Rural and Urban Scholars Pathways (RUSP)

Program Handbook

2017-2018

Office of Rural and Underserved Programs

Ohio University Heritage College of Osteopathic Medicine

ATTENDANCE, REFLECTION and EVALUATION LINK:

http://tinyurl.com/RUSP2017-18
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Dear Rural and Urban Pathways Scholars ~

We are very excited to welcome you to campus! For some of you, it is our fourth year together! For others, it is your first introduction to the RUSP program. First, a special welcome to the 26 new students who have joined RUSP this year. We now have 89 students in the RUSP program. We have 11 Clinical Jazz groups this year and have added several new Clinical Jazz facilitators. Each of you is assigned to a coach, who has been a physician in rural or urban underserved practice. We are excited to welcome 7 new RUSP coaches this year!

We have another exciting year ahead. We are kicking off the year with a new workshop in the Little Cities of the Black Diamonds and returning to Franklinton community to learn about urban underserved from an assets-based perspective. Five RUSP students will be participating in Longitudinal Integrated Clerkships (LICS) this year in rural settings. Also -- we will be piloting five narrative medicine groups, open to all RUSP students. More to come!!

One of our ongoing goals is to tell the story of the RUSP students and the good things you are doing on your campuses and in your communities. We have a Facebook profile and page. Please like our page which is, Rural and Urban Scholars Pathways (https://www.facebook.com/RuralAndUrbanScholarsPathways/). Yes, we have Twitter as well. Our handle is @hcom_rusp and our name is ORUP. Please send us new items to post!

Welcome to each and every one of you very special people. We are so proud to have you as part of our program.

Sincerely,

Sharon Casapulla, EdD, Director, RUSP Program

Dawn Mollica, Administrative Director, Rural and Underserved Programs

Randy Longenecker, MD, Assistant Dean, Rural and Underserved Programs

Fran Blais, DO, Associate Director, RUSP Program

Tim Law DO, Associate Director, RUSP Program
Rural and Urban Scholars Pathways Program

Overview

Preparing primary care physicians to practice in underserved settings

The Rural and Urban Scholars Pathways program helps prepare medical students to practice in underserved areas, both urban and rural. Through classroom preparation, rural and urban clinical experiences, and specialized professional development opportunities, this co-curricular program provides students with the depth and breadth of knowledge needed to meet patients’ health care needs in areas most in need of primary care and generalist specialties of primary importance to rural and underserved communities.

Benefits for program participants:

- Participation in Clinical Jazz, a longitudinal small group experience in leadership development and peer coaching with a focus on competencies for practice in an underserved setting, experiential place-based learning, and mentorship
- Periodic workshops or seminars, scheduled 6-8 times yearly and focused on (1) skill-building for a broad scope of practice, (2) problem solving with invited guests, and (3) other active exploration of issues relevant to rural and urban underserved practice
- Individualized education planning with a faculty mentor
- Enrichment opportunities that build upon classroom and clinical experiences
- An immersion experience between MS1 and MS2 in a setting of relative austerity, possibly a global health experience
- A goal of six months (or the equivalent) of curricular time in a rural or urban underserved setting
- A longitudinal scholarly project

Other opportunities and incentives:

- Rural Health Scholars program, a program in cooperation with Ohio State University Department of Family Medicine, also open to students from all of Ohio’s medical schools
- Osteopathic Heritage Foundations RUSP scholarships. See following page for additional information.
Procedure for Scholarships for RUSP Students
Updated August 16, 2017

The Office of Rural and Underserved Programs will offer scholarships to Rural and Urban Scholars Pathways (RUSP) students annually. Students can apply for scholarships from the Office of Rural and Underserved Programs as outlined below:

1. Pre-matriculated OUHCOM students who are accepted into the RUSP program at the Athens or Dublin campuses can apply for a $10,000 scholarship, applied to their first year of medical school. Four such scholarships will be awarded annually, and with continued participation in the RUSP program through the subsequent years of medical school these students are assured of a $30,000 scholarship upon matching to a primary care-focused residency program (family medicine, pediatrics and internal medicine) in Ohio.

2. Any current OMSII RUSP student attending the Athens or Dublin campuses can apply for and be given a promise of a scholarship of $30,000 to be awarded when the student matches in a primary care residency in Ohio. RUSP students in good standing do not need to be interviewed.

3. Students in OMS2 not already in the RUSP program must first apply for and receive acceptance into the program.

NOTE: This is a scholarship, not a cash award, and funds will be applied directly to tuition, loans, or other educational expenses under the guidance of the Office of Student Affairs, who administers this scholarship.

Application Period

The scholarship application process will open on February 15 and close on March 1. By February 15, the Office of Rural and Underserved Programs will invite all current and recently accepted RUSP students to apply. Eligible and interested applicants will then interview with the RUSP Scholarship Selection Committee. Students will be notified of the Committee’s decision by March 22nd, and are required to sign an acceptance letter by April 1. Recipients of an obligated scholarship upon match to a primary care residency in Ohio, are encouraged to request assistance in obtaining a matching commitment from a prospective practice location, in return for a commitment to practice in that community.

Eligibility:

Any pre-matriculated student who has been accepted into the RUSP program attending the Athens or Dublin campuses and who graduated from high school in Ohio, is eligible to apply.

Current RUSP students (OMS2) attending the Athens or Dublin campuses who are presently Ohio residents, and are in good academic standing are eligible to apply.

Students attending the Athens or Dublin campuses are eligible to receive scholarship funds in their last year of medical school upon matching to a primary care focused residency program in Ohio, provided they have participated in the RUSP program for two full years.

RUSP Program Staff

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Goals of the RUSP Program

- Encourage students toward rural and urban underserved practice
- Develop competencies relevant to rural and urban underserved practice (see table below)
- Provide opportunities for students to develop leadership skills in team settings
- Increase awareness of local community assets and develop a sense of place in a rural or urban underserved community
- Build specific skills in depth and in (authentic) context
- Promote community-engaged scholarly work in underserved settings
- Promote excellence in practice

Domains and Capabilities for Rural and Underserved Practice including supporting quotes from national surveys of rural physicians and educators, 2015-2016.

