer Interest Groups, Student clubs and the general student population.

WHY (what is the problem/reason that calls for this presentation)

- There is a need on campus for individuals to develop effective methods of successful conflict resolution.

HOW LONG

- One hour

WHAT (content/subject matter)

- Recognize types and sources of conflict in everyday life
- Understand the steps involved in the successful conflict resolution process
- Recognize the importance of perspective
- Recognize that conflict is natural and not always negative
- Recognize the potential for different solutions to a given conflict

WHAT FOR (achievement-based objectives)

- Participants will discuss conflict/stress/pressure and connotations, images, etc it brings to mind
- Participants will list sources of conflict and define the types of conflict that most effect their lives
- Participants will answer questions about conflict to encourage them to think critically about the nature of conflict
- Participants will discuss a specific conflict situation they find relevant and consider the different perspectives of those involved in the conflict
- Participants will listen to the steps involved in the successful conflict resolution process and contribute their personal suggestions
- Participants will develop, in groups, a successful resolution to the conflict discussed earlier in the presentation utilizing successful resolution processes.

HOW

- **Icebreaker:** Listen to "Pressure" by Billy Joel (?) while playing hot potato with a stress ball. Discuss images, connotation, etc. that the song, and stressful/conflict situations bring to mind.
- **List sources of conflict.** Discuss sources that are most relevant in their lives
- **Who Wants To Be A Millionaire?:** Students will be divided into two or three “teams.” Presenters will ask each group a multiple choice question that will be written on butcher paper. They have the option to answer or use one of three “lifelines”. 50/50 (take away two answers, leaving one wrong answer and one right answer), phone a friend (ask a
specific member of the group), and poll the audience (take a vote from the group for their opinion of the correct answer).

- **Perspectives Skit:** Audience members will decide on the topic they find most relevant to their lives, from the options provided by PHEs. A short skit will be acted out by the presenters who will then divide the group in half and each group will discuss the perspective of one of the PHEs in the conflict. The groups will then share their ideas.

- **Outline steps of conflict resolution:** PHEs pass out and discuss steps involved in effective and successful conflict resolution. Discuss other suggestions and address questions. Also discuss what may be difficult about the process and why or why not they generally use the methods outlined.

- **Skit Resolution:** Audience breaks back into their two groups from the perspectives skit. Group leaders will then switch sections and work with the opposing group to reach a solution to the conflict in the skit using the skills learned. The groups will then share and compare their solutions and discuss the process.

**Living in Harmony Program Outline**

I. **INTRODUCTION**

PHEs introduce the program and themselves. Staged fight—PHE in audience interrupts or PHEs resolve the argument explaining that conflict occurs in all aspects of our lives. Emphasize respect and the option to pass at any time. Encourage questions at any point during the presentation. Outline the goals of the program:

1. Create a safe environment for sharing, respect each other and our differing opinions.
2. Have fun
3. Recognize types and sources of conflict in our lives
4. Understand the steps involved in successful conflict resolution
5. Recognize the importance of perspectives in conflict
6. Be aware that conflict is natural, and not always negative!

II. **ICEBREAKER**

Play "Pressure" by Billy Joel. Toss around a stress ball and have participants name a word or feeling they may think of when listening to the song or while being in a conflict situation. Assure them they may pass if they wish, but encourage everyone to participate. Continue until everyone has had a turn or, in a smaller group, they run out of ideas.

*Examples: Anger, worry, regret, frustration, my little sister, yelling, crying, lonely, etc.*

III. **BRAINSTORM**

Ask participants to list sources of conflict in their lives. This may be a sensitive issue, so don’t encourage details, just to list situations that may be particularly conducive to conflict. Keep in mind that roommates may be attending together and may be hesitant to discuss conflicts between them. Remind the group that they may pass if they feel uncomfortable.
IV. WHO WANTS TO BE A MILLIONAIRE?

Divide the group into two or three teams. The team members will be asked multiple choice questions listed on flipchart paper (Only the PHEs have the answers). The team answering questions has three "lifelines": 50/50 (PHEs narrow down the choices by taking away two answers leaving one right answer and one wrong answer), phone a friend (they ask a specific member of the group for help with the question), and poll the audience (the group votes on the correct answer). If you think it is appropriate, you may keep score, but be sure you have some sort of "prize" to award the winning team! Encourage discussion after each question by members of the group it was given to, then open it up to the rest of the group... hopefully that will encourage participation from those who were hesitant before.

V. PERSPECTIVES SKIT

List two of the potential skits (see attached paper) that seem most relevant to the group and ask them to vote which one they think is more important. Divide the group in half and explain to them that they will be responsible for discussing the perspectives of the characters in the skit. A short skit will be acted out by the PHEs who will assume the role of the character they played during discussion with one of the groups. (If there are 3 PHEs, adjust accordingly.) The groups should discuss the following questions (which will ideally be written on flip chart paper)

1. Why is this a conflict?
2. What is the perspective of the character you are discussing?
3. What does that character want to get out of the situation?

VI. OUTLINE THE STEPS OF CONFLICT RESOLUTION

Join groups back together again. PHEs pass out and discuss the steps involved in successful and effective conflict resolution. Go through steps written on the flip chart and encourage discussion about them. Ask if there are any questions or comments or things that surprise people. Ask for suggestions on anything they think should be on the list and things on the list they anticipate being difficult to accomplish or incorporate into conflict resolution. If time, discuss what they do differently, or similar to the outlined steps and how effective their approach is.

VII. SKIT RESOLUTION

Ask the audience to return to their two groups from the perspectives skit. PHE group leaders will switch sections and work with the opposing group to reach a solution to the conflict in the skit using the skills learned. Be sure to remind them what they said they wanted from the conflict earlier and that this is a relationship they need to decide if they care about. Encourage consultation of the steps to a resolution that were just discussed. The groups will then share and compare their solutions and discuss the process. It is very possible that the two groups will come up with different solutions to the same problem. Discuss this idea if they came up with similar solutions.

