

Administering a Rural Longitudinal Integrated Clerkship Across 5 US States

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Abstract: This article illustrates the administrative structure that has evolved to support a multistate longitudinal integrated clinical clerkship (LICC) experience. In 1996 the University of Washington School of Medicine created the WWAMI Rural Integrated Training Experience (WRITE), a five-month rural continuity based LICC experience. WRITE students spend five months in a rural immersion experience with a primary care preceptor. During this time students form continuity based relationships with patients and preceptors, which allows students to develop skills and knowledge required to treat the broad range of medical, surgical, and psychosocial problems found in rural communities.

Administration of 21 rural sites across five states is based on a strong partnership between rural practice sites, regional clinical deans' offices, and the departments and dean's office in an academic medical center. We explore the key aspects of the multi-layered administration that has evolved to support the WRITE program. A review of the year-long calendar of the WRITE program illustrates the complexity, detail and components necessary for the administration of this successful program. Rural LICC experiences like WRITE offer a useful approach to meeting rural physician workforce needs. A brief review of the WRITE outcome data will be explored. Administration of a multistate LICC experience requires synchronization of many components, especially a strong regional administrative presence that connects the rural practice sites with the academic medical center.

Keywords: Rural, Medical Education, Administration, Community Engagement.

The WAMI (Washington, Alaska, Montana and Idaho) multistate medical education program began in 1970. Wyoming joined the partnership in 1996 to create WWAMI. The WWAMI area encompasses 27% of the United States' land mass with only 3% of the population. Vast distances, rural economies, and low population densities result in significant rural and underserved populations in these states. The WWAMI region continues to be highly rural, with at least 47% of the population living in rural areas in four of the five WWAMI states, creating disparities in access to healthcare [1-3]. The WWAMI Rural Integrated Training Experience (WRITE) began in 1996 as an effort to address rural physician workforce needs by introducing third-year medical students to continuity based primary care in rural areas. Prior to the start of the WRITE program, rural experiences were limited to six-week required clerkship experiences in disciplines such as Family Medicine or short four-week elective experiences in rural communities.

The WRITE program was modeled after the successful RPAP (Rural Physicians Associate Program) program at the University of Minnesota [4]. In 1996 when WRITE began,

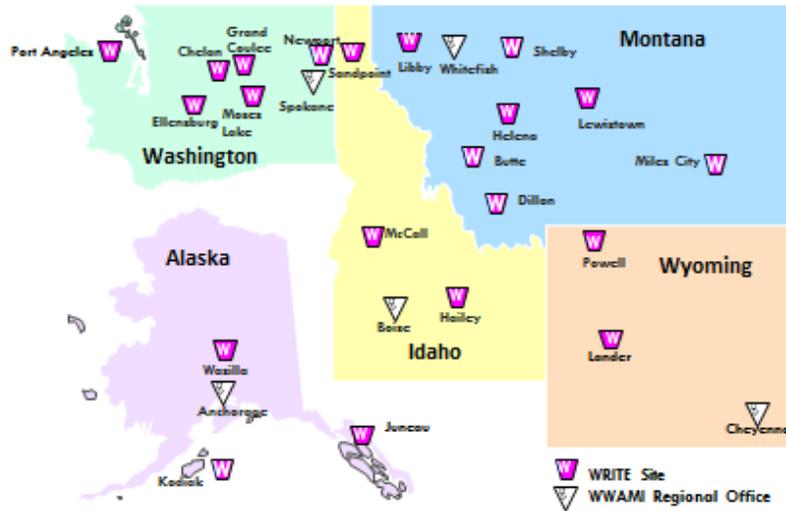
the RPAP program was the only rural longitudinal integrated clinical clerkship (LICC) experience in the US and globally. The RPAP program which began in 1971 has had over 1000 graduates with 58% practicing rurally and 76% of their graduates in primary care [5]. Following on the success of the RPAP program Flinders University in Australia started a rural longitudinal integrated clinical clerkship for selected medical students, the Parallel Rural Community Curriculum, in 1997. The Northern Ontario School of Medicine (NOSM) in Canada introduced a similar clerkship for all NOSM students in 2007 [6].

