Montana WWAMI Premedical Conference  
Saturday, April 10, 2010  
MSU-Bozeman Campus

AGENDA

8:00 am  Registration and continental breakfast  
8:30 am  Welcome and Overview  
8:45 am  What Makes WWAMI Unique?  
9:15 am  Components of the Medical School Application Process  
10:00 am  Break  
10:15 am  Components of the Medical School Application Process (continued)  
10:40 am  Office of Multicultural Affairs  
11:00 am  Financing Medical School  
12:00 pm  Lunch and Guest Speaker  
1:00 pm  Medical School Interview Preparation  
1:30 pm  Mock Medical School Interviews  
2:45 pm  Break

Break Out Sessions for both students and advisors:  
3:00 to 5:00 pm

MCAT Preparation, MT WWAMI Tour  
MD/PhD Program, Residency  
TRUST Program, 3rd & 4th Years in Medical School
Montana WWAMI Premedical Conference Manual

Table of Contents

Introduction: University of Washington School of Medicine & Curriculum Overview..........................5
Message from the Dean of the UW School of Medicine.................................................................7
UW Mission.....................................................................................................................................8
Montana WWAMI Program..............................................................................................................9
Preparing for Medical School.........................................................................................................15
Applying to Medical School...........................................................................................................18
Personal Statement.........................................................................................................................22
MCAT Preparation..........................................................................................................................28
Financing Medical School.............................................................................................................30
The Interview.................................................................................................................................36
Specialized Programs at the UWSOM...........................................................................................40
Office of Multicultural Affairs.......................................................................................................42
Undergraduate Timeline...............................................................................................................44
Resources & Contacts....................................................................................................................46
Montana WWAMI Program Scholarships.......................................................................................50

A special thanks to our sponsors:

[Logos of sponsors]
PreMed Conference Contacts

Stella Yee
Admissions Officer
UW School of Medicine, Office of Admissions
Box 356340
Seattle, WA 98195-6340
206-543-7212
StellaY@uw.edu

Diane Noecker
Financial Aid Officer
UW School of Medicine
Box 357340
Seattle, WA 98195-7340
206-685-9229
dnoecker@uw.edu

Felicity Abeyta
Program Coordinator Office of Multicultural Affairs
UW School of Medicine
Box 357430
Seattle, WA 98195-7430
206-616-5522
fabeyta@u.washington.edu

Jane Shelby, Ph.D.
Executive Director - Division of Health Sciences
310 Leon Johnson Hall
Montana State University
Bozeman, MT 59717
406-994-1670
jshelby@montana.edu

Martin Teintze, Ph.D.
Interim Director, University Phase Montana WWAMI Program
308 Leon Johnson Hall
Montana State University
Bozeman, MT 59717
406-994-4411
mteintze@montana.edu

Elizabeth Nicholas
Assistant to Director of MT WWAMI University Director
Montana State University
Bozeman, MT 59717
406-994-4411
Nicholas@montana.edu

Jay S. Erickson, M.D.
Clinical Coordinator-Montana WWAMI Program
Assistant Dean, UW School of Medicine
525 Railway St., Ste 204
406-862-3810
jerick@uw.edu

Bernadette Duperron
Judi Sullivan
Assistants to MT WWAMI Clinical Coordinator
525 Railway St., Ste 204
Whitefish, MT 59937
406-862-3810
mtassist@uw.edu

Laurie Tobol
WWAMI/WICHE Certifying Officer
Office of the Commissioner of Higher Education
46 N. Last Chance Gulch
P.O. Box 203201
Helena, MT 59620-3201
406-444-0322
ltobol@montana.edu

Laurie Tobol
WWAMI/WICHE Certifying Officer
Office of the Commissioner of Higher Education
46 N. Last Chance Gulch
P.O. Box 203201
Helena, MT 59620-3201
406-444-0322
ltobol@montana.edu
Introduction: University of Washington School of Medicine

The University of Washington School of Medicine is a regional resource for the states of Washington, Wyoming, Alaska, Montana and Idaho—the WWAMI states.

Founded in 1946, the UW School of Medicine is recognized for its excellence in training primary-care physicians and for advancing medical knowledge through scientific research. It's nationally known for its commitment to community service through the volunteer activities of its students, staff, faculty, and alumni.

The full-time physician faculty members of the UW School of Medicine staff UW Medical Center and Harborview Medical Center, as well as the Puget Sound Veterans Affairs Health Care System and Children's Hospital and Regional Medical Center, all in Seattle. UW medical faculty members also staff the UW Medicine Neighborhood Clinics in King County, WA. The physician faculty provides expert consultation to practicing physicians throughout the region.

Research scientists at the UW School of Medicine explore every aspect of health and disease, from the molecular mechanisms of gene action to population studies of global illnesses. Their work has contributed to improved understanding of the cause of diseases and to better treatments and prevention of many disorders. Graduates of the UW school - physicians, scientists, allied health personnel, or scholars in medical history and ethics - go on to serve in a wide variety of capacities. Many M.D. and physician assistant alumni practice in areas of need, such as rural towns, inner cities, or developing nations.

The distinguishing characteristic of the UW School of Medicine is interdisciplinary collaboration. Scientists, educators, and clinicians are dedicated to helping each other research the common goals of improving peoples' health and alleviating suffering from disease.

MEDICAL SCHOOL CURRICULUM & OVERVIEW

The undergraduate medical curriculum at the University of Washington, which serves five states via the WWAMI program, has undergone many innovative changes over the past twenty years. The first two years of the medical student curriculum is identified as the Basic Curriculum. The current structure represents a combination of "discipline-oriented" courses and "organ system" courses.

First Year

In the first year (which may be taken at any of the WWAMI locations), the student receives instruction in courses taught predominantly from specific departments or disciplines. The disciplines of Biochemistry, Physiology, Immunology, Microbiology, and Anatomy and Embryology are introduced during this year.

The first year also introduces the "organ system" method of instruction. The interdisciplinary teaching focused around specific systems starts in spring quarter, with the Nervous System and Head and Neck courses as the major examples. Lecture/lab contact time in the first year averages 28 hours per week.

Throughout the first year and continuing into the second year, the student begins being tutored in interviewing skills, history taking and recording techniques, and the art of the physical examination. These skills are taught in the Introduction to Clinical Medicine (ICM) series. The University of Washington was one of the first schools to pioneer this small group format that utilizes videotapes of students doing patient interviews.

Second Year

The second year (taken at UW in Seattle) continues the organ systems teaching method and adds two discipline courses from Pharmacology. ICM teaching in this year focuses on the history and physical exam of specific areas of the body such as heart, lung, abdomen, mental status, etc. Topics such as human sexuality, geriatrics, and death and dying are covered in the small group format of ICM. The second-year student averages 25 hours of lecture/lab contact per week.

Third and Fourth Years

Education in the clinical curriculum - the third and fourth years - utilizes the case study method. Students gain clinical knowledge and gradually increase their clinical problem-solving abilities while working as junior members of a medical care team. A faculty clinician working in one of the medical school-affiliated hospitals or practice units leads each team.

The third year primarily consists of the required clinical clerkships. Students request a clerkship track or clinical sites during the second year. The required third year clerkships are in Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery. Rehabilitation Medicine and Emergency Medicine clerkships are required and may be taken in the third or fourth year. Two additional clerkships, in Neurology and Surgery electives, are required in the fourth year. There is some time allocated to electives in the third year, how-
ever, most of the clinical electives are taken in the fourth year. Students are permitted considerable latitude in planning their fourth year, and typically schedule a program that not only permits advanced coursework in areas of specialty interest, but also provides a broad general medical education in preparation for assuming patient care responsibility in residency training.

Enhanced Learning Opportunities

The University of Washington School of Medicine offers many programs for students with an interest in medicine that has a particular focus. Opportunities to do a rural-focused track, Native or Hispanic health, a research track or international component can choose from an enhanced curriculum. Please refer to the Specialized Programs section starting on page 40 of this manual.

