WELCOME TO MEDICAL SCHOOL!

“Students of Medicine, Apprentices of the Guild, with whom are the promises and in whom center our hopes - let me congratulate you on the choice of calling which offers a combination of intellectual and moral interests found in no other profession, and not met with at all in the common pursuits of life - a combination which, in the words of Sir James Paget, ‘offers the most complete and constant union of those three qualities which have the greatest charm for pure and active minds - novelty, utility, and charity.’”

William Osler, M.D. to the students entering the University Of Minnesota School Of Medicine in 1892.

This collection of information was designed to answer some of the questions which students frequently have about medical education and life as a medical student. Medical school creates a special bond among students, as you will come to appreciate. You will find that some of your perspectives are unique and different from your classmates; you will also realize that you are seldom alone in the thoughts, reactions, and feelings that you may have.

We will try not to give you too much information too fast, and we will always be glad to answer your questions about any aspects of medical school. Be assured that anything we talk about during these first few days will come up again, probably many times.

We hope that you are enthusiastic about the beginning of your career in medicine. Let me make it a common goal to keep that enthusiasm alive through the demanding years of medical school and the rest of your life as a physician.
# Meet your MT WWAMI Faculty & Staff

## Foundations Phase

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Email</th>
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</thead>
<tbody>
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University of Washington School of Medicine Office of Academic Affairs

Suzanne Allen, M.D., MPH, Vice Dean for Academic, Rural, and Regional Affairs
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Anne Eacker, M.D., Associate Dean for Student Affairs
David Acosta, M.D., Associate Dean for Multicultural Affairs
Carol Teitz, M.D., Associate Dean for Admissions
## WWAMI ACADEMIC CALENDAR

### FALL 2016

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>August 15 - Monday</td>
<td>Orientation begins, 8:00 am</td>
</tr>
<tr>
<td>September 2 – Friday</td>
<td>Bill Confirmation (Fee payment) with student accounts before 4:30 p.m. Pay your bill with credit card/echeck online through “My Info”</td>
</tr>
<tr>
<td>September 2 – Friday</td>
<td>$40 late fee assessed at 4:30 p.m. for students who didn’t confirm bill (pay fees)</td>
</tr>
<tr>
<td>September 2 – Friday</td>
<td>White Coat Ceremony; MSU Strand Union Building ; Ball Room A and Building Dedication at New Space</td>
</tr>
<tr>
<td>September 5 - Monday</td>
<td>Labor Day Holiday – No Classes; Offices closed.</td>
</tr>
<tr>
<td>September 6 - Tuesday</td>
<td>PCP Day</td>
</tr>
<tr>
<td>September 7 - Wednesday</td>
<td>First day of Class</td>
</tr>
<tr>
<td>September 19 – Monday</td>
<td>Registered students who have not confirmed their bill (paid fees) will be assessed an $80 late fee and will be dropped from classes at 4:30 p.m.</td>
</tr>
<tr>
<td>September 19 - Monday</td>
<td>Last day to request health insurance refund from Student Health Insurance office</td>
</tr>
<tr>
<td>October 21 - Friday</td>
<td>MCBD Final</td>
</tr>
<tr>
<td>November 8 – Tuesday</td>
<td>Election Day, Don’t forget to Vote!</td>
</tr>
<tr>
<td>November 11 - Friday</td>
<td>Veterans’ Day Holiday – No Classes; Offices closed.</td>
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<tr>
<td>November 23-25</td>
<td>Thanksgiving Holiday - No Classes; Offices closed Thursday-Friday</td>
</tr>
<tr>
<td>December 12 - Monday</td>
<td>INDE Final; Clinical Transitions Ceremony &amp; Holiday Celebration</td>
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### WWAMI QUIZ AND FINAL EXAM SCHEDULE; Fall Semester 2016

#### MCBD
- Monday, 9/12 - Quiz #1
- Monday, 9/19 - Quiz #2
- Monday, 9/26 - Quiz #3
- Monday, 10/3 - Quiz #4
- Monday, 10/10 - Quiz #5
- Monday, 10/17 - Quiz #6
- Friday, 10/21 - Final Exam (Cumulative)

#### INDE
- Monday, 11/7 - Exam #1
- Monday, 11/21 - Exam #2
- Monday, 12/5 - Exam #3
- Monday, 12/12 - Exam #4 (Cumulative)
I. The WWAMI Office
The WWAMI offices are located on the 2nd floor of Highland Park 5 (937 Highland Park Blvd.). These are places that you will visit frequently in order to use the copy machine and visit the WWAMI Director, and Program Manager. This is also where you will find the all-in-one Copier. It can scan, fax, copy, print, etc. Please feel free to use this equipment for school-related matters and your reasonable use. Be sure that you receive instructions from Ashley before use of this equipment.