WRITE offers a five month rural longitudinal continuity-based community clerkship experience during the third year of medical school (the first year of clinical training in U.S. medical schools). This type of medical education experience has been termed a longitudinally integrated clinical clerkship (LICC). The continuity experience of spending a significant period of time in a community with a group of preceptors and patients is the defining characteristic of LICC experiences [7].

The Carnegie Foundation for the Advancement of Teaching recently released a book entitled "Educating Physicians." This work critically examines medical education and calls for a major overhaul of the current approach to educating physicians. This book reviews the recent history of LICCs, and

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21WRITE Sites in 5 WWAMI States



Map (1).

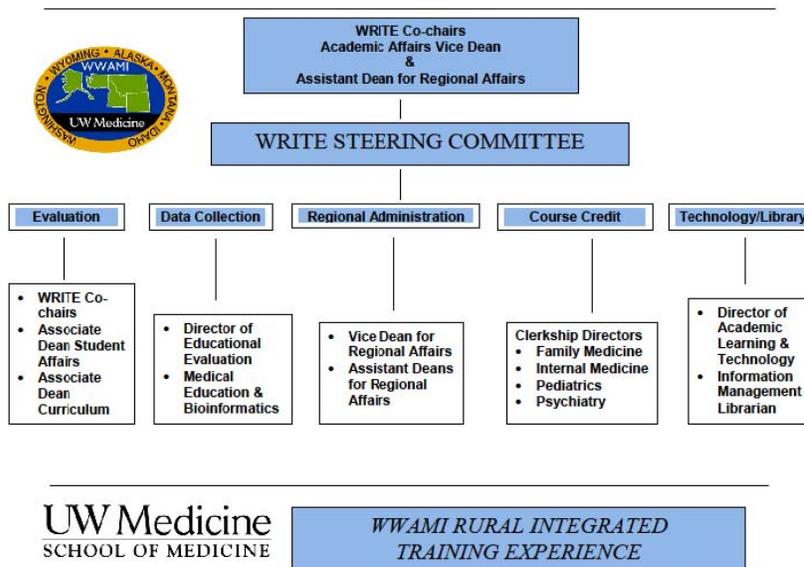


Fig. (1). Steering Committee.

they are recommended as one of the pedagogical approaches that offers improvement over the current pattern of individual clerkship blocks for educating medical students [8].

Twenty one WRITE locations within the WWAMI region host students for this rural learning experience. WRITE students receive required clerkship academic credit in Family Medicine, Internal Medicine, Psychiatry, and Pediatrics. The rural primary care teaching site is expected to provide an appropriate mix of ambulatory and hospital experiences during the five month period. The continuity-based relationships formed between patients, preceptors, and the medical students

allow the student to develop a practice style while learning how to treat a broad range of medical, surgical, and psychosocial problems. In addition, the longitudinal learning process allows the learner to model and adopt the professional attributes assimilated through the longterm relationship with the preceptor. The learning experiences utilize all of the health care resources available in the rural community, thereby emphasizing the broad scope of the rural physician's responsibilities and roles of diagnosing, treating, and managing the majority of health problems of both individual patients and the community in a longitudinal and continuing basis.

The administration of a complex and decentralized medical education program such as WRITE is a challenge and will be the focus of this article.

A WRITE steering committee, which meets annually to develop policy and oversee the program, has been established at the University of Washington School of Medicine. Members of the WRITE Steering Committee are responsible for six main areas: (1) *overall operations* includes the co-directors of the program; (2) *evaluation* includes the co-directors of the program, the vice dean for academic affairs, the associate dean for curriculum, and the associate dean for student affairs; (3) *data collection* includes the director of educational evaluation and a representative from the department of biomedical informatics and medical education; (4) *granting course credit* includes clerkship directors in family medicine, internal medicine, psychiatry and pediatrics; (5) *regional administration* includes the vice dean for regional affairs and the state-based assistant WWAMI deans for regional affairs (referred to as regional clinical assistant deans) which exist in each of the WWAMI states; (6) *technology/library support* includes the director of academic and learning technology and an information management librarian.