Colleges Mentor Program

There are six Colleges at the UWSOM: Big Sky, Columbia River, Denali, Rainier College, Snake River, Wind River, which have three primary goals:

- To oversee a four-year integrated curriculum of clinical skills and professionalism
- To teach the Introduction to Clinical Medicine II (ICM II) course in the second year
- To provide a consistent faculty mentor to each student throughout her/his medical school career

Within each of the Colleges there are six faculty, one of whom serves as the head of the College. Students are randomly assigned upon matriculation to one of the Colleges and specifically to one faculty mentor within that College. Each year the mentor is assigned six students and will work with them throughout their medical school career. One of the main responsibilities is to oversee a four-year integrated curriculum of clinical skills and professionalism. There are five areas of clinical skills with developmental benchmarks identified for each year:

- Communication skills, including taking a patient history
- Clinical reasoning and interpretation skills
- Diagnostic and physical exam skills
- Professionalism and ethics
- Use of informatics

As students move through medical school training, they will be provided with more specific, detailed benchmarks in the various areas. These benchmarks are continually reviewed to refine and enhance their usefulness in helping students identify appropriate learning goals for each academic quarter or clerkship.

For more information about the Colleges of the UWSOM, link to http://medcolleges.washington.edu/ .
MESSAGE FROM THE DEAN

When the University of Washington School of Medicine was founded in 1946, Seattle was in many ways still a frontier town, at the edge of the country and distant from major cities and key centers of learning. Development of a state-of-the-art medical school was a challenge in this setting. The first faculty of the School of Medicine practiced and taught in borrowed offices, attics and basements. Nevertheless, the School attracted a stellar group of faculty members who worked tirelessly to create an institution of excellence in the Pacific Northwest. Over 60 years later, Seattle is a thriving metropolis and the University of Washington School of Medicine has long been recognized as the institution of excellence that its creators envisioned. However, we continue to seek the challenge of frontiers and strive to improve our ability to meet our mission to improve health.

We pursue our mission with the three academic activities, including teaching, research, and patient care. We have been a leader in medical education for many years, but intend to do even better. Through critical self-assessment and modification where needed, we will ensure that our educational program provides state-of-the-art teaching and knowledge to meet the challenges of the 21st century. We are committed to maintaining a diverse group of students, and support this diversity through programs, scholarships, and assistance for individuals who might not typically have the resources to attend medical school.

Early on, our School looked to serve a broad geographic area through its emphasis on regional medicine. The WWAMI program, established in 1971, made medical care, consultation, and education accessible throughout Washington, Wyoming, Alaska, Montana, and Idaho. Medical students and residents have the option to train at a number of sites throughout the WWAMI region, providing them with a wealth of practical and varied experience. We have also established close ties with clinicians throughout the Northwest, and routinely communicate with them through programs like Medcon, a telephone consultation service. In the 1990’s, we have extended our communication network even further by bringing telemedicine into the exam room and the classroom. A physician in Alaska, for example, can present a patient for consultation to a faculty member in the School of Medicine, with most of the features of an actual physical exam at their disposal.

Our emphasis on regional medicine was partly responsible for the medical school’s early attention to primary care. We have long emphasized the importance of primary care and the establishment of a balance between specialty care and primary care. Our educational programs have benefited from this long history of careful attention to teaching primary care. As a result, the University of Washington School of Medicine has been voted the No. 1 medical school in the country for primary care in U.S. News & World Report’s annual ranking of graduate and professional programs for sixteen consecutive years. We are equally committed to advancing knowledge and providing leadership in the biomedical sciences and in academic medicine. Huge leaps have been seen in the number and depth of questions asked and answers provided. We are at the frontier of vast new knowledge and major advances. Our research programs in molecular medicine confront leading-edge problems with the conviction that the future of biology and medicine lies in the ability to apply a multidisciplinary approach to the analysis of complex biological systems. State-of-the-art research is taking place at the University of Washington in cancer, genetics, vascular biology, neurobiology, and multiple other areas across the specialties. A strong emphasis on collaboration across specialties means that we can combine the best minds and creative efforts in defining and solving problems in medicine. Our ultimate goal, through our teaching, research, and patient care, is to sustain and improve human life.

We have many frontiers ahead of us. I am confident that the faculty and trainees at the University of Washington School of Medicine will continue to seek out and meet the challenges of those frontiers in ways that shape the future of teaching, research, and patient care. I look forward to providing you with periodic updates on our progress.

Paul G. Ramsey, M.D.
CEO, UW Medicine
Executive Vice President for Medical Affairs and
Dean of the School of Medicine
University of Washington
UWSOM MISSION

The University of Washington School of Medicine is dedicated to improving the general health and well-being of the public. In pursuit of its goals, the School is committed to excellence in biomedical education, research, and health care. The School is also dedicated to ethical conduct in all its activities. As the preeminent academic medical center in our region and as a national leader in biomedical research, we place special emphasis on educating and training physicians, scientists, and allied health professionals dedicated to two distinct missions:

◊ Meeting the health care needs of our region, especially by recognizing the importance of primary care and providing service to underserved populations;

◊ Advancing knowledge and assuming leadership in the biomedical sciences and in academic medicine.

The School works with public and private agencies to improve health care and advance knowledge in medicine and related fields of inquiry. It acknowledges a special responsibility to the people in the states of Washington, Wyoming, Alaska, Montana, and Idaho, who have joined with it in a unique regional partnership. The School is committed to building and sustaining a diverse academic community of faculty, staff, fellows, residents, and students and to assuring that access to education and training is open to learners from all segments of society, acknowledging a particular responsibility to the diverse populations within our region.
MONTANA WWAMI PROGRAM

The WWAMI (Washington, Wyoming, Alaska, Montana, Idaho) Medical Education Program, a cooperative program of the University of Washington School of Medicine in Seattle, continues to provide regional medical education opportunities for the states of Wyoming, Alaska, Montana, and Idaho. Montana joined the WWAMI Medical Program with its first class in 1973, and in 2009 Montana completed its 36th year of making public medical education accessible to Montana residents. The Montana WWAMI program is based on a contract between the Montana University System and the University of Washington School of Medicine. The contract specifies that 20 Montana residents may be admitted to the University of Washington School of Medicine each year, that the first year of medical education will be offered at Montana State University, that certain parts of the third and fourth years of medical school will be provided in Montana, and that the state of Montana will pay to the University of Washington the costs of the medical education that exceed the tuition paid by the students. The WWAMI program offers the unique bonus of a full partnership with the University of Washington School of Medicine in all aspects of medical education and academic medicine. This partnership has brought to Montana programs in continuing education, programs for collaborative medical research and specialty consultation, a rural primary care experience for medical students, a health careers summer program for educationally disadvantaged and rural high school students, and an affiliation for the Montana Family Medicine Residency Program.

During the academic year, 20 first-year medical students are in Bozeman, at Montana State University (MSU), taking their first year of the University of Washington medical curriculum. The faculty for this first-year curriculum includes 18 (~5.5 FTE) faculty members at MSU and approximately 30 local physicians. At any one time during the year, another ten to fifteen students are taking a portion of their fundamental clinical training in one of 25 required clerkship training sites in Montana. Those sites include Family Medicine in Billings, Havre, Missoula, or Whitefish; Internal Medicine in Billings, Dillon, or Missoula; Obstetrics and Gynecology in Billings (two), Bozeman, Havre, Libby, or Missoula; Pediatrics in Billings, Great Falls, or Missoula; Surgery in Billings or Missoula; Psychiatry in Billings or Missoula; Neurology in Billings (two), Great Falls, or Missoula; and Chronic Care/Rehab in Billings. Other medical school training sites in Lewistown, Libby, and Helena involve students in a five-month rotation that includes elements of several of the basic clerkships, in what is known as the WRITE program.

Training, based in community hospitals and the office of physicians in private practice, not only provides basic medical training, but also serves to acquaint students with smaller communities, their patient populations and their lifestyles. Thus, in contrast to most medical schools at which education is completely metropolitan in outlook, the WWAMI program offers education with both the metropolitan and rural approach to medical care.

The success of the WWAMI program can be expressed in terms of access to medical education that has been provided to Montana residents, the quality of education that WWAMI students have received, and the effectiveness of WWAMI in educating students who are willing to undertake the health care needs of the region. Since its inception in 1973, WWAMI has provided the opportunity for medical education to over 700 Montana residents. Careful comparative testing, performance on board exams, and residency placements have shown that the knowledge and skills acquired by these students equals or exceeds that of students in most other medical schools in the United States.