The Director is responsible for the program. Although the title implies some control of what is going on in the program, and we hope that is true, the course directors are responsible for the details of each course. Therefore, complete management by Dr. Teintze is not always a realistic or even a wise goal. Dr. Teintze does, at least, like to know what is going on and, in part, depends on students to help keep him informed. His door is usually open and when it is, that means you are invited to come in to talk. He is interested in hearing about any problems you may be having, whether they be academic, financial, or personal. He is also interested in hearing about things that are interesting and exciting, and about problems that you may have detected in our curriculum. Many of the concerns you have about courses need to involve your talking to the course chair although we are always willing to help if you find that uncomfortable. We want to help things run smoothly and help solve problems both for students and faculty in this program. Our main concern for you as a student is that your enthusiasm for learning should stay high, and we will do anything within reason to promote that mission.

II. Curriculum
One of the things that you should know is that the University of Washington Medical School curriculum can be individualized when that is in the best interests of the student. Arrangements can be made to delay graduation for periods of time if you want to do an extensive research project, if you want to spend some time doing international medicine, if your personal or family affairs make special demands on your time, or if your learning style requires a pace slower than the usual medical school curriculum.

The foundations phase curriculum in the region is very similar to the foundations phase curriculum at the University of Washington. The courses and reading materials are the same. There are, however, small differences that allow us to take advantage of our small class size.

Weekly Schedule

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<tr>
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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>Morning</td>
<td>Free (unless Quiz)</td>
<td>PCP</td>
<td>College Tutorial or PCP</td>
<td>College Tutorial or Free</td>
<td>Free</td>
</tr>
<tr>
<td>Afternoon</td>
<td>Class 1:00 – 5:00 p.m.</td>
<td>PCP or FCM</td>
<td>Class 1:00 – 5:00 p.m.</td>
<td>Class 1:00 – 5:00 p.m.</td>
<td>Class 1:00 – 5:00 p.m.</td>
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**Class time:** Class delivery methods will vary by block and at times within a block. All blocks will have a predominantly active learning approach, with expectations of student preparedness for class discussions. Students will have four hours per day of class, with most being active learning or laboratories and no more than one hour of lecture. All courses will have a final examination and periodic assessments. Some exams and some limited short learning experiences may be scheduled outside of normal class hours. Block objectives and core content for which students will be held accountable on exams will be the same across all WWAMI sites and exams will have the same questions and format. Timing of exams may vary slightly across sites.
Primary care Practicum: Students will work in the same primary care physician’s office for the duration of the Foundations Phase in a longitudinal experience emphasizing outpatient clinical skills, patient relationships & continuity, chronic care, and teamwork. In the clinic, students will have the opportunity to apply many of the skills they learned in Clinical Skills Workshops and College Tutorials. Students have their PCP on alternate Tuesdays and spend most or all day in their PCP.

Clinical Skills Workshop: Students practice core communication, physical exam, clinical reasoning, reflection, and teamwork skills in small group sessions aligned with the content of the Foundations blocks and the maturation of their skills in the clinic. They also cover other areas relevant to patient care, including communication skills and interview techniques, behavioral medicine, chronic care (including care of patients with disabilities and/or chronic pain and geriatrics and palliative care), interprofessional healthcare and other areas. Students have Clinical Skills Workshops every other Tuesday morning.

College Tutorials: Students will be assigned to a faculty mentor and small group of students with whom they will work throughout the Foundations Phase. The class will be divided into two groups, with half of students completing their College tutorial morning on Wednesdays and the other half completing their College tutorials on Thursday mornings.