The WRITE Steering Committee meets annually to review key aspects of the WRITE program. Assessment of the prior year's WRITE experience includes reports by the state-based regional clinical assistant deans on each of their WRITE sites, data reports from the director of educational evaluation including student evaluations of the experience, review of the exit interviews with each of the students, and review of WRITE participants' United States Medical Licensing Examination scores and residency match data. Additional information reviewed includes discussion of significant changes to WRITE policies, curriculum changes, and approval of new WRITE locations, as well as approval of recently selected WRITE students for the upcoming year.

The WRITE program is co-directed by a Seattle-based faculty leader (the vice dean for academic affairs or the chair of Family Medicine) and one of the state-based regional clinical assistant deans (Montana). The Seattle-based co-director and his assistant oversee those aspects of the program that interface with the clerkships and others based at the University of Washington School of Medicine in Seattle. The regional clinical assistant deans and their assistants oversee those aspects of the program that are more regionally based, with the regional clinical assistant dean WRITE co-director serving as the regional point of contact/supervisor. It is critically important to balance the academic medical center campus-based and region-based activities, and this division of responsibilities has worked effectively. Managing the dynamic tension between the academic medical center and the regional sites can be challenging and must receive appropriate attention. The WRITE students are placed in the rural communities from February through June of each year for 20 weeks. The WRITE administration schedule operates on the following twelve month calendar cycle [9]:

12 MONTH WRITE CALENDAR

July- August

1. Exit interview- the Seattle based WRITE co-director performs a one-hour exit interview with each student, reviewing the experience and probing for strengths and weaknesses in

the program and in the educational sites. This interview is transcribed and plays an important role in continuous quality improvement of the program.

2. New site selection - the regional clinical assistant deans are responsible for researching and proposing new WRITE sites. Desired characteristics of new WRITE sites include small, but stable, communities, usually with populations of fewer than 10,000, where there are full-spectrum primary care practices and engaged community physician educators. Often these sites have participated previously in the teaching of WWAMI medical students in the summer rural program which the majority of WWAMI medical students participate in between years 1 and 2. Proposed new sites are reviewed and visited by one of the co-directors or associate dean for curriculum and the particular state-based regional clinical assistant dean.

August

1. Website update- overview of the WRITE program is available on a UWSOM website. The regional clinical assistant dean WRITE co-director and his assistant manage the website, including updating site descriptions, clerkship curriculum changes and other administrative updates.

September

1. WRITE presentation to second year medical students- Since the program is based on students who voluntarily choose to participate, the co-directors and regional clinical assistant deans present the WRITE program and highlight individual sites to an assembly of all MS-2s. Returning WRITE MS-4s assist in presenting the program and answering questions about specific sites. These presentations serve the dual purpose of marketing the program to the medical students and providing information to help the students select appropriate sites.

October

1. WRITE applications for MS-2s are available online and are due to the office of the Seattle based co-director of WRITE (APPENDIX A).
2. Faculty visits - the WRITE co-directors and their assistants invite clerkship directors, faculty mentors from the UWSOM colleges, and the vice dean for regional affairs to do site visits [10]. The co-directors each visit a number of WRITE sites yearly, such that each site is visited by one of the co-directors every 2-3 years.

November

1. WRITE student selection - the co-directors and the regional clinical assistant deans review applications and interview each WRITE applicant. Placement at WRITE communities are made based upon the WRITE application, WRITE applicant interviews and the knowledge of the specific WRITE mentors, communities, and experiences available at each WRITE site.

2. Affiliation Agreements - defining the relationships and respective roles between the UW School of Medicine, the WRITE site or medical institutions, and the student, are re-

newed or established. Site budgets are distributed as well as instructions for invoicing the UWSOM for housing and administrative stipends.

3. WRITE Steering Committee Meeting chaired by co-directors.

December

1. MS-2 WRITE students visit assigned WRITE sites to meet preceptors and confirm placement, arranged by the Seattle-based co-director and his assistant.

2. MS-3 WRITE students prepare a one-page autobiography to distribute to WRITE site offices and hospitals where they have been placed. State-based regional assistants help prepare these documents. These descriptions are often used by the rural newspapers for articles on the students and program.