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<th>Domains</th>
<th>Capabilities</th>
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| Adaptability                     | • Demonstrates improvisation and creativity  
• Adapts scope of practice to community needs (plasticity)  
• Exhibits the ability to work with diverse individuals in multiple practice settings |
|                                  | “Motivation to move outside one’s comfort zone to ‘fill the gap’ of what’s missing in delivery of care in a community.”  
“Rural generalists play a significant role in all types of care. Often we take care of cases alone that would typically be handled by specialists in urban areas. This demands clinical skills beyond what most primary care physicians provide.” |
| Agency and Courage               | • Articulates a calling: I’ve been led to do it  
• Tolerates risk: I can overcome fear to do it  
• Finds inspiration: I’ve seen others do it  
• Demonstrates self-efficacy: I am capable of doing it  
• Voices a commitment: I will do it  
• Gets things done: I did it! |
|                                  | “As a rural doctor you need to be able to deal with complexity and uncertainty.”  
“You need to be able to function without immediate outside support in a breadth of circumstances; this requires confidence and independence in practice.” |
| Collaboration and Community      | • Engages the community in responding to need, including health inequity  
• Works well in interprofessional teams; promotes collaboration across professional boundaries  
• Exhibits grace, and respect for individuals and culture  
• Effectively advocates for others  
• Accepts multiple leadership roles  
• Builds effective networks across time and place |
| Responsiveness                   | “As a rural doctor, you should be ready and willing to be an integral part of the community and to be looked to as a leader from the first day in practice.”  
“[Respect for] the patients’ and community’s culture; tolerance and appreciation of differences are important.”  
“It is important in rural practice to have a special rapport, respect and connection to [healthcare professionals] in town and elsewhere too…Mutual respect is very important to providing the best care you can give.” |
| Comprehensiveness                | • Maintains and even expands as necessary a wide scope of clinical practice  
• Enhances skills or learns new ones in order to be prepared for the unexpected and to meet community needs  
• Maintains infrequently used skills through periodic retraining  
• Demonstrates breadth in leadership ability, community health management, administrative skills and business management (“Wears many hats”) |
“Comprehensiveness: being procedurally minded, being able to recognize the truly sick and get them where they need to go, and even knowing the business side of running your own rural practice.”

“It requires expanded scope of care including triage, emergency care, and procedures—even if practice is office-based.”

### Integrity
- Demonstrates authenticity
- Adapts to the transparency and accountability of “living in a glass house”
- Negotiates dual relationships with integrity
- Behaves in a way that is true to self and others

“Some or many of the people in your town are also your best friends. They need to know that you care very much about their health and wellbeing. Go the extra mile for them.”

“Integrity is very, very important. ‘Do the Right Thing’ for your patients, your family, and also for yourself.”

“Especially in rural practice, a physician is judged by the community, by colleagues, and by consultants…”

### Abundance in the Face of Scarcity and Limits
- Demonstrates humility and knows the limits of his/her own competence
- “Looks things up” when faced with the limits of one’s own knowledge
- Effectively uses the resources at hand and, working within the limits of local capability, makes timely referrals

“The ability to make due with what you have, including the responsible allocation of limited resources.”

“To practice in a rural setting, you need to know what you do not know. You’ll need to ask for help from your colleagues sooner rather than later and get educated in your weak areas. There are no medical specialists right around the corner.”

“Creative economics—how to survive financially when caring for an underserved, high-need, and poor population.”

### Reflective Practice
- Demonstrates critical reflection-in, on, and toward-action
- Protects time for reflection-on-action and engages in scholarly activity
- Exhibits awareness of self in relation to others and of their perspectives
- Reframes problems and pursues actionable solutions, putting knowledge into action
- Attends to surprise, to things that do not fit, improvising in the moment in clinical situations
- Keeps the whole in mind, even while focusing on the details

“One must be able to face difficult problems even when you might feel like running away. You are often alone to make difficult decisions. This is very difficult when tragic things happen to patients who also happen to be friends.”

“Have curiosity to understand “the lay of the land” when beginning a practice. Creativity in bringing needed resources to the community and a systems-perspective when evaluating needs and potential partners is helpful.”

“Have humility – one needs to recognize the limits which are inherent in a physician so that a they can approach medical practice in a sustainable fashion.”

### Resilience
- Demonstrates endurance; restorative capacity - the ability to overcome hardship and thrive
- Sustains him/herself in practice & enlists the support of others
- Demonstrates boundary-setting and margin; the ability to set limits, to set aside time for self and family care and renewal
- Bends without breaking
- Builds or joins a resilient community

“To do well, one needs to find joy in rural practice. You need to desire to strive towards an enthusiasm in practice despite the sometimes overwhelming nature of medical practice in a rural or underserved community.”

“One needs life management skills, especially as they relate to spousal and family needs, happiness, and satisfaction.”

Expectations for Rural and Urban Scholars Pathways Students

In order to remain in “good standing” in the Rural and Urban Scholars Pathways program we expect the following of RUSP students:

Must at a minimum remain in good academic and behavioral standing as a medical student at OU-HCOM

Meet once per semester for an individualized education planning session with an assigned coach. It is the student’s responsibility to schedule this meeting. The first meeting is important for planning your professional development and should occur by September 30, 2017.

Participate in scheduled Clinical Jazz groups. Clinical Jazz is a longitudinal small group experience in leadership development and peer coaching with a focus on competencies for practice in an underserved setting, experiential place-based learning, and peer mentoring.

- First and second year medical students are expected to participate in a minimum of 8 Clinical Jazz groups each year in order to remain in good standing in RUSP (including the intro training and the final wrap up session) or 6 regular Clinical Jazz group sessions.
- Students in their third and fourth year of medical school are expected to participate in a minimum of 4 of the Clinical Jazz sessions in order to remain in good standing in RUSP.

Participate for 4 weeks in an immersion experience between MS1 and MS2 in a setting of relative austerity, possibly a global health experience

Attend six workshops or seminars in their first two years of participation in RUSP, at least three of which should occur in the first year. RUSP workshops are focused on (1) skill-building for a broad scope of practice, (2) problem solving with invited guests, and (3) other active exploration of issues relevant to rural and urban underserved practice.

Written reflection after completion of each workshop (within 30 days) or other professional development event.

Spend at least six months or the equivalent of curricular time rotating in a rural or urban underserved setting

Complete a scholarly activity, in addition to the other expectations noted above

If a student does not remain in good standing, they are at risk of being dropped from the program.

Each year, in April, these requirements will be reviewed and in the light of faculty and student feedback will be revised as necessary.

Clinical Jazz

- **Purpose:** One component of the RUSP program is participation in a critical reflection group called Clinical Jazz aimed at developing reflective, mindful practitioners who are competent to practice in rural and urban underserved communities.
**Description:** All RUSP students are assigned to a *Clinical Jazz* (CJ) group upon admission to the program. Each CJ group has two faculty facilitators, assigned to the same group for at least one year at a time through the four-year cycle. CJ groups generally have 6-8 students per group and meet monthly for 10 months. Some students may be participating via videoconference or other web platform.

Students are assigned to groups on entry into the RUSP program and annually in such a way as to achieve gender balance, diversity of interest in either rural or urban practice, and diversity of year in medical school.