Statistics demonstrate the contribution of the Montana WWAMI program toward meeting the health workforce needs of the region. Of those Montana WWAMI graduates who have completed their studies and are currently in practice, approximately 40% have returned to Montana to practice. If one also considers those physicians practicing in Montana who entered the WWAMI program as Washington, Wyoming, Idaho, or Alaska students, the return rate is approximately 55%. This is an especially remarkable achievement given the fact that physicians frequently locate where they have taken their residency training and Montana has only one residency program, the WWAMI-affiliated Montana Family Medicine Residency in Billings. WWAMI graduates have also chosen careers which are suited to the regional needs for primary care physicians, with 51% choosing primary care specialties. In this case, WWAMI and the University of Washington have done much better than most U.S. medical schools.

The number of applicants to the MT WWAMI program is consistently about 100 per year and this year was no exception. The entering class of 2009 consists of twelve women and eight men.

Beginning with the entering class of 1992, WWAMI students have been paying a tuition surcharge to the State of Montana. This money is used to fund the Montana Rural Physicians Incentive Program (MRPIP), which currently repays up to $100,000 in student loans over a five year period to physicians who will practice in rural or underserved communities in Montana.
Year 1

In Montana, twenty students spend their entire first year of medical school at Montana State University - Bozeman. The curriculum is the same as the one offered at the University of Washington, e.g. same final exams, same course hours, etc. The fifteen courses, including selectives, offer approximately 24 graduate credits per term, and include: Gross Anatomy, Histology, Head and Neck Anatomy, Biochemistry, Cell Physiology, Infectious Disease, Nervous Systems, Introduction to Clinical Medicine, Human Behavior, Immunology, Musculoskeletal Anatomy, Medical Information and Decision Making, and Clinical Preceptorship.

MSU WWAMI faculty consists of 12 regular faculty with joint appointments in basic science departments at MSU and affiliate appointments at UW; and nine adjunct faculty, including physicians and a clinical psychologist. In addition, 20 volunteer clinical faculty serve as preceptors so students can spend an average of one half day per week with a physician preceptor.

Year 2

All students from the five-state WWAMI region (233 in the 2009-2010 academic year) spend their second year at the University of Washington School of Medicine in Seattle.

- Classes are arranged as “integrated organ system courses.”
- Faculty in the 2nd year at UW come from both the basic science and clinical science departments.
- Students work closely with their college mentors to develop and hone clinical skills.

Years 3 and 4

Years three and four are the clinical years. The clinical clerkships completed in the third year include: Internal Medicine, Family Medicine, Pediatrics, Surgery, OB/GYN and Psychiatry. These are all six week clerkships except for Internal Medicine which is 12 weeks in length. These clerkships can be completed in any of the 5 WWAMI states. All students will do at least 3 of these 6 clerkships outside of Seattle in the WWAMI region.

The Montana WWAMI program has developed both the Billings and Missoula Tracks. These Tracks officially began in July of 2008. All WWAMI students have the opportunity to apply to these Tracks which allow the student to complete all required third year clerkships in either city. Both Tracks have a support office to assist with clerkship activities, career planning and residency applications. For the student interested in spending more time in Montana, the ability to spend all of the third year in a single community is a great opportunity. Plans are underway to allow completion of most of the fourth year requirements in Billings and Missoula as well. For more details on the Billings Track please see their website: http://www.billingstrack.org/index.html.

3rd Year Clerkships in Montana

**Family Medicine-Billings**

*Site Coordinator: Dr. Zach Meyers*

In Billings students participate in full spectrum care in the Family Medicine clerkship which typically consists of three, two-week experiences. Two weeks are usually spent in a community based, Family Medicine ambulatory office practice, two weeks in an active Community Health Center, and two weeks in a busy hospital based Family Medicine teaching service. Students often have opportunities to engage in hands on procedures at all the clinic sites and within the Sports Medicine clinic. Students provide total spectrum care for babies, children, adolescents, women’s health, and management of multiple chronic and acute illnesses care for all ages and genders. Daily evidence based didactics with lunch are provided.

**Family Medicine-Havre**

*Site Coordinator: Dr. Bruce Richardson*

Based at Northern Montana Medical Group East, its preceptors are Dr. Bruce Richardson and Dr. Kari Lien. The site is located on the “Hi-Line” in north-central Montana and has a population of 13,500. Northern Montana Hospital, a 49-bed acute care facility, features an ICU/CCU, obstetrical unit, ambulatory surgery wing and an adjacent inpatient psychiatric unit.

**Family Medicine-Missoula**

*Site Coordinators: Drs. Judy Visscher and Janice Gomersall*

A unique opportunity to participate with many family practice doctors in a wide range of settings, including a multi-specialty clinic practice (Western Montana Clinic), a community health center (Partnership Health center), a hospital based single specialty practice (Community Medical Center), and an HMO (Curry Student Health Center at UofM). Family Practice physicians in each location have different styles--some focused on OB and family care, others on a more defined patient population, like the homeless or the university community.

**Family Medicine-Whitefish**

*Site Coordinators: Drs. Jon Miller & Jay Erickson*

Glacier Medical Associates is a multi-specialty primary care clinic in the northwest part of the state. There are eight family physicians who participate in teaching. Students experience a variety of practice styles. Call is performed through a busy, small town ER at the newly built North Valley Hospital.

**Internal Medicine-Billings**

*Site Coordinator: Dr. Steve Gerstner*

Billings Clinic has been in existence for over 25 years.
Three groups of practicing internists participate in this teaching program. A student generally will spend 2-3 weeks with each internist. The student will see a broad range of patients in both outpatient and inpatient settings with 1:1 teaching from their attending. Students will have the opportunity to attend weekly Grand Rounds at Billings Clinic as well as other conferences as appropriate and will meet with the clerkship coordinator weekly to discuss cases and topics. The experience provides a well rounded internal medicine experience and allows students to understand what the practice is like in a Rocky Mountain community of this size.

**Internal Medicine-Dillon**  
*Site Coordinator: Dr. Ronald Loge*

Based at Barrett Hospital, this site provides a broad-based comprehensive general internal medicine experience in a community where the internist is also the subspecialist. It offers one of the few opportunities to see and be involved in rural internal medicine. Primary care is the focus in this community of three general internists, four family practitioners, one general surgeon, one orthopedic surgeon and a general radiologist.

**Internal Medicine-Missoula**  
*Site Coordinator: Dr. Peggy Schlesinger*

Experience in general medicine and subspecialty instruction in both office and hospital settings is offered here, with an excellent medical facility, conferences, and educational offerings. Students spend 4 weeks with a general internist and 2 weeks with a specialist. Two hospitals, St. Patrick Hospital and Community Medical Center, serve the community.

**OB/GYN-Billings**  
*Site Coordinator: Dr. Tersh McCracken*

The OB/GYN department at Billings Clinic is a 7-physician office offering a range of basic obstetrics & gynecology as well as specialized services including: infertility evaluations, microsurgical procedures, and high-risk obstetrics with amniocentesis and ultrasound services. Gynecologic care includes gynecologic urology and oncology. Students rotate among physicians, and at Intermountain Planned Parenthood. The Family Birth Center at Billings Clinic provides single-room maternity care unit with the newest technology.

**OB/GYN-Bozeman**  
*Site Coordinator: Dr. Tyler Bradford*

Bozeman OB-GYN provides the full spectrum of women's health, including ultrasound and colposcopy along with Gyn-onc and reproductive endocrinology. This clinic is adjacent to the 86-bed Bozeman Deaconess Hospital.

**OB/GYN-Havre**  
*Site Coordinator: Dr. Suzanne Swietnicki*

This OB/GYN rotation in Havre is with the only OB/GYN provider in the group practice at Northern Montana Medical Center. The hospital, Northern Montana Hospital, serves the residents in the town of Havre as well as the 16,000 surrounding sq. miles, for a total of about 30,000 patients. The obstetrical unit is an LDRP set up.