3. MS-3 documentation- hospital credentialing, state medical student registration (where required), and letters of good standing, prepared for each WRITE student, are sent to the sites from the UWSOM student affairs registrar's office. Students are notified to bring proof of complete immunizations to their sites, as well as evidence of HIPPA training and other appropriate documentation.

January

1. WRITE orientation- all WRITE preceptors and local WRITE site administrative assistants attend a one-day orientation along with the MS-3 WRITE students in Seattle. During this orientation, clerkship directors present curriculum-specific materials for their clerkship and the WRITE experience especially in regards to clerkship learning objectives and evaluation. A faculty development topic is led by the College mentors, a library/technology update is presented, and a teaching topic is presented by senior WRITE site faculty. A lunch time health policy talk is also provided. Finally a "meet and greet" occurs between the MS-3 who will be going to a WRITE site, the WRITE site preceptor, the returning MS-4 who was at that site the previous year, and the specific College mentor for the MS-3. The orientation is planned and implemented by the co-directors and their assistants.

2. Travel assistance- the academic affairs office assists students with travel planning and reimbursement (flying/driving to sites, shipping car to Alaska, etc.)

FEBRUARY-JUNE WRITE MS-3 STUDENTS ARE IN WRITE SITES

1. Orientation at site-The WRITE site lead preceptor orients the student to the clinic, the hospital, and the community. A review of the student's specific interests, background, and long-term career plans is conducted. The WRITE site lead preceptor helps with the integration of the student into the community.

2. Monthly schedule- a monthly schedule for the WRITE student is prepared by the WRITE site lead preceptor and reviewed with the student and submitted to each state based regional office. We have found that the students highly value having a schedule as they begin the program.

3. Community project- each WRITE student develops and completes a community project in conjunction with WRITE site lead preceptor using a "Community Oriented Primary Care" framework learned during the first year RUOP experience [11]. The community project is one of the foundational elements for engaging the WRITE student with their community during this 20 week experience. This is submitted to the state based regional office and the offices of the co-directors for review and may lead to a poster and presentation

4. Experience log data- WRITE students log every encounter and clinical procedure on a secure website including patient age, gender, diagnosis and level of student involvement in the care. Data is reviewed monthly with the WRITE site lead preceptor and sent to co-directors, clerkship directors and regional clinical assistant deans. The logs ensure comparability between WRITE sites, between years and between the WRITE program and traditional clerkship experiences

5. Faculty Site visits- Each site receives two to three faculty site visitors during the five month experience. This may include a co-director of WRITE (co-directors visit each site every 2-3 years), a clerkship director of one of the clerkships that is granting credit, or College mentor. During the day of the site visit the faculty member talks with the student, surveys the clinic and hospital, meets with the WRITE site lead preceptor, observes the student preceptor interaction, provides a faculty development or clinical presentation, and listens to the student present two formal clinical cases. The site visits provide an opportunity for the UWSOM Seattle based faculty to link with the WRITE student, their mentor and the WRITE community.

6. Clerkship exams- Clerkship coordinators work with state based regional assistants, site preceptors and WWAMI site administrative assistants to complete clerkship exams at appropriate times during the experience. The WRITE students take the same exams as students at traditional clerkship sites—this helps insure educational equivalency.

7. WRITE decentralized grand rounds *via* webinar -The WRITE students each choose a common clinical topic and do a one-hour webinar based case presentation to fellow WRITE students, co-directors, and regional clinical assistant deans. These occur in two-hour blocks bi-monthly throughout the experience. This also allows a check-in time for all of the students spread throughout the five-state region, as well as a chance for the students to connect with each other. We have found that these sessions help to decrease the sense of isolation experienced by some of the WRITE students.

8. Formal student evaluation- these evaluations are completed by WRITE site lead preceptors in all four required clerkship disciplines and submitted to regional clinical assistant dean's office. A faculty development webinar reviewing the pertinent points of completing the WRITE evaluations is presented annually by the regional clinical assistant dean co-director to the WRITE site lead preceptors.

