

Medicine Clerkship Site Director Guide



Medicine Clerkship Site Director Guide 2017-18

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Clerkship Site Checklist

Below is a checklist of housekeeping items to help us coordinate your clerkship site. After reading this document, please e-mail the following to Carmelita Mason-Richardson (carmelit@uw.edu).

1. A welcome statement to the site (please include what makes your site great!).
2. Contact information for the site director, site coordinator, and practice manager/credentialing coordinator.
3. What is included in the housing (i.e. laundry, etc.) and an address for mail.
4. What transportation, if any, is needed.
5. Any site-specific orientation information that we can include on our the website.
6. Credentialing paperwork and point-of-contact information.
7. A sample schedule for rotation (rough outline).
8. Things to do in the city and area.

Welcome!

Dear Site Director,

First and foremost, thank you for all that you do to teach and train our medical students!

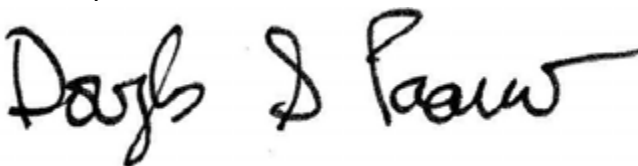
Our Medicine Clerkship students are part of the WWAMI program, which is a medical student education program that provides for enrollment of students in the University of Washington School of Medicine from Washington, Wyoming, Alaska, Montana, and Idaho. Each state has developed contractual obligations between the University of Washington School of Medicine (UWSOM) and the respective state to fund medical education for the state's residents. One requirement of these contracts is for medical students to spend part of their medical education in their home state. Typically the first two years is spent in a home state university (currently University of Washington, Gonzaga University-Spokane, University of Wyoming-Laramie (MS1 year only, MS2 year in Seattle), University of Alaska – Anchorage, Montana State University-Bozeman, or the University of Idaho-Moscow). Most students will do clinical clerkships at community clinical sites in the WWAMI region.

This document describes the role of the Clerkship Site Directors of these clinical sites.

If you have any questions, please contact the Carmelita Mason-Richardson, the Medicine Clerkship Manager. Contact information for the Medicine Student Program Team is listed on the next page.

Thank you again for taking part in advancing the next generation of physicians!

Sincerely,

A handwritten signature in black ink that reads "Douglas Paauw". The signature is written in a cursive, flowing style.

Douglas Paauw, MD
Clerkship Director

Medicine Student Programs Team

Administration

Carmelita Mason-Richardson
Medicine Clerkship Manager
Primary contact for all questions regarding the Medicine Clerkship
Email: carmelit@uw.edu

Kathi Sleavin
Assistant Director, Medicine Student Programs
Email: ksleavin@uw.edu

Faculty

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Clerkship Director
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Chris Knight, MD
Director, WWAMI Region and Community Based IM Education
Associate Director, Medicine Required Clerkship
Email: cknight@uw.edu

Shobha Stack, MD
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Jenny Wright, MD
Associate Director, Medicine Required Clerkship
Email: sonic@uw.edu

Susan Merel, MD
Associate Director, Explore and Focus Phase
Email: smerel@uw.edu

Clerkship Site Director Role and Responsibilities

The role of the Site Director is to serve as the supervisor and contact for students as well as the local liaison with the Medicine Clerkship and University of Washington School of Medicine.

Organization

- Recruit, orient and support the group of providers at your site who will be teaching the student.
- Introduce the student to clinic staff.
- Orient the student to the clinic/hospital and site expectations for the clerkship. Site expectations are best when done formally and placed on the clerkship website.
- Be aware that there are site credentialing requirements (HIPAA, computer access, hospital badging process) and let Seattle know if there are changes.
- Make sure students have a desk to sit at and a computer to use with Internet access.

Education

- Prepare preceptors to ensure a learning environment for students that includes autonomy rather than shadowing.
- Students are expected to write admit notes and daily notes on all patients who they follow.
- Arrange for didactic sessions to be presented at the site as appropriate.