Each Clinical Jazz session begins with a student “Jotter” presenting a case that was particularly intriguing, difficult, or enlightening. He or she poses a question, which is reframed by the group and becomes the focus of group reflection. The group, following established rules of engagement first clarifies the jotter’s concern, then reframes the question into a “useful” one, interacts in searching for an answer in this particular case, and ends with an actionable clinical pearl for general practice. The facilitator brings closure to the session by eliciting a “clinical pearl,” from the group, which both answers the jotter’s question and is a salient and practical general rule that all participants can implement in clinical practice. Lastly, participants complete a session evaluation that includes their own clinical pearl, key words and phrases, and categorization of the medical competency or competencies that the session addressed.
Clinical Jazz Facilitators

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## 2017-2018 Clinical Jazz Group Assignments

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<tr>
<th>CJ 1 Athens</th>
<th>CJ2 Athens</th>
<th>CJ 3 Athens</th>
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*Denotes wrap-up session/no jotter – location TBD

### Jotters

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<td>Alex</td>
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<td>Christina</td>
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Sub: Mitch Sub: Sarah
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<td>Michelle Sergi</td>
<td>Shaina Rood</td>
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<td>9.6, 10.11, 11.1, 12.6, 1.10, 2.7, 3.7, 4.4, 4.16*</td>
<td>9.14, 10.12, 11.9, 12.7, 1.11, 2.15, 3.1, 4.5, 4.16*</td>
<td>9.5, 10.3, 11.7, 12.5, 1.23, 2.20, 3.20, 4.16*</td>
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<td>9/14 Cameron</td>
<td>9/6 Tyler</td>
<td>9/14 Crystal</td>
<td>9/5 Alyssa</td>
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<td>10/12 Kim</td>
<td>10/11 Michelle</td>
<td>10/12 Uju</td>
<td>10/3 Tim</td>
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<td>11/9 Chantelle</td>
<td>11/1 Joel</td>
<td>11/9 Rajshiri</td>
<td>11/7 Stephen</td>
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<tr>
<td>11/30 Astian</td>
<td>12/6 Rachel</td>
<td>12/7 Penina</td>
<td>12/5 Morgan</td>
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<tr>
<td>1/18 Megan</td>
<td>1/10 Jessica</td>
<td>1/11 Darcey</td>
<td>1/23 Megan</td>
</tr>
<tr>
<td>2/15 Stephanie</td>
<td>2/7 Lorraine</td>
<td>2/15 Michael</td>
<td>2/20 Logan</td>
</tr>
<tr>
<td>3/8 Andy</td>
<td>3/7 Ann</td>
<td>3/1 Shaina</td>
<td>3/20 Alex</td>
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<tr>
<td>4/5 TBD</td>
<td>4/4 Kate</td>
<td>4/5 Elizabeth</td>
<td>Sub: Esther</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sub: Bethany</td>
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</tbody>
</table>
• **Purpose:** We all have stories. Stories about our lives, our families, our illness, our profession. In medicine, stories offer a way to understand patients by offering a window into "the person that the disease has." Narrative Medicine is a burgeoning field that provides techniques and strategies for professionals to harness the power of stories in clinical encounter. One of the goals of the RUSP Program is to develop humanistic skills, such as empathy and perspective taking. Through the process of close reading, radical listening and expressing our own stories, narrative medicine facilitates relationship building and a deeper understanding of physicians and patients alike.

• **Description:** There will be five pilot groups across all campuses. Each NM group has two faculty facilitators. NM groups generally have 6-8 students per group and meet twice monthly for 50 minutes for 10 months. Specific topics will depend on the group.

<table>
<thead>
<tr>
<th>Narrative Group Athens 1</th>
<th>Narrative Group Athens 2</th>
<th>Narrative Group Athens 3</th>
<th>Narrative Group Dublin</th>
<th>Narrative Group Cleveland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe Bianco</td>
<td>Katy Kropf</td>
<td>Brandi Baker</td>
<td>Fran Blais</td>
<td>Tracy Shaub</td>
</tr>
<tr>
<td>Sharon Casapulla</td>
<td>Merri Biechler</td>
<td>Anna Kerr</td>
<td>Robin Newburn</td>
<td>Jodie Strauss and Chrissy Fall</td>
</tr>
</tbody>
</table>
Continuity in Primary Care:
Longitudinal Integrated Clerkship
(Curricular Pilot)

**Description:** This clerkship will be initially for third year medical students. They will complete their one month Family Medicine Clerkship in an assigned rural or urban underserved practice. A practice that exemplifies the wide-scope of Family Medicine. After this one month introduction is completed that student would then stay with the same assigned practice for one academic year spending ½ day every week with the practice. During this year they would be assigned patients that reflect the typical make up of a family medicine practice. They would develop a patient panel of 50-75 patients that they would then follow over the continuum of that year under the direction of the site preceptor. During this year they would also look for a way to implement a quality improvement item and undertake this change measuring outcomes.

**Purpose:** At the end of this clerkship year we hope that the student will have a better understanding of the scope of a rural/urban underserved primary care practice, understand a different business model to deliver medical care, learn how to improve quality, and understand most importantly how providing continuity of care between patient, physician, and other community health care providers over time makes a patient’s care more effective and frankly a physician’s job easier. During the fourth year those completing a third year LIC will have the opportunity to complete a second in any of the primary care specialties (Family Medicine, Pediatrics, Internal Medicine, or OB/GYN)
Summer Immersion

**Purpose:** Summer immersion provides students with the opportunity to engage with local or global rural and urban underserved communities.

**Description:** RUSP students are expected to spend at least 4 weeks between year 1 and 2 in an area of relative austerity. This experience can be local, out of state, international, or a combination thereof. RUSP students can apply for funding through the Office of Rural and Underserved Programs (ORUP). Students who choose a global experience can also apply for financial support through the Office of Global Health. All students are expected to complete a reflection on their immersion experience.

- **Students interested in a local or regional service experience**
  
  RUSP program staff or RUSP coaches can provide ideas for local (or regional) placements. It is up to the RUSP student to make arrangements with the service site.

  Some examples include:

  - **OAFP Leroy Rogers Preceptorship Program (Stipend provided)**
    

  - **ETSU Appalachian Preceptorship (Stipend provided)**
    
    [https://www.etsu.edu/com/familymed/rural/medical/preceptorship.aspx](https://www.etsu.edu/com/familymed/rural/medical/preceptorship.aspx)

- **Students interested in a global health experience:**

  Some examples of Ohio University faculty-led global health experiences include:

  - Educational
    - Botswana
    - UK: London
    - South Africa
    - Costa Rica
    - Canada
  - Clinical
    - Botswana
    - Ecuador
    - South Africa
  - Research
Year 1 and 2 students do not receive any credit for participating and are **NOT covered under OU-HCOM malpractice insurance**. However, we highly recommend that you obtain international malpractice insurance through the Academic Group.

The Global Health Initiative has developed relationships with two third party providers: **Child Family Health International** [www.cfhi.org](http://www.cfhi.org) (in Argentina, Bolivia, Ecuador, India, Mexico, South Africa, Uganda) and **International Service Learning** (in Belize, Columbia, Costa Rica, Jamaica, Mexico, Nicaragua, Panama, Peru, Tanzania) who offer opportunities at sustained community health programs in several countries. Both of these programs offer clinical experience as well as medical education opportunities.