III. Exams
All of the examinations in the foundations phase are considered ‘common’ exams. This means that every exam or quiz given here is the SAME exam that is given at all of the sites in the University of Washington system. You are required to pass these examinations with a grade of 70% or higher in order to pass the course. The purpose of these examinations is twofold. First, they provide some assurance that passing a course at one site means the same thing as passing the course at another site. Second, and more importantly, they provide a way of showing that the teaching is of comparable quality throughout the WWAMI Program. Specifics on examinations can be found on the individual Block Canvas Course Pages.

IV. Grades
The grades that you can earn are simply Pass or Fail for the foundations phase. A grade of Pass means that you have sufficient knowledge of the material to be a good physician. The faculties are asked to develop criteria for the passing grade and, if students achieve at that level, that grade should be given. We expect all students to pass. This approach allows us to encourage students to cooperate with each other and help others to master the material rather than compete with each other. A Pass-Fail system does not mean that we are recommending minimalism in your study of medicine. We do not encourage you to do the least possible work to clear the line of Pass and Fail. An attitude of curiosity, thoroughness, and high quality work is what makes a good physician. Therefore, we hope that everyone will try to do as well as possible in many courses. Grades in the Primary Care Phase are: pass, high pass, honors.

Fail
A Fail generally means that the instructor does not view your understanding as adequate to meet the minimum requirements of the course or to go on with clinical work. If you get a Fail you will have to do something to correct it. Your instructor will make a recommendation as to what this should be. The Student Progress Committee at the University of Washington will either approve or revise that recommendation. What the recommendation is will depend on how poor your performance in the course has been. Usually you will be required to restudy some or all of the material and take a repeat examination, for example.

The faculty and the WWAMI Administration spend a lot of time trying to interpret the meaning of Fail grades. Sometimes it means that one particular area was especially difficult for you and that you need a bit more time to deal with it. It may mean that the whole curriculum is a little too fast for you. It may mean that you were having some personal problems that interfered with your ability to study at that time. It is not a negative judgment and in no way means that you are not going to be a good physician. If your enthusiasm for medicine remains high and you are not inordinately distracted by problems outside of the medical curriculum, each and every one of you will become an outstanding physician.
Do fail grades show on your record? Yes, they do. Once you correct the deficiency which led to the Fail grade the medical school record will be changed from F to P, and there will be a comment indicating that the course was passed by repeat examination. The Dean’s letter will also indicate that you completed the course through a re-examination. If you have more than one uncorrected Fail grade on your record at any given time, you will be put on academic probation. The more Fail grades you have beyond that, the more problematic it becomes. If you continue to have a pattern of difficulty and are unable to resolve whatever is interfering with your performance, then the Student Progress Committee will need to make a decision about whether you should continue school.

V. Course Evaluations

The content and structure of the courses in the curriculum of the Montana WWAMI Program have been strongly influenced by the ideas and evaluations of students. Later in the semester you will be given instructions on how to do the on-line evaluations. Immediate feedback from the students to the faculty or the Director is important in keeping our teaching program on track. If you don’t like what’s happening, let us know at once. One of the advantages of a small class and a small faculty is that we can react quickly. We may be able to do something that benefits your class as well as classes that will follow in subsequent years. The most efficient way to do this is to talk to the instructor in the course. If, for some reason this is awkward, please talk to the Director.

Narrative Evaluations

Instructors may provide narrative evaluations of students for the academic record. This method of student evaluation is not used extensively during the first and second year of medical school, but it becomes increasingly important during the clinical years. Most students are not used to getting narrative comments that include the subjective evaluation by faculty of their performance. Our instructors are encouraged to provide these evaluations so that you have a chance to get used to this evaluation technique at a time when it does not count as much. This evaluation is done on a form on which the instructor can rate and comment on your performance in a variety of categories such as knowledge, application of knowledge, educational attitudes, professional conduct and behavior.

The narrative evaluation is divided into two parts: Areas of evaluation concerns and overall performance. Evaluation concerns or comments are designed to provide feedback on how your performance is perceived by the faculty and to help you improve your performance. They are not usually included in the “Dean’s Letter” which is written by the medical school unless there is a pattern of difficulty identified over several more courses. During the first year any negative comments are more than likely to end up in this category where they can help you but not hurt your record. Comments on your overall performance can be included in the “Dean’s Letter.” This category gives the faculty a chance to provide positive comments on your academic, personal, and professional performance.