**OB/GYN-Libby**  
*Site Coordinator: Dr. Anne Camber*

This is a new clerkship offering in 2010. Students will see around twelve office patients per day and assist in all surgery/hospital care/deliveries. Dr. Camber is an excellent teacher and allows for lots of "hands on" learning. The hospital, St. John's Lutheran, is a 25-bed hospital, serving the approximately 20,000 people who make up Lincoln County.

**OB/GYN-Missoula**  
*Site Coordinator: Dr. Janice Givler*

Western Montana Clinic is a multi-specialty practice. Students' hospital experience is spent mostly at Community Medical Center, where all Missoula deliveries are performed. Surgery is done at both Community and St. Patrick Hospital. This site offers a wide variety of experiences, including basic obstetrics and gynecology, surgery, and infertility.

**Pediatrics-Billings**  
*Site Coordinators: Drs. Brian Starr and Marion Kummer*

This is a general introductory inpatient and outpatient pediatric clerkship. The six-week experience takes place primarily in one of two active pediatric group practices (The Children's Clinic PC or Billings Clinic/Pediatrics). Students will be exposed to foundational diseases and conditions. Also included is a significant amount of child maintenance and well care, which gives exposure to normal growth and development, routine behavioral issues, anticipatory guidance, etc. Overnight call is taken from resident/student housing five to six nights in six weeks. Weekends are generally off. Students follow in-patients on the pediatric ward that they admit on call. Additional in-patient as well as subspecialty pediatric exposure is easily arranged. The rotation is quite flexible to customize based on the student's interest.
Pediatrics-Great Falls
Site Coordinator: Dr. Nora Gerrity
Based at the Great Falls Clinic, learning experiences include newborn evaluations and pediatric inpatient rounds at the hospital, and in-clinic well-child visits, illness examinations, and chronic disease care and management. Benefis Healthcare in Great Falls is the largest hospital in Montana, operating 502 beds on 2 campuses.

Pediatrics-Missoula
Site Coordinators: Drs. Kathy Rogers and Laurie Carter
Based in large pediatric offices at both Community Medical Center and Western Montana Clinic, this clerkship emphasizes both sick and well child care. Faculty provides teaching at inpatient, ER, and NICU areas of the hospital. Students spend two weeks each with two general pediatricians, receiving inpatient and outpatient learning experiences. Students take call with attending and see patients in the ER. Time spent with a variety of specialty clinic physicians, hospitalists, neonatologists, and the NICU provides a well rounded learning opportunity.

Psychiatry-Billings
Site Coordinator: Dr. Tom Van Dyk
The Billings Psychiatric Clerkship offers experiences in adult and child psychiatry. The rotations include inpatient care and consultation, outpatient care, an assertive community treatment program, prison psychiatry and consultations at 2 Native American Reservations. We offer exposure to telemedicine. The clerkship includes 1 week of child psychiatry. The clerkship includes treatment modes. Students will assist in examination and treatment. There is exposure to a wide range of psychopathology and addiction problems.

Psychiatry-Missoula
Site Coordinators: Drs. Rick Felix and Blair Davison
The Missoula psychiatry clerkship takes place at Providence Psychiatry of St. Patrick Hospital. This 30 bed facility offers inpatient psychiatric and addiction service. Students work with adult and adolescent inpatients and in the emergency room for emergent care exposure. They will participate in and document initial evaluations and maintenance care, geriatric, general, child and adolescent psychiatry and sleep medicine.

Surgery-Billings
Site Coordinators: Drs. Terry Housinger and Jeff Rentz
Billings Clinic and Surgical Associates will provide a side-by-side working environment between students and their preceptors. It will give students a broad base of exposure to the diversity of general surgery as well as involvement in all the main areas of general surgery. This is an intense experience with days structured to include time in the operating room, time in the office, and time on the wards making rounds and didactic lectures. Students will be involved in all aspects of patient care from the initial contact with the patient through their operative experience and postoperative recovery. This is also intended to be a hands-on experience from the standpoint of developing skills and patient assessment, patient management, technical skills in the operating room and basic procedures in and outside the operating room.

Surgery-Missoula
Site Coordinator: Dr. Brad Pickhardt
Students are assigned to the surgical service of one of the major affiliated hospitals where they will serve a significant role as a part of the total patient care team. This clerkship is based at two practices, Missoula Surgical Associates, PLLC next to St. Patrick Hospital with Dr. Brad Pickhardt and General Surgery at Community Medical Center with Dr. Kristin Janczewski. They have six full time board certified surgeons and specialize in Vascular, Bariatric, GERD, Breast Conditions, Laparoscopic, Thoracic, Trauma and all cancer surgery.

4th Year Clerkships in Montana

The fourth year has four required clerkships: Neurology, ER Medicine, Chronic Care/Rehab and a Surgical Selective. Currently both the Missoula and Billings Tracks are in the process of establishing these required clerkships and electives for the students who want to spend their fourth year in the community.

Anesthesia - Billings
Site Coordinator: Dr. Gary Mermel
Based at Anesthesia Partners of Montana, this site began accepting students in July 2006. There are currently 3 preceptors who provide services at St. Vincent Healthcare and Yellowstone Surgery Center.

Anesthesia - Missoula
Site Coordinator: Dr. Tim Provow
Missoula Anesthesiology, PC serves both St. Patrick Hospital and Community Medical Center in Missoula. Students work with several different preceptors throughout their two week rotation.

Chronic Care/Rehab-Billings
Site Coordinator: Dr. Patricia Lahale
The Physical Medicine Clinic is an outpatient clinic that provides follow-up care to patients after they have been discharged from the inpatient New Hope unit of St. Vincent Healthcare. They also see patients referred for electrodiagnostic studies, acupuncture, prosthetic care, post-polio care, and independent medical exams.

Dermatology - Billings
Site Coordinator: Dr. Mark Jones
Billings Clinic Dermatology is the largest dermatology group in Montana, offering a full gamut of services including general, pediatric and photo therapy dermatology, Mohs surgery and dermatopathology. They are staffed by six dermatologists, two of which are fellowship trained Mohs surgeons.
Family Medicine Sub-I - Billings
Site Coordinator: Dr. Zach Meyers
This Family Medicine Sub-Internship is spent primarily working with the inpatient Family Medicine Teaching Service team. Typically, 3 weeks will be spent doing inpatient Family Medicine, and one week will be spent in the outpatient setting at the Community Health Center (CHC), in resident, faculty, and mid-level clinics. During inpatient weeks, sub-interns will do admissions and order writing, perform daily rounding on their patients, teach short didactics, and take overnight call once weekly. During the one week of outpatient medicine, sub-interns will be seeing patients in a variety of settings likely including the CHC, Women’s Prison, and an off-site rural clinic.

Neurology - Billings
Site Coordinator: Dr. Dan Rodriguez
Dr. Dan Rodriguez and his five colleagues are affiliated with Billings Clinic, a major referral center which leads to a wide range of experiences both in and out patient.

Site Coordinator: Dr. Lowell Quenemoen
Dr. Lowell Quenemoen’s office is Neurology Associates, a five-physician adult neurology practice where students are exposed to a variety of settings likely including the CHC, Women’s Prison, and an off-site rural clinic.

Neurology - Great Falls
Site Coordinator: Dr. William Henning
Advanced Neurology Specialists is a 4-physician neurology office offering a full spectrum of neurological services to North Central Montana.

Neurology - Missoula
Site Coordinator: Dr. John Schaeffer
Montana Neurobehavioral Specialists is a group practice with practitioners in multiple disciplines of the neurosciences. They provide hospital care to both hospitals in Missoula, Community Medical Center and St. Patrick Hospital.

Nephrology - Billings
Site Coordinator: Dr. Brendan Shannon
This is a new clerkship offering in 2010. Montana Nephrology Associates is a group practice where the students will experience office visits with chronic kidney disease patients, nephrology consultations and admission of nephrology inpatients at St Vincent Healthcare, and potential monthly visits to outreach clinics at Lame Deer IHS and Miles City, MT.

Ophthalmology - Missoula
Site Coordinator: Dr. Brian Sippy
The Rocky Mountain Eye Center is multi-specialty, community-based ophthalmology practice in Missoula, Montana. The practice has an on-site ambulatory surgery center (ASC), optical & contact lens department and optical lab. We are affiliated with two community hospitals for emergency room and inpatient consultations. All physicians see general patients as well as referrals for their specific sub-specialty training. Clerkship counts as surgery selective.