Feedback and evaluation

- Give formal mid-clerkship feedback halfway through the rotation. To prepare for this, collect feedback from all site preceptors according to the P/RIME system, and collate feedback with recommendations for next steps for growth for the student.
- Ensure that student evaluations are submitted **within 3 weeks** after the student completes the rotation at the site.
- Assure that trainee evaluations by faculty and any other evaluative documents (if applicable) are returned to Seattle within 3 weeks after the trainee has completed the rotation.

Faculty development

- Meet with the clerkship director when they make a site visit and travel to Seattle for the annual Medicine Clerkship retreat.
- For WWAMI sites, meet with your Regional Dean when they are visiting to check in.
- Let us know if there are areas of faculty development that you would like training on.
- Monitor faculty for their teaching performance and advise the WWAMI Director of performance deserving of recognition or promotion.
- Monitor and arrange for participation of site faculty in educational development sessions.

- Review trainee evaluations of faculty and provide feedback to faculty on their teaching performance.

Administrator Duties

- Assure that trainees have proper credentials for working in the clinic and hospital (meet hospital and state requirements).
- Coordinate Electronic Medical Record training for the student on their first day.
- Manage housing arrangements and parking at the site. Set standards for occupancy (number of persons in units, pet policy, and special requirements of the housing).
- Identify student problems and promptly contact the Medicine Student Programs as appropriate.
- Keep Medicine Student Programs and the Regional Dean (if WWAMI site) aware of budget, housing, scheduling, credentialing or other problems.
- Work with Carmelita regarding availability and scheduling questions or concerns

Medical Student Expectations

Goals of the Clerkship

Students participate in the care of both hospitalized and ambulatory patients, while refining their skills of history-taking and physical examinations, and learning to care for a variety of illnesses. The clerkship is 12 weeks in length, with at least 1/3 of the experience in the ambulatory setting. This may be concurrent with the inpatient experience, as at most regional WWAMI sites, or it may be as a separate 4-week ambulatory block.

The clerkship goals are to:

- Diagnose and manage of a broad range of diseases encountered in general internal medicine.
- Select appropriate medical therapy, including diet, activity modification and drugs.
- Recognize and treat major organ system failures.
- Perform a targeted medical history and appropriate physical examination.
- Produce concise and precise write-ups and oral case presentations in the inpatient and outpatient setting.
- Select appropriate laboratory tests, radiologic examinations and procedures, to assist in delineating patients' problems.
- Construct differential diagnoses and be able to support the most likely diagnosis based on history, physical exam, and laboratory findings.
- Act professionally throughout the clerkship as described in the professionalism benchmarks for medical students.

How to meet these goals

1. Become involved in the care of individual patients, following patients from admission to discharge (and beyond where possible).
2. Develop an appreciation of the impact of illness in the individual patients and recognize the psychosocial factors which affect medical illness.
3. Learn in depth about the specific diseases and symptoms of your patients and develop learning habits which will serve as a model for life-long learning as a physician.

Objectives

There are three learning objectives for the Medicine Clerkship encompassing Core Medicine Topics, Core Clinical Skills, and Professionalism.

Core Medicine Topics

The 12 core clinical topics are listed below. We expect students to see at least one patient with the topic, and develop the knowledge and judgment necessary to manage a patient presenting with this problem.

1. Abdominal pain
2. Altered mental status
3. Chest pain
4. Diabetes
5. Dyspnea
6. Electrolyte disorder
7. Fever
8. GI bleed
9. Hypertension
10. Joint or back pain
11. Kidney failure
12. Preventive care

Core Clinical Skills

Students will:

1. Gain experience and confidence in history taking and physical examination.
2. Refine and condense write-ups and oral presentations to be precise but efficient in communication about patients.
3. Learn to use laboratory tests, radiologic examinations and special procedures, (i.e., blood drawing, intravenous lines, arterial blood gases) to work up and treat patients' problems.
4. Learn to construct a differential diagnosis, and be able to support your diagnosis based on clinical findings.

Professionalism

We have high expectations of professionalism. Students should be evaluated by the same standard we would apply for anyone engaged in direct patient care. In addition to basic expectations, i.e. fulfilling course requirements and attendance, we ask that our students reflect on some of the professional and ethical conflicts that arise on the inpatient service.