VI. Attendance

Attendance is required when it is the only way that the student can get anything out of the course and/or the only way that students can be evaluated. Courses in which this is the case include the Clinical Preceptorship, the Introduction to Clinical Medicine, small group discussions, laboratory courses and when guest speakers are present!

In other courses regular attendance is expected. The courses are designed to make it as easy and efficient as possible for students to get through the large amount of material in the curriculum. In general, however, attendance is not taken and attendance does not affect your grade. Attendance can be discussed in your subjective evaluations (see section IV) if it is believed to have contributed to an unsatisfactory grade.

Illness is always an acceptable reason for absence from class or postponing an examination. Please let the instructor and Program Manager/Director know if you are ill. We know that the pace of medical education is fast, but if illness brings you to a standstill we can, and want to make adjustments that will allow you to catch up.
up with the least possible stress.

If you do not want to attend class regularly, because you feel that it is not an efficient way for you to learn certain things, please let the instructor and the Program Manager/Director know. The instructors will not take it personally, but rather will want to help you design a learning plan that works for you.

Sometimes there is a scheduling glitch that is likely to lead to absence of a large number of students at the same time. If you see something like this coming do not assume that we know about it or that it is intentional! Let us know; we probably overlooked something.

**Attendance at sessions given by visiting lecturers is required.** Included are practicing physicians from the medical community and visiting lecturers from the University of Washington and other institutions. These are people who have been asked to come because we know that they are good or because they offer something that can be presented to students in no other way. Often they are coming from a long distance and are sacrificing considerable amounts of time (and often money) in order to be here. We would like to see you express your appreciation by attending and applauding their sessions. Only absences because of illness or other absences arranged in advance with the course director will be excused.

If students do not comply with the attendance policy, instructors will bring this to the attention of the WWAMI Director.

### VII. Integrity of Students (and Physicians)

This is an awkward problem to address, perhaps because we worry that it implies that we don’t have confidence in one another. Unfortunately, there are students and physicians who don’t always do the right thing. There are usually reasons for this, such as personal problems, failure to recognize one’s own limitations, reluctance to ask for help when needed, laziness, lack of thoroughness, and substance abuse. Physicians who practice inferior or dishonest medicine for these reasons are referred to as “impaired physicians.” The same problems can be encountered in medical students and reveal themselves as plagiarism, cheating on examinations, inventing rather than obtaining clinical data, etc. These are serious issues; sooner or later a patient is going to get hurt.

There are no universally accepted rules and procedures for dealing with impaired physicians or students. So what do you do if you encounter such a person? If the person is yourself, you should recognize that you need help and that you can get it without sacrificing your career. Your career is much more likely to suffer if you do not get help and acknowledge the problem. If the person is someone else you would be doing that person a favor to confront him or her with the problem and to assist them in getting the help that they need. If confronting that person is too awkward or too hard, the next best thing would be to let someone else know that the person needs help. That someone else could be a friend, a professor, the Program Manager, WWAMI Director, or the WWAMI Clinical Dean.

### VIII. Professionalism

Issues of professionalism will be covered in Immersion, and then revisited in your Foundations of Clinical Medicine Course, but some issues may arise before they are formally taught. Most elements of professionalism arise because of your responsibilities to your patients, your peers, yourself, and, in medical school, to your teachers. As changes in health care delivery systems challenge the values of professionalism, it becomes important for you to establish these values early rather than later in your training.

A common set of elements are addressed in most formal concepts of professionalism and in courses that teach medical professionalism. You need to consider these elements now and in the context of your new profession. Examples of these elements include: altruism, accountability, excellence, duty, honor and integrity, and respect.
for others. Challenges to professionalism include: abuse of power, breach of confidentiality, impairment, lack of conscientiousness, conflicts of interest, and conflicts of conscience.

Of most immediate concern are some direct issues, such as appropriate dress when patients are present and addressing other physicians and teachers by their professional title (in most cases, Doctor), unless they specifically request that you not do so.

IX. The Colleges

The University of Washington School of Medicine has one of the most unique medical education programs in the nation. The program focuses on personalizing medical education for students and providing a deepening understanding of fundamental clinical skills and professionalism. The College system, one of a series of recent innovations in the MD curriculum is at the core of this program. The Colleges are named for natural wonders in the five WWAMI states: Rainier (Washington), Wind River (Wyoming), Denali (Alaska), Big Sky (Montana), Snake River (Idaho), and Columbia River (Spokane). You will be receiving a letter from your Big Sky College mentor before the first day of Immersion.