VIII. CLOSING

Depending on time left, take a few moments to answer questions or continue a discussion the group was interested in. Remind them about the WRC and encourage
them to utilize our resources. Let the participants know that you have a number of brochures if they are interested. Thank them for attending!

A. Scenario One

It's 2AM and you are woken up by your roommate coming home late from a party or a study session. It seems to you that your roommate is extremely inconsiderate and seems to wake you up at least once a week during the wee hours of the morning. You have an 8:30 class and definitely need your beauty sleep! You have never confronted your roommate about this, but for the past few weeks you have really been stewing about this. In fact, you are ready to deal with the situation right now ...

B. Scenario Two

You just got off the phone with your parents and you are frustrated! It seems your parents never listen to you, especially your father. He always dominates the conversation! He is dead set on you attending medical school, but you have no interest in studying medicine and putting yourself through 6 to 8 more years of pure hell. In fact, you already hate school now. Why would you want to go on to graduate school or professional school at all, especially medical school?!! Your parents aren't even open to the idea that you would like to declare a liberal arts major and you are not even faintly interested in biology. These are the thought that were going through your head as you were talking to your father on the phone. The conversation ended with you slamming the phone down and hanging up on him. He calls you back...
Conflict Resolution
(How to Find Effective and Successful Resolutions to Conflict)

View conflict as positive and natural
* It’s an opportunity for growth-personal and within the relationship
* Reaching a resolution can strengthen a relationship and improve future interactions

Create an effective atmosphere
* Time, location, attitude
* WAIT if you need to, don’t enter into the discussion angry
* Establish a neutral situation where both parties feel comfortable and equal

Clarify perceptions
* Of the conflict: identify parts, avoid spin-off conflicts and get to the heart of the matter - This may be difficult or take a lot of time. Be patient and try to work to the root of the problem
* Of the other party: avoid stereotyping, listen carefully, clear up any misconceptions you have about the other party in a non-judgmental way - It’s tough to put aside the opinions you may have developed about the other person due to the conflict, but they will only hinder the process if you let them!

Focus on the future
* Recognize the potential for successful resolution and the benefit this has to both parties! Don’t dwell on negative aspects of the past -- acknowledge them and try to put them into perspective.
* FORGIVE! This does not mean you approve, but rather that you are willing to move on... It’s not cutting them a break, but freeing yourself from the pain and anger, don’t let the conflict rule your thoughts!

Acknowledge needs
* Recognize your need to maintain the relationship
* Separate essential needs from secondary desires
* Acknowledge the needs of you, the other person, and the relationship between you. Sustaining this relationship requires meeting the needs of both people.

Generate options
* Ask for the other person’s thoughts on the subject. LISTEN!
* Try brainstorming options. Write them all down without judging or discussing them. Group similar options and narrow down the list. Discuss possible outcomes. Don’t dismiss anything as silly or unimportant.
* Identify "key options". These address shared needs, improve the relationship, and are satisfying (or at least acceptable) to all parties involved.

Take action
* Identify specific actions that have a good chance of being successful at accomplishing goal.
* Successful actions are those that are a collaborative effort, not demands. They should build trust and confidence in the relationship and the conflict resolution process. They also create an atmosphere of equality for each party.
* Break action into small, workable steps.
Who Wants to Be a Millionaire?
Conflict Resolution Multiple Choice Questions

1. Conflict is...
   a. often a result of bad communication skills
   b. completely normal
   c. impossible to completely predict or control
   d. all of the above
   ❖ Is there a such thing as a life free of conflict? Would we want that...

2. Conflict can be positive...
   a. not true
   b. false
   c. true
   d. never true

3. A benefit of conflict is...
   a. it gives you a good excuse to yell
   b. there is always a winner
   c. resolution can strengthen a relationship
   d. you can get even with your roommate
   Some benefits of conflict:
   ❖ Move a relationship out of a rut
   ❖ Help people find the best solution to a problem – collaborate
   ❖ Get feelings out into the open
   ❖ Promote confidence in a relationship – know that you can work through problems

4. The best way to manage a conflict is to...
   a. bring the matter up when you are angry
   b. focus only on what you want
   c. ignore it and hope it goes away
   d. listen openly to the other person’s perspective and calmly explain your own
   ❖ When is a bad time to try to work out a problem? Is there a good time? Is it easy or hard to find that time? Is it important?

5. When resolving a conflict you should remember there...
   a. is only one correct solution
   b. are several potential successful resolutions
   c. is no solution that can please everyone involved
   d. is no reason to work out a resolution, time will solve the problem
   ❖ How do you know if a resolution is successful? How long does it take until you know? What if both parties have a different idea about what it means to be successful?

6. Every situation that involves conflict...
   a. requires exactly the same approach to resolution
   b. should be as important to you as the others
   c. may effect you differently and call for different solutions
   d. forces you to lose a relationship
   ❖ Do you act differently with your parents and friends? A boss or a partner? Is there a time when it is ok to leave the conflict and relationship behind?
1. Borrowing stuff: Have lost your stuff previously, not wants to borrow something that is emotionally attached to you. What do you do?
2. Confidentiality: Sharing secrets: Met two weeks ago, became “good friends” and shared secrets, but found that may not be able to trust them because they started sharing someone else’s secrets with you.
4. Emergency: Need to use the phone for an emergency (i.e. call home) but someone is using the phone for no apparently good reason (i.e. flirt/gossip)
5. Personal Space: Someone else is sleeping in your bed: your roommate’s friend (?)
6. You just had a big fight w/your partner regarding contraception methods: you want to use contraception, but your partner doesn’t want to and so the two of you fought over it.
7. Parents don’t agree with person you’re dating
8. Drug use: You are carpooling with somebody, know they use drugs on a daily basis, but now you’re scared of your personal safety, but they’re your friend.
9. Stealing: you are constantly missing some items, don’t know who is taking your stuff, but suspects a person (i.e. roommate or her friend), what do you do?
10. Doubts: you think your partner still likes their ex even though you’ve talked about it already.
11. Your friend that you had problems with (i.e. two days ago you shouted at one another over a meal) is now being extra nice, so nice that it seems ingenuine – it’s killing you!
12. Owe someone money but can’t pay them back.
13. Parents don’t agree with your chosen/proposed major.
14. Balancing school and work: constantly falling behind in school, but your boss expects a lot out of you and you don’t know how to tell him that you need to catch up with school.
15. Going to lunch with your friend’s boy/girlfriend.
16. Your coworker and you don’t know how to get along with each other after an argument.
Ask UHELP

Question for Tuesday - 05.14.2002

Q: Now that I am living away from home, I need to find a doctor. How do I do this?