Palliative Care Exercises

These exercises are part of a project to increase exposure to palliative care in the clinical years. During the medicine clerkship, students are required to complete two experiences as described below. Both can be completed with inpatients or outpatients.

In the “Advance Care Planning” exercise, the student will select an appropriate patient with faculty assistance, have a conversation with the patient about their advance care planning readiness, ask the patient to select a Durable Power of Attorney for Health Care if they have not already, and have further conversations with the patient about advance care planning if appropriate. In the “Delivering Important News” exercise, the student will observe a clinician delivering serious or important news or deliver news themselves with attending or resident supervision and feedback.

More details including detailed instructions for the student are available at: <https://imstudents.uw.edu/medicine-clerkship/palliative-care-modules>. If you have any questions or feedback regarding this activity please contact Susan Merel at smerel@uw.edu.

Other Academic Expectations

Students will also complete the following over the clerkship, outside of their clinical work:

- Watch the weekly lecture series online or at the University of Washington when in the greater Seattle area.
- Patient logging of the 12 core curriculum topics
- It is highly recommended that students complete 12 SIMPLE virtual patient cases that we have selected for them to review.
- Final exam at the end of the clerkship. This is the standardized subject test from the National Board of Medical Examiners.

Work hours

Per the University of Washington School of Medicine, the following rules apply to student workhours

Clerkships with Call:

1. No more than 80 hours of awake time in the hospital or clinic per week.
2. Post-call, if you did not sleep, go home at the same time as the intern or resident, within 30 hours of starting the prior day.
3. Post-call, if you slept at least 5 hours, you should stay through the working day.
4. You should have at least one full day off per week, averaged over a month.
5. No matter how many hours you have worked, always check out with the team before leaving for the day.

Clerkships without Call:

1. No more than 80 hours of awake time in the hospital or clinic per week. 2. Parking and transportation issues may demand you leave the hospital by a certain time (i.e. shuttle service or security escort service availability).
2. You should have at least one full day off per week, averaged over a month.
3. No matter how many hours you have worked, always check out with the team before leaving for the day.

Absences and Last day of the Clerkship

*****All request for time off must come to our office first*****

With rare exceptions we **do not** approve time off requests. On the Medicine Clerkship students are expected to act as the primary care provider for patients, actively participating in the care of patients by being a key member of your team during all scheduled work times. Medicine Student Programs adheres to the absence and time off policy set by the dean's office and clerkship committee. From the [UWSOM absentee policy](#):

"It is in the student's best interest to be present for all days during clerkships...Please try to anticipate personal events and fit them into breaks or elective time off."

Additionally, the policy notes there is an allowance for two days off during your clerkship to address illnesses and unforeseen emergencies; this does not mean students receive two days off at their discretion during this rotation. The bulk of our time-off requests revolve around weddings. Since time off is not guaranteed, students are advised not to make any travel arrangements prior to receiving permission from the Seattle medicine clerkship office.

- Missed time cannot be made up.
- Students are not excused to leave early, they are expected to actively care for patients until duties for the day are accomplished.
- Students on call cannot leave the hospital campus, they are expected to spend the night in the hospital working up newly admitted patients.
- Students can expect a total of 12 days off during the 12 week clerkship (this includes switch weekends, WWAMI (non Greater Puget Sound) and clinic weekends).

Weddings & personal events

The majority of our time off requests are for weddings. Students should not assume these events are automatically approved. Students requesting time off for weddings, family reunions, parties, etc. **will not** be approved for time off during **weekday hours**. Only Saturday and Sunday requests will be considered, and ALL requests must be received at least **6 weeks in advance** of the clerkship start date. Requests received under 6 weeks will be automatically denied.

Academic conferences & poster presentations

Requests to attend academic conferences or poster presentations must be received at least 6 weeks in advance. These time off requests should only include the time students need for travel to/from the event and their presentation. We will not approve attendance for the entire length of the conference. Students believe that attending specialty conferences allows networking opportunities for their residency match. In discussions with specialty career advisors, it is agreed this is not the case. A strong residency application comes from strong clerkship grades, the clerkship is the best place for students to focus their attention.

Illness

If a student is ill and unable to report to their shift, they should both:

1. Contact their senior resident or attending physician **by phone** by 7:30 am. Do not leave a message, talk to a live person. **And...**
2. Contact Medicine Student programs office at 206-543-3237.