Goals of the College System

The primary goals of the Colleges are to oversee a four-year integrated curriculum of clinical skills and professionalism, teach the Introduction of Clinical Medicine II course, and provide students with consistent faculty mentoring. The curriculum emphasizes proficiency in the basic clinical skills of physical examination and diagnosis, clinical reasoning and interpretation, and use of informatics.

Thirty-one physicians known for their dedication to teaching and patient-centered care were selected from the medical school faculty to lead clinical education and serve as student mentors. Upon matriculation, students are assigned to one of six colleges and to one faculty mentor within that College.

The Mentoring Relationship

The student-mentor relationship lasts throughout the student’s medical school education. During the students’ foundations phase, they meet regularly with their mentor and a small group of students from their College. During these weekly tutorials, mentors work with the students at the bedside, teaching them clinical skills and talking with them about patient-centered care and professionalism. All students obtain extensive experience interviewing and examining patients, under close supervision.

During subsequent years, College faculty maintain contact with students, reflecting with them on their clerkship experiences, assessing their progress against learning objectives, helping them with career directions and decisions, and being available as needed for diverse concerns and discussions. Students also meet periodically with all members of their College for social events and for peer counseling.

The Colleges are named for natural wonders in the five WWAMI states: Rainier (Washington), Wind River (Wyoming), Denali (Alaska), Big Sky (Montana), Snake River (Idaho), and Columbia River (Spokane). You will be receiving a letter from your Big Sky College mentor before the first day of Immersion.

\(^{1}\)Taken from: American Board of Internal Medicine. Project Professionalism, Philadelphia, PA. American Board of Internal Medicine (1995)
X. Counseling Services

WWAMI has a contract with Counseling and Psychological Services (CPS) to provide mental health services to medical students. CPS provides a number of services to medical students including coordinating group-building exercises during Orientation, conducting Getting Acquainted and Exit interviews, providing information on such topics as stress/time management, offering individual and/or group counseling, and on call crisis services. Counseling is free of charge, professional, and confidential. It is not necessary to be in a crisis to participate in or benefit from counseling. Counseling provides students with an opportunity for growth and to address issues which may impact their medical education and ultimately their practice as a physician. Knowing yourself well and how your personality/personal issues impact your functioning and interpersonal relationships can strengthen the human and genuine component of health care as well as contributing to your own personal happiness. Attending counseling does not mean you are weak, ineffective or inadequate but rather that you are open to exploring issues to optimize your functioning and effectiveness.

If you have any questions about counseling or you want to make an appointment, please call 994-4531. Please visit the CPS website http://www.montana.edu/wwwcc/ to obtain further information regarding counseling services. Also, please feel free to contact any of your WWAMI counseling services liaisons, Dr. Samantha White, samantha.white3@montana.edu, Dr. Brian Kassar, bkassar@montana.edu or Dr. Cheryl Blank, cblank@montana.edu if you would like to talk about the possibility of counseling or the services provided to medical students.

To reach a counselor on call for after-hours crisis services, please contact the Help Center at 586-3333.

Telephone Numbers in case of an emergency:
Martin Teintze, Ph.D. (406) 581-1048 (cell)
Jay Erickson, M.D. (406) 209-0530 (cell)
Ashley Siemer (630) 362-6025 (cell)
FOUNDATIONS PHASE COURSE DESCRIPTIONS

Block I: Molecular & Cellular Basis of Disease (MCBD): This course teaches the principles of cell and molecular biology, physiology, biochemistry and genetics. Aspects include the organization of the genome and units of heredity, properties of macromolecules, and cytoarchitecture. Students will gain an understanding of intracellular communication, cell-cell interactions, properties of differentiated cells, and the diversity of their physiological properties and functions. Introduction to anatomy, histology and pharmacology content will be incorporated into the course.

Block II: Invaders & Defenders: This course will involve integrated content in immune system, microbial biology, infectious diseases, inflammation and repair, and skin and connective tissue. Introduction to anatomy, histology and pharmacology content will be incorporated into the course.