Orthopedics - Billings
Site Coordinator: Dr. Benjamin Phipps
Ortho-Montana at St. Vincent Healthcare in Billings will provide students with an understanding of current orthopedic management, treatment and rehabilitation. Students will be offered experience in the office setting, in-patient hospital setting, and outpatient surgery. Clerkship counts as surgery selective.

Otolaryngology - Missoula
Site Coordinator: Dr Phil Gardner
This is a new clerkship offering in 2010. Rocky Mountain Ear, Nose & Throat Care is a group practice serving both St. Patrick Hospital & Health Science Center and Community Medical Center in Missoula. Students will see patients in the office daily and assist in surgery two days each week, will round on surgical patients in the hospital with Dr. Gardner, and evaluate patients in the ER. Clerkship counts as surgery selective.

Radiology - Billings
Site Coordinator: Dr. Joseph Dillard
This is a new clerkship offering in 2010. Eastern Radiological Associates at St. Vincent Healthcare in Billings is a busy office practice where students will participate in interpretation and procedures under supervision of a radiologist. This practice includes a large volume of ER interpretations and a wide range of case material as St. Vincent Healthcare is a referral center for three states.

Rural Surgery Lewistown
Site Coordinator: Dr. Ronald Skipper
This is a new clerkship offering in 2010. This clerkship will provide students an opportunity to appreciate rural surgery and how it differs from a general surgery practice in a metropolitan area. Clerkship counts as surgery selective.

Rural Surgery Libby
Site Coordinator: Dr. Lance Ercanbrack
This is a new clerkship offering in 2010. One general surgeon and one orthopedic surgeon provide teaching at this two site clerkship serving St. John’s Lutheran Hospital in Libby, Montana. Students will evaluate and diagnose surgical referrals; do pre-op evaluations, counseling/discussion of surgical procedures, gain exposure to anesthesia techniques, opportunities to intubate and post-op management. This clerkship will provide students an opportunity to appreciate rural surgery and how it differs from a general surgery practice in a metropolitan area. Clerkship counts as surgery selective.
WRITE

The WWAMI Rural Integrated Training Experience (WRITE) program provides third-year students with five months of extended education in rural community practices with physicians and other health care professionals. This experience follows completion of the first two years of medical school and the passing of Step 1 of the USMLE. Third-year students complete the required clinical rotations, including six weeks of surgery, eight weeks of internal medicine, three weeks of pediatrics, and three of the required six weeks of psychiatry, prior to the WRITE experience. They then proceed to “exemplary teaching sites” developed in rural communities throughout the region from February through June. They are taught both by physicians in those communities and by faculty members associated with the University of Washington School of Medicine. Upon completion of the WRITE program, students begin their fourth year and complete their remaining clinical requirements.

The goals of the WRITE program are:
1. To meet educational milestones in a unique setting
2. To experience the practice of medicine in a rural area
3. To experience the lifestyle of a physician in a rural community
4. To experience continuity of care and to become integrated in a rural community, both professionally and socially
5. To instill confidence and professionalism in the primary care setting
6. To develop abilities in independent learning and problem solving

The first Montana WRITE Site was established in Libby, Montana in 1997. Dr. Greg Rice and Susie Rice coordinate the Libby Clinic medical education training programs. The Libby Clinic has not only participated as a WRITE site but also as a Rural/Underserved Opportunities Program Site, and has been involved in the training of PA students and family practice residents. The clinic has a nursing department, medical records department, and laboratory, and is staffed by five family physicians, one certified also in internal medicine, and two Family Practice Nurse Practitioners.

The second Montana WRITE site is in Lewistown, Montana, which hosted its first WRITE student in 2005. Prior to becoming a WRITE site, it was a teaching site in the Rural/Underserved Opportunities Program for a number of years. The site coordinator is Dr. Laura Bennett. In addition to Dr. Bennett, nine other physicians help to precept in the WRITE program in Lewistown. Central Montana Medical Center in Lewistown has an active medical staff of 16 local physicians and 14 consulting physicians.

In 2009, The Community Health Center in Helena was approved as a new WRITE site, one which specifically serves the underserved. Drs. Will Snider and Heather McRee will have their first WRITE student placed there in 2012. The Lincoln CHC, with Drs. Justin Smith & Courtnay Crowell, will serve as a satellite site for students.

See the following website for more information on the WRITE program: http://depts.washington.edu/write/

For further details on the Montana WWAMI program please see our website: http://www.uwmedicine.org/Education/WWAMI/RegionalOffices/Montana.htm

TRUST

The Montana WWAMI program selects five students to participate in the MT TRUST (Targeted Rural Underserved Track). The goal of TRUST is to increase the number of Montana WWAMI students choosing a primary care specialty or other needed specialty and returning to practice in the rural and urban underserved areas of Montana. Students are selected through a targeted admissions process, choosing students likely to practice in rural or urban underserved areas. By teaming up with rural physicians in Montana who host/mentor the TRUST students at different points in their medical school career, including a two-week pre-matriculation experience, these students will have a unique longitudinal, rural and underserved medical school experience.

For more information about the UWSOM TRUST program refer to page 40 of this manual.
Preparing for Medical School

Planning Your Premedical Curriculum

There are 129 medical schools in the United States (including Puerto Rico), and students typically apply to about 12 schools. It is important that students plan their coursework to satisfy prerequisites for many medical schools. Fortunately, this is not difficult to do. The plan below identifies the science coursework that will satisfy the requirements for application to nearly all 129 U.S. medical schools.

It is a serious mistake for a student to look at the prerequisite coursework for any one medical school and develop their academic plan based upon that one school.

College Coursework required for most medical schools (one year = three quarters = two semesters)

- 1 year general chemistry with labs
- 1 year organic chemistry with labs
- 1 year introductory biology with labs
- 1 year general physics with labs

Here is an example from the University of Washington:

**Freshman Year:** Chem 142; Chem 152; Chem 162; Math 120; Math 124; Engl; and Engl Comp

**Recommended activities:** Attend an information session • Do some independent research on health careers • Join a health related student group • Take VLPA, I&S classes and/or finish your foreign language requirement

**Sophomore Year:** Chem 237; Chem 238; Chem 239; Chem 241; Chem 242; Biol 180; Biol 200; Biol 220

**Recommended activities:** Attend a Roadmap to Choosing Your Major workshop • Attend session on MCAT preparation • Set-up some informational interviewing • Learn about Allopathic vs. Osteopathic Medicine philosophy • Begin getting healthcare experience • Take classes that will prepare you for your major • Get to know at least one professor • Sign-up for a Letters of Evaluation Online (LEO) Account through the Career Center

**Junior Year:** Phys 114/117 or 121; Phys 115/118 or 122; Phys 116/119 or 123; Bioc 405 or 440; Bioc 406 or 441; Bioc 442 (if 440 and 441 taken); Engl

**Recommended activities:** Attend information session on the application process • Take the MCAT • Plan for a “Gap Year” • Take an English writing course • Begin writing your personal statement • Submit your application on AMCAS • Get to know at least two professors

**Senior Year:** Course work in this year will focus primarily on your major, however it is a good idea to add a course in Ethics and Genome 371.

**Recommended activities:** Attend an information session on interviewing • Complete a Mock Interview through the Career Center • Complete your major

Other Requirements

Beyond the required science courses, a broad humanities and liberal arts background is encouraged and expected. In addition, many medical schools require English and Math. Approximately 65% of the US schools require two or three quarters of English (ideally, a combination of composition and literature). Introductory English composition should be taken early in your college years. Approximately 30% require two or three quarters of college math. For the specific requirements of each U.S. and Canadian medical school, follow the links from the Association of American Medical Colleges to the home page of each school.

Please note that medical schools usually do not accept AP credit in place of required prerequisite coursework. The UW will accept AP credits if they appear on the AMCAS application and the undergraduate transcript.