You may also select to travel with other programs or independently. As some past students have found themselves in uncomfortable and/or unethical situations where they were asked to do more than their current skill level or were not properly supervised, we encourage you to thoroughly investigate the organization and/or opportunity to ensure that you protect your professional reputation, safety, mental health and the rights of the individuals in the countries where you are working. If you have any questions, or need any help in reviewing an organization, the Office of Global Health Programs is happy to assist.

**OU Global Health Programs:**

- Office of Global Health Programs ● [http://www.ohio.edu/globalhealth](http://www.ohio.edu/globalhealth)
- Ohio University Heritage College of Osteopathic Medicine ● E118 Grover Center ● Athens, Ohio 45701 ● Attn: Debra McBride Coordinator of Global Health Programs ● Phone: 740-593-2359 ● Fax: 740-593-1730 ● [globalhealth@ohio.edu](mailto:globalhealth@ohio.edu)

**Funding available for Immersion:**

- The RUSP Program Summer Immersion Fund
  - Complete the Request for Funds (see following page).
  - Up to $1500 available, award dependent on immersion location and budget justification

- Global Health Travel Awards
  - $500-$1000 Awards available
  - 500 word essay
  - Apply at [www.ohio.edu/globalhealth](http://www.ohio.edu/globalhealth)

- Tropical Disease Institute Student Travel Awards Program
- Office of Education Abroad (OEA)
- Summer Research & Scholarly Advancement Fellowship Program
- CORE Research Projects
The deadline to submit a request for funding for a summer experience is **March 7, 2018**. All RFF’s should be emailed to Dawn Mollica at [mollicd1@ohio.edu](mailto:mollicd1@ohio.edu). A committee will review all requests and notification of awards will be announced by **March 15, 2018**.

- **Description of activity (including dates and location):**

- **Site approved by HCOM:** ___yes ___no ___n/a

- **Organization approved by HCOM:** ___yes ___no ___n/a

- **Name of organization or facility:**

- **Contact information for above organization or facility (i.e. Supervisor address, phone, and email if available):**

- **Background information:**

- **Objectives and how you plan to meet them:**

- **Requirements for participation (i.e. forms, documents, certifications, proposal letter, qualifications, immunizations etc.):**

- **Describe the format in which you will complete your reflection (weekly blog, summary paper, etc):**

  - **Total Estimated costs:** $ ________________
  - **Requested Amount:** $ ________________ (attach budget justification)
<table>
<thead>
<tr>
<th>Description of Expense</th>
<th>Total Cost</th>
<th>Amount Requested from RUSP</th>
<th>Personal Funds (you are contributing)</th>
<th>Funds from other scholarship</th>
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<tbody>
<tr>
<td>Travel Expenses</td>
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<td>(includes mileage, conference registration, hotel/rent)</td>
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<tr>
<td>Program Fees</td>
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</table>

Total

Signature of applicant: _________________________________

Date of submission: ________

For office use only.
Date RFF received: _________________
Approve Amount $________  Deny ________
Purpose: The RUSP research project is a scholarly, self-directed, educational opportunity for RUSP students who engage with faculty and/or peers to design and complete a project that addresses a question or issue that is meaningful to them. It must be related to rural, urban or global underserved populations.

Specific Expectations

- Relevant to rural and urban underserved populations
- Group and interdisciplinary projects are strongly encouraged
- Mentoring and support by faculty

Timeline:
Must be designed and completed during your tenure in the RUSP. Early project identification and completion is encouraged. Below is a suggested path. This is only intended as a guide.

<table>
<thead>
<tr>
<th>OMS1</th>
<th>Spring OMSI</th>
<th>Summer of OMSI</th>
<th>Fall OMSII</th>
<th>OMS III</th>
<th>OMS IV</th>
</tr>
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</table>
| • Meet with RUSP Director or Associate Director to discuss your research interests.  
• Draft brief research proposal | • Work with RUSP Director to complete IRB;  
• Apply for RUSP Research Funds if needed | • Initiate data collection, program development, implementation etc | • Complete data analysis | • Take a Research Elective with Program Director or Associate Director to write up results and submit to national conference;  
• Apply for RUSP Research Funds if needed | • Take Research Elective (if needed)  
• Present results at local or national conference |
Scholarly Activity Guidelines

Section I. Scholarly Activity/Research Project Proposal Guidelines

Project sequence:
1. Write a brief project proposal, including appropriate literature citations and present the project idea to RUSP coach, faculty mentor and/or faculty member who will assist you in the project;
2. Meet with coach or mentor (can be outside of RUSP, but requires documentation to RUSP, forwarded to Sharon Casapulla)
3. Research proposal should include:
   a. Project title
   b. Goals of the project (Broad statements of what the project intends to accomplish)
   c. Description of the study (What will you do, where you will do it, who will you work with, what is the general timeline, what are the necessary resources)
   d. Connection to rural and urban underserved
   e. Review of the relevant literature
   f. Research question or hypothesis
   g. Methodology
   h. Project participants (who will participate and how you will recruit them)
   i. Plan for data analysis
   j. Plan and timeline for completion
   k. Bibliography from your literature search

Ideas for Scholarly Projects:
- Research Grant Proposal and submission
- Research study (group work is recommended)
- Summative evaluation of your experiences in primary care in rural and/or underserved setting
- Feasibility study (e.g., a study of different practice models such as solo practices in rural areas)
- Resource development (e.g., patient education materials or medical education learning materials for students)
- Program development and evaluation (e.g., group visits, for nutrition education or smoking cessation program)
- QI Project (e.g., Plan, do, study, act cycle)
- Program Evaluation

Section II. Request for RUSP funding for research or scholarly activities

Deadline February 1, 2018

Overview
The Office for Rural and Underserved Programs (ORUP) promotes health in underserved communities through research and scholarship (1) directed to rural and/or urban underserved settings or (2) with individuals and community agencies in rural and/or urban underserved communities. Students are strongly encouraged to work in teams and carefully plan their project, the goal the formulation of a poster and a scholarly presentation and/or publication.

This fund is for scholarly projects that further research in, about, or with rural/urban underserved communities. It is imperative that the applicant addresses this criterion in the proposal.

Eligibility
RUSP students at any Ohio University Heritage College campus are eligible to request funding to support a research project. To receive funding, projects must be in, about, or with rural and/or urban underserved communities.
Funding requests may include travel support for data collection, equipment, conference attendance, short courses, and symposia or final project dissemination. Funding for other research support (such as assistance with data entry) is at the discretion of the ORUP Research Fund Proposal Review Committee.