A: Sooner or later most of us will need to seek medical care beyond an occasional trip to the ER. As a Licensed Practical Nurse and a fellow health care consumer, I have found the following to be helpful when attempting to choose a doctor.

Terms to Know:

- **Primary Care Physicians (PCPs)** include family practitioners/general practitioners, general internists, and pediatricians. Your PCP will manage most of your care. He/she will refer you to a specialist if more advanced care is needed.
- **Family practitioners/general practitioners** specialize in general family care and are trained in wide variety of disciplines.
- **Internists** are physicians who diagnose and “medically” treat (without surgery) disease in adults.
- **Pediatricians** treat children from birth through the teens.

Tips for finding a personal physician:

**Who do you know?** Obtain referrals from your family, friends, other doctors or your local medical society. Calling a local hospital for the names of doctors on staff is another option.

**Are you covered?** Check with your doctor's office to find out if they are covered by your health insurance plan or your health maintenance organization (HMO). Or ask your insurance company for a list of approved doctors. If you are uninsured, ask the office staff about payment options.

**Check them out!** Research your doctor’s credentials. Use the American Medical Directory, the Directory of American Specialists, or other professional directories at your local library. The term "board certified" might follow the doctor's name. This means that the doctor has completed training in his/her specific field and has passed all required tests. If you have
a specific medical need, inquire as to how much experience and/or training
the doctor has had in that area.

**Where in the world?** Find out where your doctor's office is located and
what hospitals the doctor uses or practices in.

**Are they open?** Ask about the office hours. If you are busy with school and
work all day, you might find evening or Saturday hours more suitable for
your schedule.

**Get personal!** Finally, schedule an initial visit with the physician. A very
important factor in the success of your health care management is the
physician's interpersonal skills and ability to effectively communicate. Your
PCP should include you in the different aspects of your health care by
explaining diagnoses, procedures, test results, medications and by answering
your questions.

By Melissa Lofgren, UHELP

"Ask UHELP" is written by the peer health educators of the University Health Education
Leadership Program. We are not experts, so please do not use this information as a
substitute for medical advice from a qualified professional.

If you have a question about a health-related issue, email the Peer Health
Educators at uhelp@u.washington.edu.
Ask UHELP

Question for Tuesday - 10.29.2002

Q: I don't really have a lot of money, and it's a pain to deal with my parents' health insurance company. I've heard that Hall Health offers some free medical services to students. What are they?

A: The Student Activity Fee, which everyone pays along with their registration, covers a variety of free medical services at Hall Health. Many students on campus don't know about these services, so it's smart of you to take advantage of them! You are eligible for these services at no cost:

- Unlimited visits with HHPCC (Hall Health Primary Care Center) Consulting Nurses: Students may meet with a consulting nurse throughout the quarter if they have any questions about their health. Call 206-221-2517 to speak to a nurse on the phone, or drop in and meet with one in person.

- Advice about concerns for HIV & STD exposures: All students may receive a free medical consultation at Hall Health regarding HIV & STD exposure. You may also look for further information at the Wellness Resource Center.

- Reproductive health counseling: Students may discuss a variety of reproductive health concerns with a Hall Health care provider.

- Unlimited access to the Wellness Resource Center (WRC): The WRC is stocked with information covering everything from nutrition to STDs. All telephone calls (206-543-8006) and visits are kept confidential. Come visit the WRC -- it's located on the second floor of Hall Health in room 213 and staffed by Peer Health Educators (PHEs).

- Blood pressure screening and consultation: This service is offered on a variety of days and times. Visit Hall Health's website (Hall Health Center) and look for these times under health education.

- Smoking cessation assistance: Contact Mark Shaw, 206-616-8476, for information about this great program.
• One visit per quarter for acute illness/injury (this excludes routine physicals and annual women's exams): Call the patient service's center at 206-616-2495 to schedule an appointment.

• One Crisis Intervention counseling session per full academic year: Call Hall Health at 206-685-1011 for more information.

• After hours Consulting Nurse Service for urgent medical problems: Students may call 206-223-2500 to consult a nurse after normal clinic hours.

Hall Health Primary Care Center is open Monday through Friday from 8:00 am to 5:00 pm, except Tuesdays when they are open from 9:00 am to 5:00 pm. If you need more information about Hall Health services, feel free to drop in or call them at 206-685-1011. They also have a helpful website: Hall Health Center

_By Betsy Gray, Peer Health Educator_

"Ask UHELP" is written by the peer health educators of the University Health Education Leadership Program. We are not experts, so please do not use this information as a substitute for medical advice from a qualified professional.

If you have a question about a health-related issue, email the Peer Health Educators at uhelp@u.washington.edu.
Ask UHELP

Question for Tuesday - 05.20.2003

Q: I'm from an Asian family, and when I drink alcohol my face turns red and I tend to get pretty sick. Why is this? Can I get my body used to it by drinking more often?