College Major

While a bachelor’s degree is necessary in order to be a competitive applicant, medical schools are not concerned about your major. You should be thinking of alternate future careers in the event you are not accepted to medical school, and your alternates may be a factor in your choice of major. You should also consider your academic success when you choose a major, and select one that you enjoy and in which you perform well.

GPA

The mean overall GPA for entering medical school students in the last decade has been approximately 3.50-3.60 nationwide. Students with significantly lower GPAs will have a more difficult time gaining admission to medical school, although admission committees will take into consideration extenuating circumstances and will look for other demonstrated characteristics considered desirable for medicine. Overall, however, college grades are an important predictor of medical school performance and are scrutinized for consistently high performance; that is, a strong GPA with very few withdrawals, incompletes, or repeated courses. No required courses should be taken on a non-graded basis if a graded option is available. A full load should be maintained unless you have compelling reasons to do otherwise. A student who has taken science courses only on a part-time basis will struggle to gain admission to medical school.
APPLYING TO MEDICAL SCHOOL

Application to medical school begins the summer of the year before the year of entry. For example, you would apply in summer of 2010 to enter medical school in autumn of 2011. Most allopathic medical schools belong to the American Association of Medical Colleges Application Service (AMCAS); osteopathic medical schools belong to the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS). Students apply to these schools through AMCAS or AACOMAS. The applications are web-based exclusively.

MCAT

The MCAT is now a computerized exam and is offered 23 times a year (January through September) and must be taken at least a year before you plan to begin medical school. The test covers four areas: reading skills analysis, including literature, social science, and natural science passages; biological science problem solving; physical science problem solving; and two 30-minute essays. There are a number of privately owned test-preparation programs. For a substantial fee, usually over $1,300, these organizations provide review classes, study materials, and practice tests. Participation in these programs is entirely up to you. On the one hand, they provide a structured review of the material that will be covered on the MCAT. (Note that they do NOT substitute for actual college coursework - they are meant to review courses already taken.) On the other hand, they are expensive and do not accomplish anything that you could not accomplish on your own with study guides and practice tests that are available from the AAMC.

A list of the websites for the private test-preparation programs is at the end of this section. (Although most of the businesses sound like they are associated with well-known universities, none of them are.) Most of their websites include general information of interest to premed students, as well as links to other sites, and are worth visiting. Please note: we do not recommend that you seek to obtain them. (UW, however, will accept TA letters.)

Obtain letters of recommendation during years 2 and 3 in order to meet application deadlines early in year 4. It’s important that those writing your letters of recommendation know you well, as admission committees will want to have detailed information about your academic ability, personal qualities, potential/suitability as a physician, etc. Some medical schools will request a letter from a pre-medical committee or a premedical advising letter.

Motivation for Medicine/Personal Characteristics

A qualified applicant to medical school must have not only a general understanding of the profession, but also a demonstrated interest in and awareness of medical and social issues. Prospective applicants should be prepared to answer such questions as, “Why do you want to be a physician?” “How do you feel about HMOs?” “How do you feel about HMOs?” To help keep current on medical news, visit any of the many health-information websites on the Internet.

In addition to motivation, your maturity, poise, humanitarianism, and abilities in expression are examined. Medical schools are looking for superior personal attributes in areas such as integrity, responsibility, leadership, purpose, initiative, curiosity, common sense, perseverance, breadth of interests, and communication skills. Other desirable qualifications are a broad background in biological sciences and humanities, a knowledge of and exposure to the needs of individuals and society, and an awareness of current healthcare delivery systems. Cross-cultural competency is very desirable. Motivation for medical careers can be measured in part by the candidate’s experience in healthcare environments.

Residency and Citizenship

State-supported medical schools strongly prefer residents of their own state. Foreign applicants will have a very difficult time gaining admission to U.S. medical schools unless they have permanent visas and have established a state residence.

Recommended Organizations for Premed Students

Alpha Epsilon Delta (AED)

AED is the National Premedical Honorary Society. Local chapters meet throughout the academic year for the dissemination of pertinent information, talks by guest speakers representing the professions, and occasional field trips.
Websites to Visit

- American Medical Association - www.ama-assn.org/
- Association of American Medical Colleges - www.aamc.org/
- American Medical Student Association - www.amsa.org/
- List of allopathic medical schools in the U.S. and Canada with links to their home pages: www.clarku.edu/departments/prehealth/schools.cfm#allopathic
- List of osteopathic medical schools in the U.S. and Canada with links to their home pages: www.aacom.org/people/colleges/Pages/default.aspx
- National Health Service Corps (scholarship information) http://nhsc.bhpr.hrsa.gov
- Office of Multicultural Affairs - www.myomca.org
- UW Medicine WWAMI - http://uwmedicine.washington.edu/Education/WWAMI/Pages/default.aspx
- UW School of Medicine home page http://uwmedicine.washington.edu/Pages/default.aspx
- UW Medical Scientist Training Program - www.mstp.washington.edu/
- UW’s chapter of Alpha Epsilon Delta - http://students.washington.edu/aed/newaed/front.html
- Writing Personal Statements: A useful guide to writing the personal essay for the AMCAS application (from the University of Kansas) - www.medadvising.ku.edu/essaytips.shtml
- MCAT preparation courses:
  - Berkeley Review (materials only -no classes in Washington state) - www.berkeleyreview.com
  - Columbia Review - www.columbiareview.com
APPLYING TO MEDICAL SCHOOL

AMCAS Application

The University of Washington participates in the American Medical College Application Service (AMCAS). After receiving applications from AMCAS, the School of Medicine asks qualified individuals to submit a $35 application fee and secondary application materials. The deadline for submitting a completed application to AMCAS is November 1, 2010 - late applications will not be considered. The UW School of Medicine does not have an Early Decision Program.

Residents of the states of Washington, Wyoming, Alaska, Montana, or Idaho are eligible to apply. Applicants from outside this five-state region who come from disadvantaged backgrounds or who have demonstrated a commitment to serving underserved populations will be considered. Foreign applicants, in addition to the above requirements, must also have a permanent resident visa. Individuals with a demonstrated interest in research may apply for the M.D./Ph.D. program (MSTP) regardless of residency. Applications will not be considered from persons who have failed to meet minimum standards in another medical or dental school.

Secondary Application

A secondary application will be emailed to qualified applicants after the School of Medicine has received and reviewed the AMCAS application. The completed application materials listed below must be in the admissions office by January 15, 2011. Materials received after this date will not be considered. Every attempt will be made to notify applicants of final determinations by the first week of April. The secondary application includes:

- An autobiographical statement in which the candidate describes the origin and development of his or her motivation to be a physician with specific emphasis on steps taken to explore a career in medicine and eventual professional goals.
- Any other issues of importance to the candidate should also be included. The applicant may request that the Personal Comments section of the AMCAS application be used to fulfill this requirement.
- An additional short essay. How have your experiences prepared you to be a physician?
- For Reapplicants: From your most recent application until now, how have you strengthened your application?
- Letters of Recommendation: A premedical committee evaluation or three letters from instructors (either sciences or humanities) from whom the candidate has taken courses. These letters should critically evaluate the candidate's academic ability, strengths and weaknesses, motivation for medicine, maturity, difficulty of course work and special attributes and assets. Letters of reference from current employers may be advantageous. We accept up to 3 additional letters of recommendation. All letters of recommendation should be submitted via the AMCAS Letters of Evaluation/Recommendation service.
- A $35 application fee. (Check or money order only). This will automatically be waived for those who have qualified for AMCAS fee waivers. Others seeking a waiver of this fee should submit their requests directly to the University of Washington School of Medicine, Office of Admissions.
- On-line Acknowledgment of having read, understood and being able to meet - with or without reasonable accommodation - the Essential Requirements of Medical Education at the University of Washington School of Medicine: Admission, Retention and Graduation Standards.
- Candidates from Wyoming, Alaska, Montana and Idaho will be required to submit residency certifications from their respective state certifying officers. Proof of legal residence for Washington residents may also be required. Determination of state of legal residence is not made by the University of Washington School of Medicine. Specific instructions regarding this requirement are furnished with the supplemental application materials.
- Candidates from Montana will be required to submit a supplemental application.