**Review and Evaluation Criteria**

The Office of Rural and Underserved Programs’ Research Fund Proposal Review Committee reviews all applications. Critical to successful funding is:

- First, that there is a clear delineation of the project, including the research question, methodology, hypothesis and bibliography. Hence, section I, the research proposal, must be carefully formulated and complete;
- Second, there must be financial justification regarding the use of the funds and the reason why funding is critical to the project’s success. The proposal will be evaluated based on following guidelines (Glassick, 2000):

**Clear Goals**

The scholar-

- Clearly states the basic purpose of project
- Defines realistic and achievable objectives
- Identifies important questions in the field
- Articulates connection to rural and/or urban underserved practice

**Adequate Preparation**

- Shows an understanding of existing scholarship in the field;
- Brings the necessary skills to complete the project
- Recognizes the resources necessary to move the project forward

**Appropriate Methods**

- Proposes methods appropriate to the goals of the project

**Proposal Preparation Guidelines**

Prepare a brief summary of the project (This should reflect and be based on Section I). The proposal must include:

- Research proposal, including the scope and projected outcomes;
- Rationale that identifies the project’s unique opportunity for the applicant; and
- Proposed budget breakdown and justification (see below for additional guidance on the budget).

**Budget and Justification**

The maximum RUSP research award is $3,000. This section of the proposal should include the line item budget breakdown, total amount requested, sources of matching funds (if applicable), and budget justification. Examples of bona-fide project expenses include: Software, equipment, supplies, and travel to support short training courses or to present project research results.
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### Deliverables
After completion of a RUSP research project, recipients are expected to present their findings (or an update on the progress of their study) at a local venue (e.g., HCOM Research Day), a luncheon presentation for OU students and faculty, a structured seminar, or submission of an abstract to a local, state or national conference. Grantees must submit an accounting of funds obtained through ORUP, including justification of budget modifications and return unspent funds to the Office of Rural and Underserved Programs.

### Submission
All proposals should be emailed to Sharon Casapulla casapull@ohio.edu. Notification of awards will be on a rolling basis.
Coaching

Coaches employ methods that help the learners gain insights into their own assumptions, clarify meaning about relevant outcomes, and help identify specific actions needed to achieve a desired result.¹ Such methods include asking reflective questions to help learners identify and develop personal values, preferences, and unique perspectives.²

- **Purpose:** One of the benefits of the RUSP program is individualized education planning with a faculty mentor.
- **Description:** RUSP coaches are primary care doctors with a rural or urban underserved experience who have volunteered to mentor RUSP students over the course of medical school. Coaches will meet with students twice yearly to discuss students’ progress, provide support and direction as well as to provide guidance around CORE placement and career planning. Each student will be assigned to a coach, *but it is up to the RUSP student to initiate and schedule meetings with his or her coach.*
- First meeting with coach should happen by **September 30, 2017**

The RUSP coaches for 2017-2018 are:

**Dr. John Adams II, DO**  
Family Medicine  
Memorial Health  
John.Adams@memorialohio.com

**Scott Anzalone, MD**  
Associate Lecturer,  
Family Medicine  
Director, Longitudinal Integrated Clerkships  
Family Physician in private practice, Logan, OH  
anzalons@ohio.edu  
740.380.9537

**Jane T. Balbo, DO**  
Assistant Professor; Director,  
Family Medicine Associateship  
Family Medicine  
Campus Care  
Grosvenor 333, Athens Campus  
balbo@ohio.edu  
740.597.9068

**Francis Blais, DO**  
Associate Director,  
Rural and Urban Scholars Pathways Program,  
Ohio University Heritage College of Osteopathic Medicine  
6775 Bobcat Way, MEB1  
Room 341, Dublin Campus  
Blaisf1@ohio.edu  
614.793.5606

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¹ Source: Cummings TG, Worley CG. Coaching and mentoring (in) Organizational development and change. Mason, OH: South-Western Cengage Learning; 2009

Robin Newburn, DO
Assistant Professor, Primary Care
Family Medicine
Dublin
MEB1-440, Dublin Campus
newburnr@ohio.edu
614.793.5622

Lenard Presutti, DO
Associate Professor
Family Medicine
Campus Care
Grosvenor 247, Athens Campus
Ohio University Heritage College of Osteopathic Medicine
presutti@ohio.edu
740.593.2209

Eduardo Robles, DO
Assistant Professor, Family Medicine; Associate Director, Multicultural Affairs
Family Medicine
Office of the Executive Dean
Grosvenor 342, Athens Campus
robles@ohio.edu
740.797.2352

Tracy Shaub, DO
Chair, Associate Professor of Family Medicine, Interim Chair, Geriatric Medicine
Family Medicine
Geriatric Medicine
Office of the Executive Dean
SPS-350, Cleveland Campus
shaub@ohio.edu
216.295.7549

Brian Schmidt, DO
Primary Care
Family Medicine
Community Health & Wellness Partners of Logan County
Brian.schmidt@chwplc.org
937.599.1411
RUSP Coaching Session Form

This form will be completed by the student prior to coming to the coaching session using the link http://tinyurl.com/RUSP2017-18. The student should either email a copy to his or her coach before the meeting or print a copy and bring with them. You can use the time during the coaching session to discuss the student responses.

Student Name: ___________________________________________  Session: 1 2
Date: ____________________________________________________

1. How are things going for you so far this semester?

2. What strengths do you bring to being a med student? A physician?

3. What challenges will you face in med school?

4. How are you planning to address your challenges?

5. What is your current specialty area of interest? Why?

6. What is your geographic area of interest (rural/urban/global)?

7. What do you hope to gain (or have gained) from your participation in RUSP?

8. What (3) workshops do you think will most benefit you this year?

9. What is your year 3, 4 clinical campus preference? Why?

10. How are Clinical Jazz sessions going?

11. What are you thinking of doing for your Summer Immersion? (OMS1 only)

12. What are your ideas for Research /Scholarly Activity? What are you curious about professionally?

13. What else would you like to discuss at your coaching session?
Students in red are new to RUSP this year.

## Athens

<table>
<thead>
<tr>
<th>Students</th>
<th>Coaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Scott Anzalone</td>
<td>Dr. Jane Balbo</td>
</tr>
<tr>
<td>Logan Beckett</td>
<td>Laila Almassri</td>
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<tr>
<td>Josh Blosser</td>
<td>Alyssa Gerth</td>
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<tr>
<td>Grant Gase</td>
<td>Michael Graves</td>
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<tr>
<td>Autumn Haynes</td>
<td>Ciara Feichtner</td>
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<td>Sonja Porter</td>
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<td>Ann Ulicny</td>
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<tr>
<td>Jacob Taber</td>
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<tr>
<td>Dr. Jody Gerome Zuchowski</td>
<td>Dr. Jennifer Gwilym</td>
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<tr>
<td>Shilpa Krishnan</td>
<td>Jessica Fike</td>
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<td>Armika Tatum</td>
<td>Andrew Leubitz</td>
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<tr>
<td>Camilla Milnes</td>
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<td>Erin Webb</td>
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<td>Bianca Nquyen</td>
<td>Elizabeth Pawlowski</td>
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<td>Dr. Katy Kropf</td>
<td>Dr. Tim Law</td>
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<td>Sarah Castiglia</td>
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<td>Megan Early</td>
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<td>Esther Hwang</td>
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<td>Alicia Rodgers</td>
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<td>Jason Rodriguez</td>
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<td>Samantha Nandyal</td>
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<td>Dr. Randall Longenecker</td>
<td>Dr. Lenard Presutti</td>
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<td>Chance Benner</td>
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<td>Stephen McNulty</td>
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Dublin