A: You are not alone in your alcohol-induced symptoms. Roughly half of all people of east-Asian descent (including Chinese, Japanese, and Korean) lack an enzyme necessary for the efficient metabolism of alcohol. For readers who like biology stuff, this enzyme is known as the low-Km aldehyde dehydrogenase isoenzyme, or in short, ADH. The absence of this enzyme is the culprit for your flushed cheeks and feelings of sickness in response to alcohol use. Without this enzyme, the byproduct of alcohol (the toxic aldehyde dehydrogenase) cannot be removed from the bloodstream nearly as well as it is in people who do have the enzyme. The aldehyde accumulates in a person's system as a result because it cannot be broken down as quickly.

A person with this condition is likely to experience toxic effects such as flushing, rapid heartbeat, headache, nausea, drowsiness, swelling and skin itchiness. In addition, it is easier to get drunk upon consumption of even just a few alcoholic beverages.

While this condition can be seen as an inconvenience, epidemiological studies have shown that because of these adverse side effects, people of Asian descent tend to consume less alcohol, and therefore rates of alcohol use and incidence of alcoholism are lower than those of other ethnic groups.

Though more research must be done, it has been suggested by some that individuals who suffer from ADH deficiency may also be at higher risk for other alcohol-related conditions such as liver disease, asthma, and cancer of the esophagus. With this in mind, drinking more often will not help you build up a tolerance to alcohol, rather, it would simply cause you to experience the adverse effects more frequently. It may actually be to your benefit to be very sensitive in regards to how many drinks you consume at a time. It is also a good idea to check with your doctor for a recommendation on how many drinks your body can safely tolerate.

By Elizabeth Dahl, Peer Health Educator
"Ask UHELP" is written by the peer health educators of the University Health Education Leadership Program. We are not experts, so please do not use this information as a substitute for medical advice from a qualified professional.

If you have a question about a health-related issue, email the Peer Health Educators at uhelp@u.washington.edu
UHELP Programs 2003-2004

Please contact us at 543.8006 or uhelpe@u.washington.edu to get a presentation request form. You can also find it online at www.depts.washington.edu/uhelp. We require two weeks advance notice.

New Presentation!!!

- **Husky Shot: 100 Proof**
  Chug! Chug! Chug! The party is in full swing, and you or someone else has been tipping a few back. Get the facts, and learn practical ways to keep yourself and your friends safe when you’re at a party. Find out about the famous One Nighter and learn how to social spot. See the effects of alcohol on college life in both a positive and negative light. Cheers!

- **Mental Health Programs:**
  - **Wiggin’ Out**
    In this workshop participants discuss common causes and effects of stress, assess their own stress levels, and practice several stress-reduction and relaxation techniques. Leave feeling relaxed and ready to cope.
  - **Wellness for New Dawgs**
    College can be new and exciting. It can be overwhelming at times. How can you keep yourself healthy and sane? Come learn about prevalent health issues on the UW campus and find out just how much people are really drinking and partying! You’ll also learn about finding resources as well as how to incorporate wellness into your college lifestyle.

Nutrition And Fitness Programs:

- **DAWG Bites**
  Eating healthy and creatively in college can be challenging. Learn how to apply the food guide pyramid to your everyday eating choices and get some new ideas to satisfy your active bodies!

- **The Health Benefits of Biking**
  Biking not only benefits the environment, but offers physical, mental, social, and spiritual benefits us. We'll explore these aspects, do helmet fittings, show you what clothes are best to wear, and tell you about the biking resources on campus.

Safer Sex and Relationships Programs:

- **Condom Olympics**
  Join us in this extremely interactive game show program and learn the “ins and outs” of safer sex. Birth control methods and their effectiveness are discussed. Very “hands on”!

- **Gettin’ Some**
  Have I established my sexual limits? Can my partner and I talk openly about sex? Gettin’ Some is a highly interactive program that will address questions like this. Activities and discussions encourage participants to recognize and evaluate their feelings about sex and also provide tools to help open the lines of communication with partners.

Have a presentation topic in mind that is not listed here?

We will work with you to create a presentation that fits the needs of the participants. We can also do presentations on such topics as: STDs, Women’s Health, A Healthy Body Image, and Conflict Resolution.

**UHELP:**

University Health Education Leadership Program
We promote campus health by engaging in a variety of health education activities conducted by peer health educators.
What’s UHELP? UHELP stands for the University Health Education Leadership Program. UHELP is a program that gives student volunteers the opportunity to develop facilitation and communication skills while providing a needed service to the campus community.

What’s with the logo? UHELP uses a multi-dimensional model of health called the Wellness Wheel. This model recognizes multiple dimensions of health, including physical, mental, spiritual, social, and cultural health. We have chosen the pinwheel as our symbol, and the blades on the pinwheel represent the different dimensions of health.

What services does UHELP provide? The student volunteers, also known as Peer Health Educators (PHEs), are trained to conduct a variety of health promotion and health education activities:
- PHEs conduct presentations in residence halls, FIG groups, Greek houses, classes and clubs on topics such as nutrition, safer sex, stress management and others. [See other side for current programs available.]
- PHEs help plan and conduct campus-wide events such as the Great American Smokeout, World AIDS Day, ASUW Wellness Week, and the Health and Fitness Fair.
- PHEs give tours of Hall Health, orienting students to the services that are available.
- One-on-one consultation in the Wellness Resource Center (Room 213, Hall Health), which provides information and referrals on topics such as HIV testing, improving your diet, practicing safer sex, smoking cessation, cold care and more.
- PHEs sell bike, rollerblade, and ski helmets and lights to raise money for the program. Free fittings provided.
- PHEs produce the UHELP newsletter, The WellDawg, which includes a calendar of activities and events and articles on current health issues. They also answer health related questions on the online “Ask A PHE” at www.thedaily.washington.edu.