Block III: Circulatory Systems (CPR): Circulatory systems will present students with an integrated approach to the key supply chain and waste management systems of the body. Students will follow the movement of oxygen from the environment to the tissues, and movement of waste products of metabolism along the opposite path, examining the coordinated roles of the lungs, heart and kidney in the control and regulation of these processes. Introduction to anatomy, histology and pharmacology content will be incorporated into the course.

Block IV: Blood & Cancer: This course familiarizes students with the basic pathophysiologic mechanisms leading to disturbances of red cell, white cell, and platelet production, as well as abnormalities of hemostasis presenting clinical problems, with an emphasis on pathophysiology. Additionally, this course will include relevant fundamental scientific principles in anatomy, pathology, and pharmacology.

Block V: Energetics & Homeostasis: This course will involve integrated content in metabolism, nutrition, obesity, diabetes, gastrointestinal/liver physiology, and endocrinology. Additionally, this course includes relevant fundamental scientific principles in anatomy, pathology, and pharmacology.

Block VI: Mind, Brain & Behavior: In this course, students will learn the fundamental scientific principles of the structure and function of the normal human nervous system in situ, define major neurologic, psychiatric and behavioral disorders, and develop a systematic approach to their differential diagnosis and management.

Block VII: Lifecycle & Reproduction: This course will cover normal and abnormal human development, reproductive functions including formation and maturation of ova and sperm, menstruation, normal pregnancy, and labor and delivery. Additionally, this course includes relevant fundamental scientific principles in pelvic anatomy, pathology, and pharmacology.

Threads: Human Form and Function, Pathology, Pharmacology, Foundations of Clinical Medicine and a Primary Care Practicum in which students are paired up with a local physician throughout the entire foundations phase.

The Patient Care Phase Curriculum
At the conclusion of the foundations phase, students enter the patient care phase of their education. During this phase students have the opportunity to complete their third year and part of their fourth year of medical school at either Billings, Bozeman or Missoula. Students can also elect to "Safari" during this time. Students receive training from physicians in the communities where the physicians live and practice (community phase). These "Clerkships" are established for a given educational need (e.g., pediatrics, family medicine). Clerkship sites have been established all over the State:

Billings: Chronic Care, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, OB/GYN, Pediatrics, Psychiatry and Surgery
Bozeman: Emergency Medicine, Family Medicine, Internal Medicine, OB/GYN, Pediatrics, and Surgery
Butte: Family Medicine Dillon: Internal Medicine
Great Falls: Internal Medicine, Neurology, Pediatrics
Helena: OB/GYN, Pediatrics & Psychiatry
Kalispell: Family Medicine, OB/GYN, Surgery
Lewistown: Family Medicine
Libby: Family Medicine
Missoula: Anesthesiology, Family Medicine, Internal Medicine, Neurology, OB/GYN, Ophthalmology, Pediatrics, Psychiatry, and Surgery
Whitefish: Family Medicine
MEDS 505 – RURAL HEALTH CARE DELIVERY SYSTEMS
Offered Locally: FALL SEMESTER (Continues through Spring Semester)

Course Chair: Jay Erickson, M.D.
Office: 1111 Baker Ave, Whitefish, MT 59937
Phone: (406) 862-2515
E-mail: jerick@uw.edu

This course is intended to support a rural health track/pathway (Targeting Rural and Underserved Track – TRUST) and is required for students participating in the TRUST Program. The purpose is to provide historical and current information about the health care industry, health care delivery systems and economics of health care and health care policy; with an emphasis on rural health care. The overall purpose is to encourage WWAMI students to consider practicing in rural communities and/or providing health care to underserved populations. The infrastructure of the Montana Health Care Delivery system will be presented in detail.

Student Comments/Advice:
I think this class gave me an opportunity to learn more about rural healthcare in Montana and nationwide. There were so many things about healthcare in my home state that I wasn’t aware of. I’m so glad I took this class! E-14

It was worthwhile. Prepare beforehand with assigned readings and questions to ask lecturers. E-14

This class was good for presenting lots of different types of practices in rural areas. If you have any interest in rural medicine at all, take this class! E-14

I would say that this elective is a pretty big time commitment.