Holiday Schedule

Because patients never stop presenting, neither do physicians. The following is the holiday time off schedule for the medicine clerkship:

- Thanksgiving Day, plus the Friday through Sunday afterwards (4 days off)
- Christmas Day
- New Year's Day
- All other holidays are site specific

Exam schedule

The final exam is given on the last Thursday of the clerkship. The National Board of Medical Examiner's Shelf Exam (NBME) in Internal Medicine is a 2 hour and 45 minute multiple choice exam consisting of 110 questions. The multiple choice questions are single, best-answer questions. Students will receive an email during the clerkship telling them of the location of their assigned testing site. Please visit the [UWSOM NBME Subject Exam webpage](#) for more details about this exam, including travel and start times.

The NBME test score is designed to reflect the level of student mastery of the subject matter. NBME test scores are an 'equated percent score', which indicates they are adjusted statistically in order to be comparable across schools and test administrations. Test scores will be converted to a number that is added to students clinical GPA to calculate final GPA. See [Grading](#) for details.

- Details of Internal Medicine Subject Exam exam content and sample questions can be found at the [NBME web site](#).
- Scoring for the NBME exam is not be released until the student's grade is posted 4 weeks after the end of the clerkship. Their final score will be included in their final evaluation under "Final Examination Grade".
- There is a detailed supplemental report from NBME and that will be sent to the student 4-6 weeks after the end of the clerkship.
- There will be no retakes of the final exam.
- Students scoring 30 or less on this exam will have a test result of "Fail". Per UWSOM policy test failures will result in a clerkship grade of "Fail" and student will be required to repeat the twelve-week clerkship.

Exam Travel schedule guideline

Clerkship exam schedule guideline for MS3/4 Required clerkships

Goal: Standardize the final exam schedule for third and fourth year required clerkships to provide students and support services with consistency across clerkships, adequate travel time to the exam site and student travel and preparation for the following clerkship.

Background: The final exam schedule and travel release for third and fourth year required clerkships has been coordinated by the individual departments for many years. Due to the number and location of regional training sites in the UW School of Medicine, there is variance in the scheduling of the exam day and travel release time between sites within a clerkship and across required clerkships. Required clerkship exam scheduling has grown in complexity with the increase in the number of training sites, number of clerkships using the NBME subject exam, regional test site scheduling and exam proctor guidelines.

The following guidelines are established to support student safety while traveling between training sites and maximize the use and scheduling of regional testing centers and proctor support services.

All required clerkships (with exception below)

Students traveling more than one hour to exam site. For their Exam Week:

Wednesday

Student Activity

Students released at 12pm to move/travel to exam site

Thursday

Exam day: Exam may be scheduled in morning or afternoon depending on testing site

Friday-Sunday

Move/travel to following clerkship

Students taking the exam in the same city or within one hour of clerkship site. For their Exam Week:

Thursday

Student Activity

Exam day: Exam may be scheduled in morning or afternoon depending on testing site

Friday-Sunday

Move/travel to following clerkship

The P/RIME Method

The method we use to evaluate students and ultimately determine final clinical grade is called the P/RIME method. The P/RIME method combines the widely-used RIME technique for assessing a student's cognitive and clinical abilities with assessment of professionalism. The following table provides some guidelines for faculty in assessing where a student is at and providing feedback to further master that level and beyond. Please note that while students often perform in all of these areas at some point during their clerkship, your evaluation is based on where the student functions the majority of the time.

Professionalism

Qualities to assess under professionalism include:

- Compassion
- Respect for patients, peers, and colleagues
- Responsibility
- Integrity
- Altruism
- Scholarship or Educational attitudes

Students who are examples to others of professional behavior are at the Honors level. Students who are neither superlative nor deficient in professionalism can be considered for "High Pass." Students with minor deficits who are working to correct them are considered passing. Students with major deficits who fail to correct them despite receiving feedback during the clerkship could fail the clerkship.

Reporter

Takes excellent history and does an appropriate physical exam. The student is able to do concise and excellent presentations and exchanges information very well. This level is the expected competency level of "Pass" for a third-year medical student.