How Can I Use These Services?
- To request a presentation, consultation, or group tour, come by the Wellness Resource Center (Room 213, Hall Health), email us at uhelp@u.washington.edu or call us at 543-8006. The WRC is open every weekday during the quarter. Hours vary, so you may want to phone ahead.
- For a one-on-one consultation session, call ahead to make an appointment. All visits are confidential.
- To submit a question for our “Ask A PHE” column in The Daily, email it to uhelp@u.washington.edu or mail it to UHELP, Box 354410. No identifying information will be used in the response.

How Can I Become A PHE? Any UW student who is in good academic standing may apply to be a PHE. Applications are accepted winter quarter for the following academic year. Contact Elizabeth Ralston at eralst@u.washington.edu or dial 711, then ask for 616.6251.
<table>
<thead>
<tr>
<th>Name</th>
<th>Topic</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Bove, ND, Leah Kliger, WBruce Millman, ND, Fernando Vega, MD</td>
<td>Complimentary Medicine</td>
<td>10 June 1997</td>
</tr>
<tr>
<td>John Yurich, Ph.D.</td>
<td>Understanding Diversity in Everyday Life</td>
<td>9 June 1998</td>
</tr>
<tr>
<td>William Etnyre, MSW Jeanne Marrazzo, MD</td>
<td>Gay and Lesbian Health Issues</td>
<td>5 October 1999</td>
</tr>
<tr>
<td>Katie Lai, Pharm.D., CDE</td>
<td>Herbal Medications</td>
<td>13 June 2000</td>
</tr>
<tr>
<td>Terry Tafoya, Ph.D.</td>
<td>Teams, Networks and Clans: The Circle of Support</td>
<td>12 June 2001</td>
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<td>Margarita Suarez, RN, MA</td>
<td>Breaking Barriers to Communication, Part I</td>
<td>11 June 2002</td>
</tr>
<tr>
<td>Margarita Suarez, RN, MA</td>
<td>Breaking Barriers to Communications, Part II</td>
<td>10 December 2002</td>
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<tr>
<td>Pat Schwab, Ph.D.</td>
<td>When Hell Freezes Over – Ice Skate</td>
<td>10 June 2003</td>
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<tr>
<td>Jim Boggs, Ph.D.</td>
<td>Building Community, Part I</td>
<td>21 October 2003</td>
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<tr>
<td>Jim Boggs, Ph.D.</td>
<td>Building Community, Part I</td>
<td>9 December 2003</td>
</tr>
</tbody>
</table>
Well U Topics: 2003-2004

November 19, 2003

Is it SARS?"

Jeffrey S. Duchin, MD
Assistant Professor
Medicine Division of Allergy & Infectious Diseases
Chief, Communicable Disease Control,
Epidemiology & Immunization
Public Health Department – Seattle & King County

December 3, 2003

“Sleep Apnea “

Vishesh K. Kapur, MD
Assistant Professor
Medical Director of Sleep Disorder Center
Pulmonary & Critical Care Medicine
Harborview Medical Center

January 14, 2004

“The New Low for High Blood Pressure”

Wayne C Levy, MD
Associate Professor of Medicine, Cardiology,
University of Washington School of Medicine

February 18, 2004

“How safe is Your OTC Drugs”

Kam Lee Capoccia
Associate Clinical Professor
Pharmacy and Family Medicine
Family Medical Center, UWMC Roosevelt
March 17, 2004

"Facts on Fats: The Trouble with Trans Fatty Acids"

Judy Simon, MS, RD, CD
Clinical Dietitian/Nutritionist
University of Washington Medical Center
Roosevelt Clinic

April 21, 2004

Multiple Sclerosis

Dr. Bowen, Confirmed
Assistant Professor
Neurology
University of Washington School of Medicine

May
Well U Lunchtime Topics for 2002-2003

October 16, 2002

“Breast Cancer”

Georgiana K Ellis, MD
Assistant Professor
Medicine, Oncology
Seattle Cancer Care Alliance
Seattle, WA

November 13, 2002

“Managing Your Diabetes, Update of Type 2 Diabetes”

Peter Capell, MD
Clinical Professor
Medicine/Division of Metabolism, endocrinology and Nutrition
University of Washington Medical Center

December 4, 2002

“Economy Class syndrome”

Mark Mattoss, MD
Associate Professor
Surgery, Vascular division
University of Washington Medical Center

January 15, 2003

“Hormone Replacement Therapy Update”

Charles N. Petty, MD
Clinical Associate Professor
OB/GYN & Family and Child Nursing
Physician Consultant,
Hall Health Primary Care Center
February 19, 2003

High Blood Pressure

Robert Davidson, MD
Associate Professor Emeritus
Medicine/Division of Nephrology
Scribner Kidney Center

March 19, 2003

“Carbohydrate Controversy”

Brent Wisse
Acting Instructor
Division of Metabolism, Endocrinology & Nutrition
Depar of Medicine III
University of Washington Medical Center

April 16, 2003

“Carpal Tunnel Syndrome”

Chris Allan, MD
Assistant Professor
Hand and Upper Extremity Surgery
University of Washington School of Medicine

May 21, 2003

“Acupuncture Today”

Nassim P. Assefi, MD
Acting Instructor
Medicine/Division of General Internal Medicine
Attending, Women’s Clinic and Adult Medicine
Complimentary and Alternative Medicine Liaison
Harborview Medical Center
Well-U 2001-2002

October 17, 2001

"Understanding Cholesterol 2001
Get the Low Down"

Robert H. Knopp, MD
Professor of Medicine
University of Washington School of Medicine
Chief, division of Metabolism, Endocrinology and Nutrition
Harborview Medical Center

November 7, 2001

“Flu Facts-What the flu is, what it isn’t, and what you can do”

Mary B. Watts, MD
Clinical Assistant Professor of Medicine
University of Washington School of Medicine
Associate Director, Hall Health Primary Care Center

December 5, 2001

“Bioterrorism – Update on Anthrax and Small Pox”

Jeffrey S. Duchin, MD
Assistant Professor of Medicine
Division of Allergy and Infectious Diseases
University of Washington School of Medicine