Participate actively & Do the readings. E-14

You get out of it what you put in: you can go in depth into your homework assignments as you want, but you won’t get much out of the course if you’re only doing enough investigation to write a paragraph and hit "submit." If you plan on practicing anywhere in Montana, this is an extremely relevant class for you. – E12

Enjoy this class. The readings and guest speakers give you a much better idea of the bigger picture of healthcare. – E12

Definitely take advantage of it as an elective. You learn a lot and it’s not a huge time consumer. Exactly what a course should be. – E12

If you’re serious about practicing medicine in a WWAMI state, Rural Health provides info that you will use in every day of your practice. It’s the “real” story about how health works in rural areas. – E11
This course is devoted to the study of medical Spanish and cultural issues related to successful interaction with Spanish-speaking patients in the clinical encounter, regardless of your current level of Spanish comprehension. Upon completion of the course, students will be prepared to communicate in a specialized and culturally-sensitive manner, will gain the vocabulary needed to perform a review of systems and physical exam and ultimately to feel less uncomfortable with a patient who only speaks Spanish. In addition, learning medical Spanish will allow participants to take advantage of the emerging international training opportunities offered by the UWSOM and WWAMI.

Specific objectives of the course include learning the essential skills to be more prepared to communicate with Spanish-speaking patients; conduct patient medical history interviews in Spanish; understand basic orientation regarding important cultural considerations; and set a foundation for further learning of Spanish. At the end of eight weeks students will engage in the rewarding, hands on clinical experience of taking medical histories from Spanish-speaking patients.

Student Comments/Advice:

Course moves fast. Tough without Spanish background, but you will survive and pass. – E12

Make sure you have a little background Spanish knowledge; otherwise the material will be overwhelming. – E11

This is a great course for the student who already knows some Spanish. It is a great elective to take if you are planning to be in one of the pathways. Barbara is a great teacher if you are excited to learn Spanish. E11

Study the Spanish lessons before coming to class and then review that day’s lesson at the end of the day. If possible, talk to your partner outside of class time to get more practice; especially when preparing for your CSA. – E11

FAMED 561 B - LGBTQ Health and Health Disparities
Offered via Distance Learning: FALL SEMESTER

Course Admin: NormaAlicia Pinon
Phone: (206) 616-3047
Email: piñon@uw.edu

Runs Synchronously (Students must login at the same time as the Seattle course.) Covers the history and health status of the Lesbian, Gay, Bisexual, Transgendered, and Queer (LGBTQ) community in the United States; effective strategies and skills for working with the LGBTQ community; designed to help the learner understand and respond better to healthcare needs of the LGBTQ community.
GH 501 B - Introductory Topics in Global Health
Offered via Distance Learning: FALL SEMESTER

Course Chair: David Wade
Phone: (206) 616-1159
Email: dwade@uw.edu

Runs Asynchronously Addresses a variety of foundational topics and central themes in global health, including the history and scope of the field, the complexities and contexts for global health problems, and the multidisciplinary nature of global health work.

GH 514 B - Global Determinants of Health
Offered via Distance Learning: FALL SEMESTER

Course Admin: Cindy Moore
Phone: (206) 685-7580
Email: crmoore@uw.edu

Examines societal determinants of health of nations around the globe. Asks: why is there increasing inequity in health outcomes today? Topic include early life, population health biology, medical care, mental health, and the environment. Course Chair: Stephen A. Bezruchka (sabez@uw.edu / (206) 616-2901)

MED 557 B - Hispanic Health and Healthcare Disparities
Offered via Distance Learning: FALL SEMESTER

Course Admin: NormaAlicia Pinon
Phone: (206) 616-3047
Email: piñon@uw.edu

Runs Synchronously (Students must login at the same time as the Seattle course.) Covers Hispanic culture and language, history of Hispanics in the United States, Hispanic health status issues, and effective strategies for working across cultures and linguistic barriers. Designed to help the learner understand and respond better to the healthcare needs of the Hispanic community. Course Chair: Rudolph Rodriguez (rudy.rodriguez@va.gov / (206) 277-3282)
Spring Options

MEDS 565 – THE HEALER’S ART
Offered Locally: SPRING SEMESTER

Course Chair: Sarah Bronsky, M.D.
Phone: (406) 539-9095
E-mail: bronskygoodwin@gmail.com

The Healer’s Art is a process-based curriculum that enables the formation of the community of inquiry between students and faculty. It takes a highly innovative, interactive, and contemplative approach to enabling students to perceive the personal and universal meaning in their daily experience of Medicine. Evaluations are uniformly outstanding, and the faculty as well as the students describe the experience of the course as unique in their professional training.