Dr. Fran Blais
Shandra Basil
Stephanie Deuley
Kimberly DiMauro
Danielle Dukes
Allison Gase
Cameron Gachett
Daniel Kohl
Jacob Nafziger
Keilah Ketron
Lacey Ruppert
Chantelle Shaw
Megan Zaworski

Dr. Paige Gutheil
Kaetha Frost
Amanda Jude
Kelsey Lee
Aditi Lele
Erika Wittkorn
Dr. Matthew Kunar
George Chilupe
Brooke Heatwole
Duna Alkhalaileh

Dr. Robin Newburn
Natasha Baah
Astian Waite
Jessica Motley
Rachelle Dulan

Dr. Adams
Dorvan Byler
Dr. Schmidt
Ryan Paulus

Cleveland

Dr. Chrisman-Kirwan
Kathleen Ziegler

Dr. Tracy Shaub
Darcey Hull
Crystal Pristell
Michele Sergi
Tyler Karras

New RUSP Coach
Joel Manzi
Shain Rood
Elizabeth Santucci
Penina Gross-Richmond
Rachel Kamat
Jessica Beebe

Dr. Bruner
Tim Cutler

Morgan Craig
Seth Sigler
Rajshiri Joshi
Purpose: Working and leading as a primary care physician in underserved communities requires a comprehensive understanding of local services for patients and their families. Additionally, successful practice in rural and urban underserved settings requires physicians to have a broad skill set. RUSP workshops were designed to expand your understanding of rural and urban underserved communities and to expand your “scope of practice.”

We will ask you to complete an evaluation and a reflection after each workshop.

Sept. 16  
Little Cities of the Black Diamonds: Health and History in Southeast Ohio  
Southeast Ohio has a rich and complex history, steeped in coal mining and community activism. You will have the opportunity to visit three of the Little Cities of the Black Diamonds, learn from the residents about the work they are doing to maintain their history. We will end the day with a focus group of residents who will share their thoughts and opinions on their communities, the challenges they face in accessing quality health care.  
Location: New Straitsville and Shawnee, Ohio  
Time: 8:00 am – 2:00pm

Oct. 7  
Understanding “Urban Underserved” Communities  
This workshop will take place in the Franklinton/Hilltop community of Columbus, the only Health Professions Shortage Area in Franklin County. First, in groups of three, participants will do a windshield/walking tour of their assigned segment of the community, both to explore this community and attempt to define its assets. Second, divided into three to four larger groups, participants will have the opportunity to interview individuals who both live and work in the community: A faith-based site, food-based location, a health care facility and an educational site. Third, as a group, participants will reflect upon the endeavor and share what each group learned as they assessed the community. We will have the opportunity to interact with community members during this workshop about the challenges and opportunities in their neighborhood.  
Location: Franklinton  
Time: 9:30 am – 2:00pm

Oct 11 and Oct 12  
America's Opiate Epidemic: Patients and Physicians Perspectives  
CHSP’s Fall 2017 Grover Lecture Featuring Sam Quinones Author of "Dreamland: The True Tale of America's Opiate Epidemic  
Location: Athens  
Part 1: Lecture Wednesday, Oct. 11, 12:30-1:30 p.m. Walter Rotunda, Ohio University, Athens Ohio  
Part 2: Oct 12 –5:30 – 7:00pm: Book Discussion and Q/A with Dr. Melinda Ford, DO
October 14  
**Rural Health Scholars Workshop - “Relationships in Rural Practice: What’s different?”**
A skill-building workshop for working in rural communities. Topics include: *Negotiating Dual Relationships: A competency for rural practice – Dr. Levine; “Mapping Relationships as a Tool for their Management: Genograms, ecomaps, and practice-grams” – Dr. Levine, Dr. Casapulla, Dr. Kropf, and Dr. Longenecker; “Building and Sustaining Engaging Relationships in your Community” – Dr. Casapulla*

*Location: Stagecoach Family Practice, Logan, Ohio*
*Time: 9:30 am – 1:00 pm*

Dec 2  
**Responding to Racism in Clinical Settings.**
Engage with actors in a safe environment to try out ideas and improvise responses to racist encounters in clinical settings. This workshop is for anyone who wants to create positive solutions in the clinic and classroom. Led by Merri Biechler and students from the Theater Division’s Creative Solutions Alliance: Social Politics and Performance group

*Location: Dublin*
*Time: 9:00 – 1:00 pm*

Jan 20  
**Coordinating Care for Vulnerable Populations**
Presenters: Isi Ikharebha, MPH Executive Director of the Physicians CareConnection and Dr. Fran Blais, DO
Patients in underserved communities often have complex conditions and experience life circumstances that make coordinating their care very important and very challenging. In this workshop we will work in small groups to discuss and plan care coordination for those most in need through actual patient case studies. Isi Ikharebha, the Executive Director of the Physicians CareConnection [http://www.goodhealthcolumbus.org/pfc.html](http://www.goodhealthcolumbus.org/pfc.html), will co-facilitate this workshop with Dr. Fran Blais. Hear from community members about their experiences and challenges in accessing care. Additionally, all of us will spend some time performing volunteer tasks at the food bank.

*Location: Dublin, Ohio*
*Time: TBD*

Feb. 10  
**Skills Lab: Splinting and Suturing**
What does splinting and suturing have to do with undeserved practice? Join Dr. Law, Dr. Blais and Dr. Longenecker to find out. In this workshop you will learn about and practice interrupted suture placement and splinting an extremity. Come prepared to practice with a partner!