Chief, Communicable Disease Control,
Epidemiology & Immunization Section
Public Health – Seattle & King County

January 17, 2002

“Joints in Motion-Living with Arthritis”

Eric H. Sasso, MD
Associate Professor
Department of Medicine
Division of Rheumatology
University of Washington School of Medicine
FEBRUARY 20, 2002

"Changing a Life One Millimeter at a Time-Living with High Blood Pressure"

Robert Davidson, MD
Assistant Professor of Medicine
Division of Nephrology
University of Washington Medical Center
Harborview Medical Center

MARCH 20, 2002

"Oh My Aching Back-All about Low Back Pain"

Robert F. Willkens, MD
Chief, Arthritis/ Medicine

APRIL 17, 2002

“Stop Arguing and Start Understanding -
Eight Steps to Solving Family Conflicts”

David C. Hall, MD
Child, Adolescent, and Family Psychiatrist
Private Practice in Seattle
He Completed Nine Years of Medical and Psychiatric
Training at the University of Washington
Served as National President of Physicians
For Social Responsibility
Grandfather Founder of Hall Health Primary Care Center

May 15, 2002

“Update on Asthma”

Dominick A. Monitti, MD, MPH
Clinical Professor of Medicine
University of Washington School of Medicine
Northwest Asthma & Allergy Center
Seattle, WA
Colonel, Medical Corps United States Army
50th General Hospital
Madigan Hospital
Fort Lewis, WA
# Educational Objectives

Upon completion of this series, attendees will have gained additional knowledge and skills in the delivery of primary care in an ambulatory setting by:

- discussing recognition and management of common clinical problems.
- getting updates on new concepts in medicine and patient care.
- developing interpersonal skills to enhance communication.

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<th>Date</th>
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<th>Topic</th>
<th>Presenter</th>
</tr>
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<tbody>
<tr>
<td>Oct 10</td>
<td>108 Hub</td>
<td>Common Drug Interactions</td>
<td>Philip Harsten, PharmD, Professor of Pharmacy, School of Pharmacy, University of Washington</td>
</tr>
<tr>
<td>Oct 24</td>
<td>209A Hub</td>
<td>Risk Management for Primary Care Providers</td>
<td>Marcia Rhodes, Director, Health Sciences Risk Management, University of Washington/Medical Center</td>
</tr>
<tr>
<td>Nov 14</td>
<td>FC</td>
<td>Flu Update: Pandemic Influenza &amp; Pandemic Preparedness</td>
<td>Jeff Duchin, MD, Chief Communicable Disease Control, Epidemiology &amp; Immunization Sect, Seattle King-County Dept of Pub Hlth</td>
</tr>
<tr>
<td>Nov 27</td>
<td>FC</td>
<td>INH Prevention Therapy</td>
<td>Stefan Goldberg, MD, Medical Director, Tuberculosis Clinic, Seattle-King County Dept of Pub Hlth</td>
</tr>
<tr>
<td>Dec 11</td>
<td>FC</td>
<td>Osteoporosis</td>
<td>Carin Dugowson, MD, Associate Professor of Med, Div of Rheumatology, School of Medicine, UW</td>
</tr>
<tr>
<td>Jan 9</td>
<td>FC</td>
<td>Asthma Management</td>
<td>Teal S. Hallstrand, MD, MPH, Senior Fellow, Pulmonary Medicine, School of Medicine, UW</td>
</tr>
<tr>
<td>Feb 13</td>
<td>FC</td>
<td>Impediments to Care &amp; Medical Staff Cohesiveness</td>
<td>Mary B. Watts, Associate Director for Medical Affairs, HHPCC, &amp; Clinical Assistant Professor of Med, SM, UW</td>
</tr>
<tr>
<td>Feb 27</td>
<td>FC</td>
<td>Cardiovascular Disease, Women &amp; Lipodystrophy</td>
<td>Karen Herbst, Ph.D., MD, Senior Fellow &amp; Clinical Instructor of Medicine, Div of Endocrinology, Sch of Med</td>
</tr>
<tr>
<td>Mar 13</td>
<td></td>
<td>Bloodborne Pathogens</td>
<td>Farrish Sharon, ARNP, MN, Occupational Nurse Practitioner, UWMC</td>
</tr>
<tr>
<td>Mar 27</td>
<td>FC</td>
<td>Medically Unexplained Symptoms: Relationship to Depressive and Anxiety Disorders</td>
<td>Wayne Katon, MD, Professor of Psychiatry and Behavioral Sciences, School of Medicine, University of Washington</td>
</tr>
<tr>
<td>April 10</td>
<td>FC</td>
<td>Compliance With Coding and Billing</td>
<td>Steve Milam, JJD, Coordinator of Compliance for Medical Affairs, Office of VP for Medical Affairs, UW</td>
</tr>
<tr>
<td>April 24</td>
<td>FC</td>
<td>The Importance of Angiotensin II in Cardiovascular Disease</td>
<td>Wayne C. Levy, MD, Associate Professor of Medicine, Division of Cardiology, Sch of Med, UW</td>
</tr>
<tr>
<td>May 8</td>
<td>FC</td>
<td>The Electronic Medical Record</td>
<td>Jane B. Feltner, MD, Associate Director of Information Systems, HHPCC, and Clinical Instructor of Family Med</td>
</tr>
<tr>
<td>May 22</td>
<td>FC</td>
<td>Hyperlipidemia for Primary Care Providers</td>
<td>Timothy Evans, MD, Assistant Professor of Medicine, Division of General Internal Medicine, Sch of Med, UW</td>
</tr>
<tr>
<td>Jun 12</td>
<td>106B Hub</td>
<td>Trans-Cultural Communication Between Practitioners and Patients</td>
<td>Terry Tafoya, Ph.D., Executive Director, Tamanawit, Unltd., Seattle, Washington</td>
</tr>
</tbody>
</table>