9. Regional clinical assistant dean site visits- each site is visited at least twice during the WRITE experience and the in-person visits are supplemented with additional televideo visits. These visits serve to connect with the student to ensure an optimal WRITE educational experience, discuss ca-

reer planning with the student, and trouble shoots any concerns identified during the in-person visit. The regional clinical assistant dean meets with the WRITE site lead preceptor to discuss student experience and to offer faculty development assistance. These visits allow the regional clinical assistant deans to monitor the WRITE student, the site and be available to address issues that arise. Because of these fairly frequent visits a close relationship develops between the WRITE site lead preceptor and their state specific regional clinical assistant dean.

10. Site and program evaluation- students complete an evaluation of the experience which is submitted to the director of educational evaluation.

11. Annual newsletter - the regional clinical assistant dean co-director and his assistant create and distribute an annual newsletter that highlights current news of the WRITE program.

REGIONAL OVERSIGHT

The state-based regional clinical assistant deans and their assistants are closely involved with oversight of the WRITE experience. These experienced physicians initially propose new WRITE sites based on their knowledge and experience of their individual states. Some states open this effort to all rural primary care practices and submit a formal request for proposal to all qualified communities and sites to apply. Other WWAMI states use existing teaching sites that host first year medical students as potential new WRITE sites. The application for a new WRITE site is then submitted to the co-directors for further review and eventual visits to evaluate the site. Upon approval, the regional clinical assistant deans and their assistants work with the local WRITE sites to update the site description for the website. This information is used to present the state specific WRITE sites to the MS-2s in the fall. In November, the regional clinical assistant deans help in interviewing and selecting the WRITE applicants, along with the co-directors. All regional clinical assistant deans participate in the annual WRITE Steering Committee meeting. The regional clinical assistant deans also participate in the WRITE orientation in Seattle in January.

The regional clinical assistant deans and their assistants are the critical first point of contact for students and preceptors during the five month WRITE experience. Any concerns or problems with the experience are initially addressed at this level, and most problems are solved at this level. The regional clinical assistant deans visit their WRITE sites at least twice during the 20 week experience and often also visit *via* televideo. During the last week of the experience they check in with the site, either in person or by televideo to do a closeout visit.

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE OVERSIGHT

The departmental required clerkship directors participate throughout the year with the WRITE program. In the late summer they update the curriculum requirements for their particular clerkship area. Some clerkships allow students to fulfill part of their requirements through the WRITE experi-

ence by requiring the students to complete a portion of the clinical experience prior to the rural experience (medicine 8 out of 12 weeks, pediatrics 3 out of 6 weeks, psychiatry 3 out of 6 weeks). During the WRITE experience the remainder of the clerkship requirement is completed (medicine 4 weeks, pediatrics 3 weeks, psychiatry 3 weeks) for these clerkships. Other clerkship requirements including the final exam, mini-CEX (clinical exam), and web based clinical cases are completed by students during the WRITE experience. For family medicine the entire six-week required clerkship experience is met during the five-month WRITE experience. A four-week elective or sub-internship in family medicine is also completed during the final four weeks of WRITE.

Clerkship directors or their assistant directors visit every WRITE site on a regular rotating basis. During these visits, the clerkship curriculum is reviewed with both the student and site preceptor. A continuing medical education or faculty development presentation is delivered by the clerkship director (or other faculty visitor) to the teaching faculty and local physicians. Students write and orally present two cases in the specific specialty area to the faculty visitor. Visiting faculty observes rounds in the hospital or observes patient visits in the clinic with the student and site preceptor. These site visits sometimes involve an overnight stay and generally last at least one day.

Collection of program evaluations and data oversight are the responsibility of the director of educational evaluation, a representative from the department of medical education and biomedical informatics. The director of educational evaluation oversees the collection and distribution of the patient experience log data and coordinates the evaluation of the WRITE experience by the WRITE students. Collection and analysis of outcomes data is performed by the department of medical education and biomedical informatics and the office of the regional clinical assistant dean WRITE co-director.