*Location: Dublin*
*Time: 9:00am- 12:00pm*

March 3  
**Scope of Practice Lab – Obstetrical Urgencies in Primary Care**
Obstetrical care is an important part of comprehensive primary care practice in underserved communities. This workshop will focus on developing core skills for dealing with selected obstetrical urgencies in primary care

*Location: Cleveland, Ohio (onsite)*
*Time: 8:00 am- 12:00 pm*
April 7  Responding to Racism in Clinical Settings
Engage with actors in a safe environment to try out ideas and improvise responses to racist encounters in clinical settings. This workshop is for anyone who wants to create positive solutions in the clinic and classroom. Led by Merri Biechler and students from the Theater Division’s Creative Solutions Alliance: Social Politics and Performance group.
Location: Athens
Time: 9:00 – 1:00 pm

April 28  Scholarly Endeavors Forum – the Ohio Osteopathic Symposium
This is a special invitation-only lunch session at the OOS for RUSP students to showcase and discuss their scholarly activity.
Location: Dublin at the Ohio Osteopathic Symposium
Time: 12:00 – 1:00 pm

TBD  Amish Health
Look for announcements from Dr. Law for a great opportunity to travel with him to his Amish practice in Kentucky.
Location: Kentucky
Time: weekend
Other Relevant Regional and National Conferences and Seminars

The conferences below have been vetted by RUSP staff. If you attend any of the following and complete a written reflection on what you learned, it will count toward the completion of a workshop requirement.

This is the theme for the NAFC’s 2017 Charitable Health Care Symposium. This year’s Symposium will focus on these common threads, providing important education and technical assistance on change that is occurring in the health care world, opportunities for change in developing new programs or changing models, on ways to enhance the ability to provide compassionate care, and how to enhance connections with patients, volunteers, donors and partners.
http://www.nafcclinics.org/content/charitable-health-care-symposium

Oct 5-5  MultiEthnic Advocates for Cultural Competence, Statewide Training Conference, *Aiming for Equity: Combating Social Determinants of Health* (Columbus, Ohio)
The 14th Annual MACC Statewide Training Conference will focus on social determinants of health and how addressing social determinants can lead to improved health outcomes. The conference will look at the current disparities data around social determinants as they relate to specific cultures, the process for fostering change at an organizational and policy level, and enacting change through faith and community partnerships.
http://www.maccinc.net/training-conference/

Oct 13-15  Rural Health Scholars Retreat – *Community-centered Patient Care* (Logan, Ohio)
Join other students with an interest in rural medicine and representing all of Ohio’s medical schools in the beautiful Hocking Hills of Ohio. Watch for the application to attend in August.

Feb 6-9  National Rural Health Policy Institute (Washington DC)
Join NRHA for the largest rural advocacy event in the country. Learn firsthand about the development and implementation of health care policy at the federal level and meet with your members.

May 9-12  National Rural Health Conference, (Minneapolis, MN)
NRHA's Annual Rural Health Conference is the nation's largest rural health conference, created for all of those with an interest in rural health care, including rural health practitioners, hospital administrators, clinic directors and lay health workers, social workers, state and federal health employees, academics, community members and more.
https://www.ruralhealthweb.org/events/event-details?eventId=18

April  OU-HCOM Minority Health Month Lecture Series (HCOM – All Campuses)
This is a series of lunchtime lectures and discussions throughout the month of April regarding issues related to minority health. The completion of three lunchtime lectures and one reflection on what you learned will satisfy one of the RUSP workshop requirements.

Multiple  Professional Development in Cultural Competency Certificate Program
“Professional Development in Cultural Competency” is a 4-part elective seminar series that include a simulated patient lab, designed to explore and improve cultural competency. It is offered to first and second year students over the course of an academic year. Based on an intercultural communication approach, the course aims to move students through stages beginning with cultural identity and awareness through knowledge building and ultimately to skill shaping during one-on-one interactions in a simulated health care setting. Participants who attend all 4 parts will receive a 20hr certificate of completion.
Sept 15, 16 and Feb 9, 10 (Dublin)
Aug 25, 26 and Jan 19, 20 (Athens)
Oct 6, 7 and Feb 16, 17 (Cleveland)

June
Amish and Mennonite Health Care Conference, (Ohio)
RUSP Reflection Guidelines and Template

RUSP students are expected to complete a reflection after each workshop/professional development activity and after summer immersion using one of the two templates by going to the link at http://tinyurl.com/RUSP2017-18.

Reflection: What Is It?
Reflection is a metacognitive process that occurs before, during and after situations with the purpose of developing greater understanding of both the self and the situation so that future encounters with the situation are informed from previous encounters. Reflection is something we do every day. It is a focused learning process, which facilitates the development of insight and understanding, transforming the learner and guiding future practice. Reflection can take many forms: it can be the individual quietly pondering over an event, a discussion or debrief with a colleague, a written piece of work for our own learning, or a formal piece of work for assessment purposes. It can also take more artistic approaches.

Reflection: Why Bother?
Reflective practice is a core skill necessary in professional medical practice, enabling us to learn to cope with an ever-changing work environment. In an article in JAMA, Ronald M. Epstein wrote, “Reflection and self-awareness help physicians to examine belief systems and values, deal with strong feelings, make difficult decisions and resolve interpersonal conflict.” Socrates said, “The life which is unexamined is not worth living.”

Reflection: A suggested method
Models of reflection are usually cyclical and most can be formulated into three stages—do, review, and plan. You can enter the cycle at any point and repeat the process as you revisit the experience in different contexts, enhancing your continuous professional development.

Stage 1: Do—The Experience
Examples of this could be attending a lecture, meeting a patient, preparing for and taking an examination, experiencing a difficult encounter.

Stage 2: Review—The Reflection
During this stage, you try to make sense of your experience. This stage is best divided into three parts:

Part 1: Recollect the experience in detail-
  What happened?
  What were you thinking and feeling?
  What did you notice?
  What else was happening? Were you thinking about work, home, study, or health?
  What might others there have noticed, thought, and felt?
  What might someone looking in have seen?

Part 2: Looking beneath the surface-
This part of reflection encourages you to consider the experience in more depth, considering possible answers to the question "why?"

  Why did the experience play out the way it did?
  Why did I react, think, and feel the way I did?
  Why did others react, think, and feel the way they did?
It is at this stage that connections may emerge with past experiences, the curriculum, other disciplines and perspectives, art, film, literature, and other humanities, professional responsibilities, and your values and beliefs, as well as those of others. Not all people learn best through words and it is this part of reflective practice that is particularly open to the use of art, dance, drama, creative writing, and music. Facilitated reflection often encourages learners to look more broadly and deeply than they would alone, e.g., Clinical Jazz.

Part 3: Identifying insights-
In this part you try to formulate those "light bulb" moments that have emerged from your reflection. Questions to help you identify possible insights include:

- What have I learned about the situation?
- Were there "eureka" moments?
- What have my emotional reactions told me about myself and how I relate to others?
- What have I learned about the way I think, learn, and act?
- What have I learned about myself as a person, my values, and my beliefs?
- What have I learned about others?
- What has challenged me?
- What have I learned about medicine, the role of a physician, and me as a future physician?