Interpreter

The student takes information and reliably interprets data to come up with diagnoses and appropriate differential diagnoses. The differential diagnoses should be weighed to point out the most likely diagnoses. Students functioning at the Interpreter level most of the time are at the "High Pass" level.

Manager & Enhanced Communicator

The student at the Manager/Enhanced Communicator level not only excels as a Reporter and Interpreter, but also routinely suggests appropriate patient management issues that show understanding of the disease process and the underlying pathophysiology. They also demonstrate enhanced communication skills which may include:

- Explain diagnoses, prognoses, and plans to patients in language they can understand
- Answer patients' questions, and find the answers to questions when they don't know
- Interact with patients and families after the clinic visit or hospitalization
- Communicate efficiently and respectfully with colleagues, including excellent oral presentation skills and concise, thorough write-ups
- Demonstrate comprehension by tailoring the amount of information given to the clinical situation and asking appropriate questions of their teachers and peers

Students who demonstrate Management and Enhanced communication skills **most of the time** are at the Honors level. Students who show only one of these skills consistently but not both should be given a final grade of High Pass with mention made of their strengths in the comments.

Giving Feedback to Students Using PRIME

Please use the PRIME system (described in detail above) to give feedback to students midway through your time together and at the end of your time together. Students should already be familiar with the PRIME system – it is covered in their orientation for all Internal Medicine clinical rotations.

Suggested outline for a brief mid-rotation or end-of-rotation feedback session with a student:

1. “What is going well?” Ask the student what they think they are doing well.
2. “What are you working on?” What skills are they working to improve?
3. Remind the student of the PRIME system, and ask them what level they think they are on.
4. Tell the student where you think they are in the PRIME system. Give specific examples:

Thanks for sharing that, Joe. Overall, I think you are working at the Interpreter level the majority of the time. Your oral case presentations and notes are very good – you’ve worked hard to improve them. You are able to come up with a reasonable differential diagnosis most of the time. You did a particularly good job today justifying why you think Mr. Smith’s dyspnea is caused by a COPD exacerbation and not by pneumonia.

5. Suggest one or two specific skills to work on in order to advance to the next level or improve their performance:

Joe, to move to the Manager level on the PRIME system I’d like to see you propose a management plan on rounds for your patient’s problems and then propose orders. For example, you could tell me exactly what you wanted to do to manage Mr. Smith’s COPD exacerbation and propose orders for me to cosign. Do you think you can work on that?

6. Create a plan together, including a specific time for additional feedback if this is a mid-rotation feedback session.

Let’s sit down for five minutes at the end of the day on Friday so that I can give you feedback on your management skills. I’ll make sure to have specific examples for you.

Student Evaluation Process

Mid-rotation feedback

Every student should have a brief mid-rotation feedback session during their rotation. This session should be led by the attending physician who knows the student best or by the site director who has gathered information from educators working with the student. This should occur during the second week of the four-week rotation and should be structured according to the PRIME system discussed above.

Struggling Students

Very rarely, you will have a student on who is struggling – for example, their oral presentation or notes are well below average, their knowledge base is inadequate, or there are

professionalism concerns. PLEASE MAKE OUR OFFICE AWARE OF THIS SO THAT WE CAN HELP YOU! Carmelita Richardson carmelit@uw.edu can help you and the student access resources, and if your rotation is in Seattle we can sometimes meet with the student personally. Please also consider involving the student's college mentor.

What steps can I take if I am concerned about a student passing the clerkship?

- Contact Dr. Doug Paauw dpaauw@uw.edu or Carmelita Richardson carmelit@uw.edu

Evaluation System: E*Value

The UW medical student database is called E*Value. This program also manages student evaluations. During the last week of the rotation, electronic evaluations will be issued to educators (attending, fellows and residents) who worked with the student. These evaluations are structured according to the P/RIME system. See Appendix A for an example E*value grading form.

The evaluation form in Internal Medicine

The electronic evaluation form gives you an opportunity to rank a student's individual skills on a standardized scale, recommend a final grade based on your interactions with the student, and provide written comments. As discussed above on page 10, please base your suggested grade on the student's level on the PRIME system. Please also use PRIME language in your narrative comments as discussed above.