ON-SITE PROGRAM MANAGEMENT

The WRITE site lead preceptors and the WRITE site administrative assistants oversee many local aspects of the program. The WRITE site lead preceptors are responsible for the initial orientation of the student to the clinic, hospital, and community. They help integrate the student into social activities of the community, since social isolation is one of the recurrent challenges faced by students in the WRITE communities. The WRITE site lead preceptors are responsible for regular formal feedback sessions and for the formative evaluation at the end of the WRITE experience. The WRITE site administrative assistant helps with obtaining housing, works on submitting invoices for reimbursement of the teaching stipend and housing expenses, and assists the office of the regional clinical assistant dean with many of the administrative tasks of the WRITE experience.

OUTCOMES

The WRITE Program outcome data is encouraging. Since the program began in 1996, 113 WRITE graduates have matched into residencies; 67% have selected primary care residencies: 45% into family medicine, 13% into internal medicine, and 9% into pediatrics.

Practice location outcomes are available for 68 graduates of the WRITE program: Forty seven (70%) of WRITE graduates are practicing in a primary care specialty and twenty two graduates (32%) have returned to rural areas to practice (Table 2). Rural is defined as an area with a Rural Urban Commuting Area (RUCA) score of 4 or greater [12]. Sixty-four percent of WRITE graduates in rural practice are family physicians (Table 1). Furthermore, the circle is completing itself—five WRITE graduates are currently practicing in WRITE communities and teaching the next generation of WRITE students.

FUTURE INNOVATIONS

Future plans and challenges of the WRITE program include the incorporation of the new TRUST (Targeted Rural Underserved Track) program into WRITE [13]. TRUST should be viewed as the next evolutionary step for WRITE. TRUST, which started in Montana in 2008, features targeted admissions, a four-year recurrent rural longitudinal medical school experience in one rural community, which includes WRITE as the key clinical experience. The rural continuity experience with a rural mentor and a single unique rural community is the cornerstone of the TRUST program.

In 2009, the WRITE program created its first educational site in a Federally Qualified Health Center (FQHC) in Helena, Montana. The primary clinical experience is at the FQHC with two family medicine preceptors. Besides a more urban WRITE experience (population 28,190 in 2011) this site includes a rural satellite clinic one hour from Helena. Teaching at the FQHC emphasizes a more urban and community health focused WRITE experience. Development of more FQHC-based WRITE experiences are planned for the WWAMI region.

CHALLENGES

Finding appropriate sized WRITE communities with the full complement of interested potential teaching faculty required for the experience will continue to challenge the regional clinical assistant deans. As practice pressures continue to grow for small rural practices, teaching is often one of the first things sacrificed.

One of the concerns about WRITE is the relatively short length of the rural experience. The University of Minnesota's RPAP program is a nine-month third-year LICC experience in a rural community, and the Comprehensive Community Clerkship in the third year at the Northern Ontario School of Medicine lasts an entire year [14, 15]. There appears to be some advantage in having a LICC experience of at least nine months in length as students gain additional clinical responsibilities and competencies over this extended time period. These experiences create medical students who are confident in their clinical skill sets and well prepared to enter residency internships. Discussions regarding lengthening the WRITE experience have started.

SUMMARY

The WRITE program at the University of Washington School of Medicine has provided the opportunity for UW-SOM students to participate in a five-month rural LICC experience. The WRITE program has succeeded by integrating joint leadership from the region with leaders from the UW-SOM academic medical center. By incorporating state-based regional clinical assistant deans and their offices into the administrative structure of the WRITE program, a bridge has been created between the academic health center in Seattle and the region. The regional offices allow the program to maintain close contact with the site preceptors and students while keeping close contact and educational integrity with

Table 1. Residency Match Rates

WRITE Outcomes as of 2012				
WRITE Residency Match Rates				
Total Students Matched	Primary Care	Family Medicine	Internal Medicine	Pediatrics
113	76 (67%)	51 (45%)	15 (13%)	10 (9%)

Table 2. Practice Outcomes

WRITE Outcomes as of 2012				
WRITE Practice Outcomes				
WRITE Graduates in Practice	Primary Care	Family Medicine	Internal Medicine	Pediatrics
68	47 (70%)	27 (40%)	13 (19%)	7 (10%)
Rural Practice		Family Medicine	Internal Medicine	Pediatrics
22 (32%)		14 (64%)	2 (9%)	3 (14%)
Rural Practice Primary Care				
19 (86%)				

the UWSOM. The partnership for administration between the offices of the regional clinical assistant deans and those in the academic medical center has proven to be an effective and enduring administrative model for a rural medical educa-

tion program. The WRITE program has been demonstrated to be a successful model in providing a pathway into rural practice and primary care.