*Faculty Club*
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<tr>
<td>9 Oct 2001</td>
<td>&quot;Finding Evidence at the Point of Care Workshop&quot;</td>
<td>Sarah Safranek, MLS, Information Management Librarian, Health Sciences Library, UW</td>
</tr>
<tr>
<td>23 Oct 2001</td>
<td>&quot;Acne&quot;</td>
<td>Philip Kirby, MD, Clinical Professor of Dermatology, Sch of Med, UW</td>
</tr>
<tr>
<td>13 Nov 2001</td>
<td>&quot;Diagnosis and Treatment of Primary Foot Problems&quot;</td>
<td>Ronald Krivosha, DPM, Private Practice, Seattle and Bellevue, WA</td>
</tr>
<tr>
<td>26 Nov 2001</td>
<td>&quot;Binge Eating Disorder (BED)&quot;</td>
<td>Alicia Dixon Doctor, MS, RD, Clinical Dietitian/Nutritionist, HHPCC</td>
</tr>
<tr>
<td>11 Dec 2001</td>
<td>&quot;Computer Ergonomics&quot;</td>
<td>Mary Lovell, PT, HHPCC</td>
</tr>
<tr>
<td>8 Jan 2002</td>
<td>&quot;HPV/Pap Update&quot;</td>
<td>Nancy Kiviat, MD, Professor of Pathology, Sch of Med, UW, and Chief of Pathology, Harborview Medical Center</td>
</tr>
<tr>
<td>22 Jan 2002</td>
<td>&quot;Navigating the Electronic Medical Record&quot;</td>
<td>Jane Feller, MD, Associate Director of Information Systems, HHPCC</td>
</tr>
<tr>
<td>12 Feb 2002</td>
<td>&quot;Type 1 Diabetes Clinical Research: Islet Cell Transplantation and Beyond&quot;</td>
<td>Debra Greenbaum, MD, Director of Clinical Research, Virgin Mason Medical Center, Seattle</td>
</tr>
<tr>
<td>26 Feb 2002</td>
<td>&quot;Update on Coronary Disease: Chest Pain Assessment and Risk Management&quot;</td>
<td>Marshall Corson, MD, Associate Professor of Medicine/Endocrinology, Sch of Med, UW</td>
</tr>
<tr>
<td>12 Mar 2002</td>
<td>&quot;Adult ADHD: Approaches to Evaluation and Treatment&quot;</td>
<td>Peter Roy-Byrne, MD, Professor of Psychiatry, Sch of Med UW</td>
</tr>
<tr>
<td>22 Mar 2002</td>
<td>&quot;Managing Patients with Osteoarthritis&quot;</td>
<td>Gregory Gardner, MD, Associate Professor of Medicine/Rheumatology, Sch of Med, UW</td>
</tr>
<tr>
<td>23 Apr 2002</td>
<td>&quot;Adult Treatment Panel (ATP III): A Summary&quot;</td>
<td>Timothy Evans, MD, Assistant Professor of Medicine, and Director of MEDEX, Sch of Med, UW</td>
</tr>
<tr>
<td>14 May 2002</td>
<td>&quot;Genital Herpes: Advances in Testing and Therapy&quot;</td>
<td>Anna Wald, MD, MPH, Assistant Professor of Medicine/ID, Sch of Med, UW</td>
</tr>
<tr>
<td>28 May 2002</td>
<td>&quot;Bloodborne Pathogens&quot;</td>
<td>Sally Abbott, ARNP, COHN, Manager Employee Health Clinic, Hall Health Primary Care Center, UW</td>
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<tr>
<td>8 Oct 2002</td>
<td>&quot;Assessment of Alcohol &amp; Substance Abuse: An Alternative Approach&quot;</td>
<td>Barbara Dahl Ph.D., Psychologist, Student Counseling Center, Student Affairs, UW</td>
</tr>
<tr>
<td>22 Oct 2002</td>
<td>&quot;Risk Management Issues&quot;</td>
<td>Marcia Rhodes, Manager, Health Sciences Risk Management</td>
</tr>
<tr>
<td>26 Nov 2002</td>
<td>&quot;New Birth Control Methods&quot;</td>
<td>Leslie Miller, MD, Assistant Professor of Ob/Gyn, Sch of Med, UW</td>
</tr>
<tr>
<td>12 Dec 2002</td>
<td>&quot;Healing the Healer&quot;</td>
<td>Paul Fleischman, MD, Psychiatrist and Author</td>
</tr>
<tr>
<td>10 Dec 2002</td>
<td>&quot;Breaking Barriers to Communication&quot;</td>
<td>Margarita Suarez, MS, RN</td>
</tr>
<tr>
<td>14 Jan 2003</td>
<td>&quot;Community Acquired Pneumonia&quot;</td>
<td>David Spach, MD, Professor of Medicine, Div of Infectious Diseases, Sch of Med, UW</td>
</tr>
<tr>
<td>28 Jan 2003</td>
<td>&quot;New STD Guidelines&quot;</td>
<td>H. Hunter Handsfield, MD, Professor of Medicine, Div of Infectious Diseases, Sch of Med, UW</td>
</tr>
<tr>
<td>11 Feb 2003</td>
<td>&quot;PAP Referral Guidelines&quot;</td>
<td>Charles Petty, MD, Clinical Assistant Professor of OB/GYN, Sch of Med, UW, and Physician, Women's Clinic, Hall Health Primary Care Center</td>
</tr>
<tr>
<td>25 Feb 2003</td>
<td>&quot;Sexual Medicine in Primary Care&quot;</td>
<td>K.B. Stafanovic, MD, Ph.D., Dept of Urology, Virginia Mason Medical Center</td>
</tr>
<tr>
<td>11 Mar 2003</td>
<td>&quot;GI Complications of NSAID&quot;</td>
<td>Michael Kimmey, MD, Professor of Medicine, Div of Gastroenterology, Sch of Med, UW</td>
</tr>
<tr>
<td>25 Mar 2003</td>
<td>&quot;HIPAA and Providers&quot;</td>
<td>Jane Feltner, MD, HIPAA Compliance Officer, Hall Health Primary Care Center, and Clinical Instructor of Family Practice, Sch of Med, UW</td>
</tr>
<tr>
<td>8 Apr 2003</td>
<td>&quot;PTSD - Diagnosis of the Decade&quot;</td>
<td>Dane Wingerson, Assistant Professor of Psychiatry, Sch of Med, UW</td>
</tr>
<tr>