Those who enter as residents of Wyoming, Alaska, Montana and Idaho are expected to spend their first year at the university site in their home state. The State of Washington provides three sites for medical students to complete their first year curriculum: Pullman (www.wsu.edu/~wwami/), Seattle (uwmedicine.washington.edu/Education/MD-Program) and Spokane (www.spokane.wsu.edu/academics/Health_Sciences/WWAMI/). Offers of acceptance, therefore, are conditional upon agreement to participate in the regional medical education program.

The UW School of Medicine is looking for individuals who have the academic ability to complete medical training and pass licensure examinations, sufficient knowledge of the practice of medicine to demonstrate that they are making an informed career decision, good communication and interpersonal skills, awareness of current problems facing medicine and society, problem solving and analytic ability, familiarity with ethical issues in medicine, and broad interests and life experiences.

Candidates for admission are considered comparatively on the basis of academic performance, motivation, maturity,
Selection Factors

Applicants must submit scores from the 2008, 2009 or 2010 Medical College Admission Test (MCAT). This exam must be taken no later than September 30th of the year before possible matriculation. MCAT registration is available online at [http://www.aamc.org/students/mcat/start.htm](http://www.aamc.org/students/mcat/start.htm). Under exceptional circumstances, to be determined by the Dean for Admissions, the GRE taken in 2008, 2009 or 2010 may be considered during the admissions process; however, the applicant will be required to take the MCAT prior to matriculation.

The premedical course requirements must be completed before matriculating and preferably before applying. Undergraduate or post/baccalaureate required courses must be completed in the United States at a college or university accredited by the appropriate regional accrediting body. Courses must include a minimum of:

- **Social Sciences or Humanities** - four semesters or six quarters.
- **Chemistry and Biology** - six semesters or nine quarters. The subject matter in these courses must include general chemistry, general biology, biochemistry, molecular genetics and cell biology/cell physiology, although applicants are not required to take courses with these specific titles.
- **Physics** - two semesters or three quarters; OR one semester or two quarters of physics, plus one semester or two quarters of calculus or linear algebra.

The following courses are recommended, but not required:

- Ethics
- Anatomy or comparative anatomy
- Human or mammalian physiology
- Embryology

Courses such as evolution, ecology, biodiversity, nutrition, environmental sciences, astronomy and atmospheric sciences will not satisfy the prerequisites. The biochemistry course for first-year medical students focuses on molecular mechanisms central to human health and disease. It is taught with the assumption that participants have already mastered the fundamentals of biochemistry, including molecular genetics, structure and activity of proteins, and metabolism.

Under exceptional circumstances, certain course requirements may be waived for individuals who present unusual achievements and academic promise. All candidates must demonstrate substantial academic ability in their major field as well as in the required science courses. Candidates should be proficient in the use of the English language and of basic mathematics, and are expected to have a basic understanding of personal computing and information technologies.

Those offered positions for the fall of 2009 had a mean GPA of 3.67 and the following mean MCAT scores: Verbal 10.11, Physical Sciences 9.97, Biological Sciences 10.93 and a mode of “Q” in the Writing Sample.

All entrants in recent years have fulfilled requirements for a bachelor’s degree. No specific major is advised. A broad background in the humanities and liberal arts is encouraged, indeed expected.
Medical Scientist Training Program

The Medical Scientist Training Program (MSTP) is designed for highly qualified candidates who wish to obtain both M.D. and Ph.D. degrees and to pursue careers in basic medical research. Selection for this program is national in scope and is not restricted to residents of Washington, Wyoming, Alaska, Montana, or Idaho.

Admission of ten medical scientist trainees per year is anticipated. Potential trainees are interviewed by a single MSTP committee for acceptance to both the School of Medicine and to the Graduate School for the Ph.D. degree. Each trainee is permitted a wide choice of research specializations from among numerous disciplines and interdisciplinary areas of biomedical research. The typical program is seven to eight years in duration and emphasizes continuity of both clinical and basic science exposure. Among the participating graduate departments are Biochemistry, Bioengineering, Biological Structure, Biology, Biostatistics, Chemistry, Epidemiology, Environmental Health, Genome Science, Immunology, Microbiology, Pathology, Pathobiology, Pharmacology, Physiology and Biophysics.

The participating interdepartmental and affiliate programs are Neurobiology and Behavior, Molecular and Cellular Biology, and Fred Hutchinson Cancer Research Center.

The Medical Scientist Training Program application is available to all qualified U.S. applicants. After the University of Washington School of Medicine receives the AMCAS application, applicants may obtain an MSTP application by visiting the MSTP web site: www.mstp.washington.edu. After an initial review, applicants will then be notified as to whether supplemental materials should be submitted. Applicants should correspond directly with the MSTP Office.

Subsequent to an initial review, applicants are notified if supplemental materials need to be submitted (supplemental materials must reach the MSTP office by January 4, 2011 to complete the application). Applicants should correspond directly with the MSTP office.
Financial Assistance

Financial aid is awarded based on demonstrated need. To be eligible for full financial consideration, applicants must submit the Free Application for Federal Student Aid (FAFSA) by February 28, 2011. Parental information must be included on the FAFSA to be considered for SOM scholarship aid and Title VII aid. The Federal Direct Student Loan Program, both subsidized and unsubsidized, the Federal Perkins Student Loan, the Primary Care Loan, and the School of Medicine Loan are the primary sources of aid. Washington residents will be considered for Graduate University Grants and Graduate Tuition Exemptions.

Scholarships are available through the School of Medicine. These awards are need based and require financial information from the student and his or her parents.

The FAFSA is available online at www.fafsa.ed.gov. To be eligible for full financial aid consideration, a student must submit the FAFSA on time regardless of whether he/she has been accepted to the schools listed on the FAFSA. The UW deadline for the 2010-2011 year is February 28, 2011. Outside employment is discouraged while the student is enrolled in medical school.

Contacts/Websites to Visit

AMERICAN MEDICAL COLLEGE APPLICATION SERVICE (AMCAS)
www.aamc.org/students/amcas
www.aamc.org/students/amcas/amcas2010.htm

APPLICATION GOSSIP
www.studentdoctor.net

ETHICS
http://depts.washington.edu/bioethx/topics/eol.html

MCAT PROGRAM OFFICE
www.aamc.org/students/mcat/start.htm

MONTANA STATE RESIDENCE CLASSIFICATION
www.montana.edu/wwwwwami/application_procedures.html

MULTICULTURAL
http://premedofcolor.org/

UW MEDICAL SCIENTIST TRAINING PROGRAM (MSTP)
www.mstp.washington.edu/

UW SCHOOL OF MEDICINE OFFICE OF ADMISSIONS
http://uwmedicine.washington.edu/Education/MD-Program/Admissions/Pages/default.aspx

Miscellaneous

Transfers into the MD Year 3 are rarely granted. Indeed, the UWSOM has not accepted anyone in transfer for several years.

A one-year matriculation deferral of accepted candidates is only granted under exceptional circumstances.

All fees and extra service charges are payable in US dollars and are due at the time specified for such fees and charges. The University reserves the right to change any of its fees and charges without notice. The 2009 resident tuition was $20,997 and nonresident tuition $50,037. The average annual cost (for the three quarters of the first year) for books, supplies, equipment and examination fees is $2,298.

Access to e-mail is necessary during the application process. Please provide AMCAS and all schools with your e-mail address.

For information on obtaining a University of Washington catalogue, call the University Book Store at (206) 634-3400 or access the web site at http://www.washington.edu/students/crs-cat/.

Your Health and Safety A Student Guide to Campus Safety and Substance Awareness, published by the Office of the Vice President for Student Affairs, provides important information on campus safety and policies on controlled substances. A copy may be requested by emailing Health and Wellness at livewell@u.washington.edu.

The University of Washington ensures equal opportunity in education regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, disabled veteran, or Vietnam era veteran status in accordance with University policy and applicable federal and state statutes and regulations.