APPENDIX A

WRITE Application

WRITE—WWAMI Rural Integrated Training Experience

Student Application Form

<http://depts.washington.edu/write/>



Application Due Oct. 28, 2011: c/o Mary Atkinson, Dept. FM, Box 356390, 1959 NE Pacific St., Seattle, WA 98195 OR via email: maryat@uw.edu

I am also applying for a Track. If I am not selected to participate in WRITE, I would like to be assigned to a Track.

I am a TRUST student (if yes, be sure to fill out final page of application)

Pre-Matriculation city and state:

Student Name

College Mentor:

Birth Date:

photo of

Last First MI

College Affiliation:

Student ID:

student

Mailing Address

Phone:

office

Street City State Zip

Email:

use

R/UOP Site:

R/UOP Preceptor:

Zip Code of High School

only

Graduation:

III Project Status:

Paper Completed/Approved

Petition Approved

First Year Site:

Applicant's Residence History *List each permanent residence, starting with your place of birth:*

City/Town	County	State	Year to Year	

Housing Needs at WRITE Site:

Single Occupancy

Spouse Employment Needs/Type of Work:

Double Occupancy

Other (describe family needs):

Educational Background *Begin with High School TRUST STUDENTS NEED NOT ANSWER THIS QUESTION*

Institution	City/State	Year to Year		Degree or Certificate

Special Interests, Hobbies, Extracurricular Activities: TRUST STUDENTS NEED NOT ANSWER THIS QUESTION

Student Name:

Awards and Honors (College and Post-Graduate): TRUST STUDENTS NEED NOT ANSWER THIS QUESTION

Additional Comments:

WRITE Site Preference (Rate 1 to 3, with 1 being top choice). Ranking is taken into account when site assignments are made, but there are other considerations including TRUST assignments. Students may not be matched into their top 3. **TRUST STUDENTS SHOULD MARK ONLY A "1" NEXT TO THEIR CURRENTLY ASSIGNED SITE.**
 If there is a need, please discuss any issues with currently assigned site at WRITE interview.

E Washington:	Chelan	Ellensburg	Grand Coulee	Moses Lake	Newport		
W Washington:	*Ferndale	*Lynden/Birch Bay	Port Angeles	*Port Townsend			
	*Shelton						
Wyoming:	*Douglas	Lander	Powell				
Alaska:	Juneau	Kodiak	Wasilla				
Montana:	Butte	Dillon	Helena	Lewistown	Libby	Miles City	Shelby
Idaho:	Hailey	McCall	Sandpoint				

Geographic Location:

Size of Town:

Type of Practice :

Reasons:

- 1.
- 2.
- 3.

Describe an experience in any health care or social care activity: TRUST STUDENTS NEED NOT ANSWER THIS QUESTION

Student Name:

Given the goals of WRITE, please state why you should participate in the next class:

What is your current preference for a medical specialty and why? Where do you intend to practice?

What are your expectations for the five-month WRITE experience?

By submitting this WRITE application, I hereby give the WRITE Chairs and Steering Committee permission to access my UWSOM student files and to contact my R/UOP preceptor, if necessary, and I confirm that the above information supplied by me is accurate.

UWSOM WRITE Administration, TRUST Administration, & WWAMI Regional Offices

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Student Name:

Space provided here to expand on any sections of the application where space was limited
please note which question(s) you are answering.

Space provided here to currently assigned TRUST students. *TRUST STUDENTS ONLY—Please answer the following:*

Is your current community assignment a good match: Yes No

Please elaborate:

Has the choice to be a TRUST Scholar been a good one? Yes No

Please elaborate:

Do you have any suggestions re. the TRUST program? Yes No

Please elaborate:

CONFLICT OF INTEREST

The authors confirm that this article content has no conflicts of interest.

ACKNOWLEDGEMENTS

Declared none.

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Received: January 15, 2013

Revised: February 11, 2013

Accepted: February 22, 2013

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