There are two boxes for comments – one is for constructive comments, and one is for a summary of overall performance. Comments in the “overall performance” box for can be used in the student's Medical Student Performance Evaluation (MSPE, formerly known as a “Dean's Letter”) that is sent to residency programs. Sample narrative comments are provided in the box below.

Provide descriptive feedback for student on strengths and areas needing improvement.

My feedback to Jesse at the end of our time together was that prior to focusing on further development of his management skills I feel he should further refine his reporting skills - we discussed ways to focus the oral case presentation and tools to better organize and formulate his presentations.

Provide summary of overall performance based on clerkship's objectives and the student's achievement in all areas of evaluation (comments for use in the Dean's MSPE.)

James was a pleasure to work with - his educational attitude, receptivity to feedback and patient ownership are all exemplary. Over the course of our two weeks together he made progressive improvements in his oral case presentations and patient notes. He is able to integrate information from patient history and labs/studies into a well-thought-out differential diagnosis. He is beginning to form management plans and refining his patient communication skills.

Guide to Using the E*Value Student Evaluation Program

The educators who worked directly with the student will receive evaluations during the last week of the student's rotation. We request that educators complete their evaluations of students within 7-10 business days after the end of the elective. Automatic reminders will be generated weekly until the evaluation is completed. If educators have trouble with their evaluation, please contact Medicine Student Programs at medstpr@uw.edu

When evaluations are generated, educators receive an email with instructions for logging in, and the link will take them directly to their evaluation queue. They can also login to E*Value anytime through the E*Value portal. Instructions to use E*Value are as follows:

Access Via UW NETID (For UW Faculty):

1. Click UW E*Value UW access link below
2. Click "E*VALUE PORTAL" Login for all students and most UW Faculty (UW NetID authentication)"
3. Enter UW NetID
4. Click "Pending Evaluations"
5. List of evaluations to complete appears
6. Click "Edit Evaluation"
7. Complete evaluation then hit "submit" at end.

Access with E*Value generated password:

1. If educators do not have a UW NetID, contact Carmelita Mason-Richardson, carmelit@uw.edu to email your E*Value password and Login.
2. Click E*Value access Link Below
3. Click "E*VALUE WEBSITE" Login for non-UW educators"
4. Login with E*Value password information from email notification
5. Follow steps 4-7 above

UW E*Value access: <http://www.uwmedicine.org/education/md-program/current-students/technology/e-value-portal>

Didn't work with student long enough to evaluate? If you receive an evaluation for a student that you did not work with, or work with long enough to provide a meaningful evaluation, please suspend the evaluation. This will stop E*Value email reminders.

To suspend:

1. Log in via one of the above methods.
2. Follow steps 4-6 above

3. Top section under student photo you will see "Suspend". Click this and follow prompts to suspend the evaluation.

Who determines the final grade?

The final grade is a combination of the student's Clinical GPA and their NBME final exam. The Clinical GPA is determined as an average of the evaluations accumulated over the course of 12 weeks, weighted according to the amount of time each evaluator spent with the student. The final grades are scaled as follows:

Honors - 4.60 or greater

- Students who function at a Manager level most of the time.
- Students below a test score of 75 on the NBME exam will drop to High Pass.
- Note that this grade level has already been skewed for your benefit. The true Honors level is 4.72 or greater. Students who receive a 4.58 and feel they should have been given an honors, they have already been given a 0.12 allowance.

High Pass - 4.00-4.59

- Students who function at an Interpreter level most of the time.
- Note that this grade level has already been skewed for student benefit. The true High Pass level is 4.2 - 4.72. If students receive a 3.98 and feel they should have been given a High Pass, they have already been given a 0.20 allowance.

Pass - 3.00-3.99

- Students who function at a Report level most of the time.

Fail - Less than 3.00

- All final grades of Fail are reviewed in detail by the course grading committee.
- Students who show major areas of concern in professionalism or clinical performance may fail the clerkship or require remediation regardless of GPA.
- Students who fail the NBME exam will be assigned a final grade of "Fail" and must repeat the clerkship per UWSOM policy.