<td>22 Apr 2003</td>
<td>&quot;Polycystic Ovarian Syndrome - Update 2003&quot;</td>
<td>Dace Trence, MD, Assistant Professor of Medicine, Div of Metabolism, Endo &amp; Nutrition, Sch of Med, UW</td>
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<td>13 May 2003</td>
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<td>Sally Abbott, ARNP, COHN, Manager Employee Health Clinic, Hall Health Primary Care Center, UW</td>
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<tr>
<td>27 May 2003</td>
<td>&quot;STD and Sexual Minority Patients&quot;</td>
<td>Jeanne Marrazzo, MD, Assistant Professor of Medicine, Div of Infectious Diseases, Sch of Med, UW</td>
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<tr>
<td>10 Jun 2003</td>
<td>&quot;Before Hell Freezes Over/Ice Skate&quot;</td>
<td>Patt Schwab, Ph.D., CSP</td>
</tr>
<tr>
<td>8 Jul 2003</td>
<td>&quot;Hypertension Update&quot;</td>
<td>Wayne Levy, MD, Associate Professor of Medicine, Div of Cardiology, Sch of Med, UW</td>
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<tr>
<td>22 Jul 2003</td>
<td>&quot;Herbal Medicine: An Evidence Based Approach&quot;</td>
<td>Barak Gaster, MD, Assistant Professor of Medicine, Sch of Med, UW</td>
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<th>Date</th>
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<th>Presenter</th>
</tr>
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<tbody>
<tr>
<td>14 Oct 2003</td>
<td>&quot;Asthma Disease and NIH Guidelines Review&quot;</td>
<td>James M. Vincent, MD, Minor &amp; James Medical, Seattle, and Clinical Assistant Professor of Medicine/Pulmonary, UW</td>
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<tr>
<td>21 Oct 2003</td>
<td>&quot;Staff Retreat: Building Community Part I&quot;</td>
<td>Jim Boggs, Ph.D., Effective Arts, Seattle</td>
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<tr>
<td>25 Nov 2004</td>
<td>&quot;Emerging Infections&quot;</td>
<td>Christopher Sanford, MD, Co-Director, Travel Clinic, HHPCC, and Clinical Assistant Professor of Family Medicine</td>
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<tr>
<td>9 Dec 2003</td>
<td>&quot;Staff Retreat: Building Community Part II&quot;</td>
<td>Jim Boggs, Ph.D., Effective Arts, Seattle</td>
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<tr>
<td>13 Jan 2004</td>
<td>&quot;Hypercoagulable States&quot;</td>
<td>Michael Linenberger, MD, Associate Professor of Med/Hematology, Sch of Med, UW, and Medical Director, Apheresis and Cellular Therapy, Seattle Cancer Care Alliance</td>
</tr>
<tr>
<td>27 Jan 2004</td>
<td>&quot;UTI Update&quot;</td>
<td>Thomas &quot;Mac&quot; Hooten, MD, Professor of Medicine/ID, and Medical Director of the Madison Clinic, Harborview</td>
</tr>
<tr>
<td>10 Feb 2004</td>
<td>&quot;Alcohol and Substances: Misuse, Abuse or Addiction&quot;</td>
<td>Sharon Rederford, MS, ARNP, Health Care Specialist, Mental Health Clinic, HHPCC, UW</td>
</tr>
<tr>
<td>24 Feb 2004</td>
<td>&quot;Update fr the US Preventive Services Task Force Current Summary of Recommendations&quot;</td>
<td>Alfred O. Berg, MD, MPH, Professor and Chair of Family Medicine</td>
</tr>
<tr>
<td>9 Mar 2004</td>
<td>&quot;Adult Vaccination&quot;</td>
<td>Kathleen Neuzil, MD, MPH, Associate Professor/ID, Sch of Med, UW, and VA Puget Sound Health Care System, Seattle</td>
</tr>
<tr>
<td>23/25 Mar 04</td>
<td>&quot;CPR Training&quot;</td>
<td>Kohl Anderson/Tom Holman, Seattle Fire Dept</td>
</tr>
<tr>
<td>13 Apr 2004</td>
<td>&quot;Pain Management in a Primary Care Setting&quot;</td>
<td>Thomas R. Taylor, MD, Professor of Family Medicine</td>
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<tr>
<td>27 Apr 2004</td>
<td>&quot;Dealing w/ Sexual Intimacy in the Patient Setting&quot;</td>
<td>Sylvie Aubin, Ph.D., Acting Instructor/Clinical Psychologist, Dept of Psychiatry and Behavioral Sciences</td>
</tr>
<tr>
<td>11 May 2004</td>
<td>&quot;HIPAA Update&quot;</td>
<td>Jane Fellner, MD, HIPAA and Compliance, Hall Health Primary Care Center</td>
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<td>25 May 2004</td>
<td>&quot;Bloodborne Pathogen Training&quot;</td>
<td>Sally Abbott, ARNP, COHN, Manager, Employee Health Clinic, HHPCC, UW</td>
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<td>22 June 2004</td>
<td>&quot;HPV Update&quot;</td>
<td>Linda Eckert, MD, Assistant Clinical Professor of OB/GYN</td>
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<tr>
<td>13 Jul 2004</td>
<td>&quot;Strep and Staph Drug Resistance&quot;</td>
<td>David Spach, MD, Professor of Medicine/ID</td>
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