Stage 4: Plan—What next-
This part encourages you to identify how you might approach similar situations in the future. The first two stages are often done informally as we mull over our day and talk with colleagues, while this final stage benefits from taking time to formally identify and write down your key learning points, what changes you might implement, and what other actions you may need to move forward. There is something about writing things down that makes them more likely to happen, and you should later review what you have written and you can see how you have fulfilled your plans and consider how they have helped. This formal process may be more effective when employing a template, where brief notes on the experience, reflections, and future actions can be made, taking care to ensure patient confidentiality. To that end, two potential templates are provided to use as a structured way to record your reflections. The first is very simple and straightforward. The second is a summary of the discussion above, in a template format. Use whichever template best fits your needs, but whatever method you choose, these or others, take a few moments each day, after a day of learning, a clinical encounter with a patient, or a discussion with a colleague or faculty member and record your reflections. It is a learning opportunity that can so easily slip by.
Reflection Template:

**Part 1:** Recollect the experience in detail-
- What happened?
- What were you thinking and feeling?
- What did you notice?
- What else was happening? Were you thinking about work, home, study, or health?
- What might others there have noticed, thought, and felt?
- What might someone looking in have seen?

**Part 2:** Looking beneath the surface-
- Why did the experience play out the way it did?
- Why did I react, think, and feel the way I did?
- Why did others react, think, and feel the way they did?
- What went well? What went less well? Why

**Part 3:** Identifying insights-
- What have I learned about the situation?
- Were there "eureka" moments?
- What have my emotional reactions told me about myself and how I relate to others?
- What have I learned about the way I think, learn, and act?
- What have I learned about myself as a person, my values, and my beliefs?
- What have I learned about others?
- What has challenged me?
- What have I learned about medicine, the role of a physician, and me as a future physician?

The experiential learning cycle (after Kolb).
Example of a RUSP Post-activity Reflection

RUSP Students OMS-I
RUSP Reflection: Beyond a Simple Understanding of Poverty

[Selected examples of competence in the domain of Reflective Practice, among many in this reflection, are highlighted and included as footnotes]

1. What? (Describe what happened. Recollect the experience in detail.)

   On Saturday, December 3rd, I attended "Beyond a Simple Understanding of Poverty." I find the title to be quite an understatement. Before this event, I don't know what my understanding of poverty was. But I certainly didn't think of poverty as the crushing, paralyzing hell that I found it to be during the simulation. When we arrived in Irvine Hall, we were each given an identity for the day. I was a middle-aged woman who lived with her husband and two young children. I worked and my husband had recently been laid off. Consequently, we were struggling to afford our previously-comfortable lifestyle. When the round began, I had to go straight to "work" for 7 minutes. After I was permitted to leave, there were only a few minutes remaining in the round. The first "week," I hadn't secured extra transportation passes before I left for work and so I was stuck at home, unable to take care of outstanding debts or buy groceries for our family. During the next rounds, I made sure that I had plenty of transportation passes with me at all times. Despite that, it was almost impossible to do all of the things that needed to be done in such a short amount of time. The rounds inevitably ended and I still had two or three tasks on my "to-do" list.

   I was fortunate that my "husband" was "home" all day and thus could take care of rent, utilities, and applying for benefits. We eventually lost our home (the bank said they didn't receive our mortgage payment despite it having been paid; we didn't get a receipt) but that would have happened much sooner if it hadn't been for "him." My eldest "daughter" was pregnant and on top of the many things that needed to be done, we had to worry about preparing for another member of the family. I can honestly say that this might have been one of the most stressful hours of my life. I have had a very privileged life but I got a very, very small taste of simulated poverty, which pales in comparison to the real thing. I would not wish that kind of insurmountable pressure on my worst enemy.

2. So what? (Tell why it is important. Why did you the experience play out as it did?)

   Each activity involved in this simulation was an opportunity to learn about the challenges people in poverty wrestle with every single minute of every single day. I was disappointed, but not surprised, to see loan sharks waiting to take advantage of people desperate for a buck. I see commercials for "get out of debt overnight" and "get rich quick" schemes on television all the time and I now appreciate how enticing those advertisements can be. When you are sinking, you will try to grab onto anything that might possibly keep you afloat.

   I was astounded by how little could be done in my time "off of work." When we were finally permitted to clock-out, the round was nearly over and I ran around like a

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3 RP Competency: Protect time for reflection and learning
4 RP Competency: Learning from experience
5 RP Competency: Attend to surprise
chicken with my head cut off attempting to do something – anything – to help my family. Thankfully my "husband", who had recently been laid off of work, was able to inquire about benefits and pay bills while I was away at work. I wondered what it might have been like if I had been a single mother in the simulation. I am certain that I would have lost either my job or children. I could not have maintained both. There just wasn't enough time. I also thought what it might be like if one of my family members got sick. We barely had time to run to the store, let alone make a doctor's appointment where we would inevitably sit and wait for a doctor who was running behind. There was no ounce of time or energy diverted to maintaining a healthy lifestyle – dieting, exercising. It just wasn't even on our radar. It is easy to see how circumstances of poverty set individuals up for chronic morbidities such as obesity and heart disease.

For me, the most challenging part of the simulation was the number of times I had to swallow my pride. Despite me consciously knowing I was participating in a learning activity, I became genuinely embarrassed several times throughout the morning. This is entirely out of character for me, 6 but I worked up the courage to explain my situation to my "boss" and ask for a raise. Fortunately, I received it but it was difficult to verbalize that I was struggling and ask for help. I had to send my "children" to school without art supplies, knowing that they would stand out among their friends and classmates. My children were hungry and I felt like I was failing. One "afternoon," my daughter came home with school beaming because she had won $50 in an art contest. Asking her to give up her $50 was the lowest point of the simulation for me. 7 I cannot imagine how demeaning that would be in real life and I gained a new appreciation for how abruptly young children can be forced to grow up when their parents are struggling financially.

3. Now what? (Tell what you're going to do now. What did you learn?)

Besides the aforementioned reflections, there are some additional memories I will carry with me as I go on in my medical education and encounter people from diverse socioeconomic backgrounds. I realized just how important it is for doctors to be aware of the resources available to patients in their communities. I think about how many people didn't attend the “community center open house” simply because they didn't know it existed. As a physician, it is your duty to support your patients' wellness. If you don't set them up to succeed outside of your office as well, then what's the point? 8 The next time I serve a community, I will take the time to learn about the town, its inhabitants and its resources. 9 I will attempt to have patience. I will attempt to locate the patient within the context of their world. I will not lecture them with unrealistic expectations and then chide them for "non-compliance. 10 I will remember what this brief hour of my life was like. I will remember.

[This reflection also addresses multiple domains of competence for underserved practice, in addition to Reflective Practice: Adaptability, Agency and Courage, Collaboration and Community Responsiveness, and Abundance in the Face of Scarcity and Limits]

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6 RP Competency: Exhibit awareness of self in relation to others
7 RP Competency: Demonstrate critical reflection on action
8 RP Competency: Keep the whole in mind
9 RP Competency: Self-directed learning
10 RP Competency: Reframe problems