Implicit Bias in the Learning Environment

Understanding implicit attitudes and how they influence behavior is important for healthcare professionals working with students. The UWSOM has developed a training module that discusses what implicit attitudes (biases) are, how they can influence teaching in clinical settings and what instructors can do to mitigate negative interactions related to implicit biases. We strongly recommend that educators working with UWSOM students complete this module. The module takes about 30 minutes to complete, and a UW NetID or a gmail account is required for access. <https://canvas.uw.edu/courses/1173964>

Student Wellbeing

In the rare event you have a student who is in need of immediate counseling, please to contact one of the Seattle or WWAMI counseling staff to consult and or refer.

- Counseling is available to medical students for a wide range of personal, academic and professional issues in the UW SOM Counseling & Wellness Service
- Services are free and confidential
- Counselors in Seattle are available to consult with regional students and/or faculty by phone or email. Email is not confidential and preference is to offer consultation by phone or in person.
- Counselors are available at each regional site
- Counseling is available to students and their partners, individual and/or couples counseling
- Generally they offer short-term counseling (approx. 12 sessions)
- Provide referrals for psychiatric evaluation, medication management, or long-term therapy
- The counselors are flexible with scheduling, easy to access, and offer evening appointments
- Other UW Resources
 - Hall Health Mental Health (206) 543.5030
 - UWMC Emergency Department (206) 598-4000 **Confidentiality is a concern when bringing a student to any ED as friends may be in a clerkship there or the student may have done a rotation at that site; good to call ahead to find out
 - 24 Hour Crisis Line (King County) (206) 461-3222

UWSOM Counseling & Wellness Seattle Contacts

Website: www.uwmedicine.org/education/md-program/current-students/student-affairs/counseling-wellness

Contact:

Joanne Estacio-Deckard, LICSW

Director, Medical Student Counseling and Wellness Services

AA-103E, 206.616.3024

joanneed@uw.edu

Paul Barry, LICSW

AA-111G, 206.616.3022

barryp@uw.edu

Sheri Davis, LICSW

AA-111B, 206.543.8392

sherid2@uw.edu

Regional WWAMI Counselor Contacts

To access free, confidential counseling at one of the regional WWAMI sites, please contact:

- Alaska: Virginia Parret, Ph.D., virginia.parret@providence.org
- Idaho: Susan Simonds, Ph.D., ssimonds@wsu.edu
- Montana: Cheryl Blank, Ph.D., cblank@montana.edu or Brian Kassar, Ph.D., bkassar@montana.edu
- Spokane: Jack Severinghaus, Ph.D., severing@wsu.edu (509) 358-7533
- Wyoming: Brenda Cannon, MS, cannon.counselor@gmail.com (307) 851-9736

Student Mistreatment

UWSOM takes the issue of student mistreatment seriously, and has a reporting and feedback mechanism for this. UWSOM defines mistreatment as “such behaviors may fall in the areas of sexual harassment; discrimination; harassment based on race, religion, ethnicity, gender, sexual orientation, or age; humiliation; or the use of grading or other forms of assessment in a punitive manner.”

On the “Medical Student of Educator” evaluation there are questions that ask about the student’s treatment by the educator. In the rare event a Medicine educator has a report of mistreatment by a student, the event is reported to Doug Paauw, MD, Medicine Clerkship Director. In conjunction with the Medicine Student Programs team, they will look into the matter. The first step in resolution is discussion with the individual involved. In many cases this feedback will resolve the issue. If the issue continues, then resolution will be handled on a case by case basis.

UW Volunteer Faculty Appointments

Clinical faculty make substantial contributions to the School of Medicine through their expertise, interest, and motivation to prepare and assist students in clinical settings. Clinical faculty volunteer their time to participate in teaching and other activities related to the mission of the School of Medicine.

If you or your preceptors are interested in becoming Clinical faculty, follow these steps:

1. Contact your regional WWAMI office to let them know you are interested in a volunteer faculty appointment. They will discuss the requirements with you and when these are met, assist you with the paper work and write your letter of recommendation.
2. Once your packet is complete, they will forward to the UW School of Medicine Student Affairs for approval.
3. Student Affairs then forwards the application packet to the Department of Medicine Academic Human Resources Manager. They might follow-up with you if they have additional questions.