Student Comments/Advice:

I really liked the intimate small group discussions and the level of trust/comfort we were able to reach with each other. It was tough having class so late at night and often on quiz nights. I think pre-readings would have helped cut down the length of class time, which would have been nice. Required journaling/writing could have enhanced what we got out of the course without adding too much time commitment. This course may even work as a long weekend conference so that you could really get into it! E-14

This is a great class! I actually think it should be part of the required curriculum. It allows you to view your peers, current physicians, and future patients in a different light. E-14

You will get out of this class what you put in! E-14

The course is an easy, interactive elective. However, it does take up 3 hours every other week, so time is something to consider. E-14

Be sure to provide a safe, confidential place for your classmates to discuss the topics. It can be very therapeutic to really discuss the issues presented in this course with your classmates if you are all very respectful of each other. E-14

Take this course! It is a breath of fresh air in medical school. It provides opportunity to get out of the classroom and into the realities, and mystery behind medicine! E-14

Great course to spend time thinking about how and why we care for people and our peers, become closer with your colleagues, and how to have a sustainable career in medicine. E-14

MEDS 594 - MONTANA MEDICAL HISTORY CONFERENCE
Offered Locally: Spring Semester

Course Chair: Martin Teintze
Phone: 994-6515
E-mail: mteintze@montana.edu

Volney Steele, a retired Bozeman physician with an avid interest in medical history, has organized a yearly conference dealing with topics related to Montana’s colorful medical history. Though this attracts a wide audience, first year WWAMI students are allowed to participate in this one day conference and receive one elective credit. Previous programs have included: medical problems of the Lewis and Clark expedition, epidemics in the early American West, frontier medicine in the early settlements of the West, women’s role in health care on Montana’s frontier; Ticks and Prions: a history of animal- and human-related diseases in the west; Mining and Medicine, Drills, Dynamite, Dust & Disease; Shaping Medical Practice in the New State of Montana: Acupuncture, Apothecaries & Abortion; “Summits and Sorrow” high-altitude effects on humans and animals; The Challenges of Public Health Nursing in Montana and the West and in 2012 the conference was “Hippocrates to Helena: the History of Medical Education and Its Importance for Montana’s Future.”

The Volney Steele Endowment to Montana State University generously supports this gathering of distinguished historians. This is a rare opportunity.
GH 503 B - Multidisciplinary Perspectives in Global Health
Offered via Distance Learning: Spring Semester

Course Contact: Daren Wade
Phone: (206) 616-1159
E-mail: dwade@uw.edu

Asynchronous Format. Presenters from a variety of disciplines discuss their experiences working on global health issues in resource-poor settings. Speakers illustrate how their work is influenced by communication, culture, economic, and socio-political realities.

GH 556 B – Global Mental Health
Offered via Distance Learning: Spring Semester

Course Contact: Deepa Rao
Phone: (206) 685-3064
E-mail: deeprao@uw.edu

Asynchronous Format. Examines the socio-cultural and political forces that impact assessment, manifestation, and treatment of mental illnesses worldwide. Students take a critical view of diagnostic systems and examine cultural differences in presentation of mental illness. Also reviews treatment practices in low resource settings, cultural-specific communication, and stigma.

GH 561 B – Tropical Medicine
Offered via Distance Learning: Spring Semester

Course Contact: Frederick Buckner
Phone: (206) 616-9214
E-mail: fbuckner@uw.edu

Asynchronous Format. Intended for professional health science students interested in learning the pathophysiology, epidemiology, and clinical presentation of disease conditions that are more commonly seen in less-developed countries, resource-limited settings, or tropical climates, and how to diagnose, treat, and follow the resolution of these diseases with commonly limited resources.

GH 573 B – Clinical Management of HIV
Offered via Distance Learning: Spring Semester

Course Contact: Hyang N. Kim
E-mail: gh573@uw.edu

Offered both as Asynchronous and in a Synchronous Format. Provides in-depth case-based training on the diagnosis and clinical management of HIV and associated conditions. Includes interactive format with speakers who have experience in both resource-rich and resource-limited settings.