Contact:
UW SCHOOL OF MEDICINE
Office of Admissions
A-300 Health Sciences Center, Box 356340
Seattle, WA 98195-6340
(206) 543-7212
askwsom@u.washington.edu
http://uwmedicine.washington.edu/Education/MD-Program/Admissions

Financial Aid Office
T-557 Health Sciences Center, Box 357430
Seattle, WA 98195-7430
(206) 685-2520
dnoecker@u.washington.edu
http://uwmedicine.washington.edu/Education/Pages/default.aspx — search “financial aid”
2010 MONTANA WWAMI PRE-MEDICAL CONFERENCE

PERSONAL STATEMENT

Your personal statement is your first chance to communicate with the Admissions Committee. Below are some suggestions on how to approach this task and what kinds of topics to address in your statements. Begin by sitting down in a comfortable place and writing; don't worry about fitting it on just one page, just write.

Write about who you are, your family, where you grew up, your education. Write about what motivated you to desire a career in medicine. What have you done to prepare yourself to succeed in medical school and in this profession? What activities have you been involved in, why, what did they mean to you? What insights about the practice of medicine did they give you? Write about where you see yourself in the future as a physician. What special skills and insights do you have that will make you a caring physician? Think and write about experiences, relationships and perspectives that make you unique and distinct from other applicants.

Be descriptive: use images and examples to show your qualities. Don't just state that you are interested in helping people: Describe how you felt in specific situations when you were able to offer assistance.

Once you have done the writing, find someone you trust (advisor, English teacher, mentor, med student, etc.) to help you revise; put your thoughts into an order that flows. Make sure your essay is organized, with a single, overarching theme tying it together. Remember, it needs to fit on one page.

Once you are nearly finished, you might want to go through your essay and make sure every single word contributes something—eliminate unnecessary, extraneous words.

Remember, the personal statement is your chance to let those reading it get to know you. Let your personality and feelings shine through your essay. This is your chance to make a good first impression so that schools will want to eventually interview you.

It may seem like a daunting task now; just start early and leave plenty of time to step away from your essay for a few days and for plenty of revisions. You will end up with an essay that is organized and shows how extraordinary you are.

Brainstorming

These exercises are more focused on finding the specific points and details that you will need to incorporate into your statement.
The Chronological Method
Start from childhood and record any and all special or pivotal experiences that you remember. Go from grade to grade, and job to job, noting any significant lessons learned, achievements reached, painful moments endured, or obstacles overcome. Also, include your feelings about those occurrences as you remember them. If you are a visual person, it might help to draw a timeline. Do not leave out any significant event.

The goal of this exercise is to help you uncover long-forgotten material from your youth. The material can be used to demonstrate a long-standing dedication to the medical field, or to illustrate the kind of person you are by painting an image of yourself as a child. Be cautioned in advance, though, that relying too heavily on accomplishments or awards won too far in your past can diminish the strength of your points. Medical schools are more interested in what you have been doing since college than in what you accomplished, no matter how impressive, in high school.

Assess Your Accomplishments
Write down anything you are proud of doing, no matter how small or insignificant it might seem. Do not limit your achievements to your career. If you have overcome a difficult personal obstacle, be sure to list this, too. If something is important to you, it speaks volumes about who you are and what makes you tick. Some accomplishments will be obvious, such as any achievement that received public accolade or acknowledgment. Others are less so, and many times those defining moments of our lives are those we are inclined to dismiss.

List Your Skills
Do an assessment of your skills that is similar to the one you did for your research abilities. Cast your net broadly. Being able to draw connections between your unique skills and how they will make you a good doctor is what will make you memorable. Begin by looking back at the last exercise and listing the skills that are highlighted by your accomplishments. When you have a list of words, start brainstorming on other ways you have demonstrated these skills in front of a panel of judges. Stop only when you have proven each point to the best of your ability.

Analyze Personality Traits
There is a fine and fuzzy line between skills and personality traits that can be used to your advantage. Almost any quality can be positioned as a skill or ability if the right examples are used to demonstrate them. If you had trouble listing and defending your skills in the last exercise, then shift the focus to your qualities and characteristics instead. Make a few columns on a sheet of paper. In the first one, list some adjectives you would use to describe yourself. In the next one, list one a friend would use, or your boss, your co-worker or a family member.

When you have finished, see which words come up most often. Look for such words as maturity, responsibility, sense of purpose, academic ability, intellectual curiosity, creativity, thoughtfulness, trustworthiness, sense of humor, perseverance, commitment, integrity, enthusiasm, confidence, conscientiousness, candor, leadership, goal-orientation, independence, and tact, to name a few. Group them together and list the different situations in which you have exhibited these characteristics. How effectively can you illustrate or prove that you possess these qualities? How do these qualities reflect on your ability to succeed in the medical world?

Note Major Influences
Was there a particular person who shaped your values and views? Did a particular book or quote make you rethink your life? Relationships can be good material for an essay, particularly a relationship that challenged you to look at people in a different way. Perhaps you had a wise and generous mentor from whom you learned a great deal. Have you had an experience that changed how you see the world, or defines who you are? What details of your life, special achievements, and pivotal events helped shape you and influenced your goals?

Identify Your Goals
The first step of this exercise is to let loose and write down anything that comes to mind regarding your goals: What are your dreams? What did you want to be when you were younger? If you could do or be anything right now, regardless of skill, money or other restrictions, what would it be? Think as broadly as you wish, and do not limit yourself to professional goals. Will you have kids? What kind of house will you live in? What kinds of friends will you have?

The second step is to begin honing in on some more specific or realistic goals. Given your current skills, education and experience, where could you expect to be in twenty years? Where would you be ideally? Think in terms of five-year increments, listing actual positions and places, if possible. Be detailed and thorough in your assessment, and when you think you are finished, dig a little deeper.

Your goal of becoming a doctor is obvious, of course, but when you can show the admissions committee that you have thought more specifically about your goals, it reemphasizes the sincerity of your motivation. It also reassures the committee that you understand what becoming a doctor means specifically, that it is more than being a hero and getting to write M.D. after your name.
Ten Suggested Do’s and Don’ts

The Do’s

1. Unite your essay and give it direction with a theme or thesis.
2. Before you begin writing, choose what you want to discuss and the order in which you want to discuss it.
3. Use concrete examples from your life experience to support your thesis and distinguish yourself from other applicants.
4. Write about what interests you, excites you. That’s what the admissions staff wants to read.
5. Start your essay with an attention-grabbing lead - an anecdote, quote, question, or engaging description of a scene.
6. End your essay with a conclusion that refers back to the lead and restates your thesis.
7. Revise your essay at least three times.
8. In addition to your editing, ask someone else to critique your personal statement.
9. Proofread your personal statement by reading it out loud or by reading it into a tape recorder and playing back the tape.
10. Write clearly, succinctly.

The Don’ts

1. Don’t include information that doesn’t support your thesis.
2. Don’t start your essay with “I was born in ...” or “My parents came from ...”
3. Don’t write an autobiography, itinerary, or resume in prose.
4. Don’t try to be a clown (but gentle humor is okay).
5. Don’t be afraid to start over if the essay just isn’t working or doesn’t answer the essay question.
6. Don’t try to impress your reader with your vocabulary.
7. Don’t rely exclusively on your computer to check your spelling.
8. Don’t provide a collection of generic statements and platitudes.
9. Don’t give mealy-mouthed, weak excuses for your GPA or test scores.
10. Don’t make things up.

Ten Tips for Better Writing

1. Express yourself in positive language. Say what is, not what is not.
2. Use transitions between paragraphs. Transitions tie one paragraph to the next.
   A transition can be a word, like later, furthermore, additionally, or moreover; a phrase like, after this incident ...; or an entire sentence. If you are writing about Topic A and now want to discuss Topic B, you can begin the new paragraph with a transition such as “like (or unlike) Topic A, Topic B ...”
3. Vary your sentence structure. It’s boring to see subject, verb, and object all the time. Mix simple, complex, and compound sentences.
4. Understand the words you write. You write to communicate, not impress the admissions staff with your vocabulary.
5. Look up synonyms in a thesaurus when you use the same word repeatedly. After the DELETE key, the thesaurus is your best friend. As long as you follow Tip #4, using one will make your writing more interesting.
6. Be succinct. Compare:
   “During my sophomore and junior years, there was significant development of my maturity and markedly improved self-discipline towards schoolwork.”
   “During my sophomore and junior years, I matured and my self-discipline improved tremendously.”
   The first example takes many words to give the same information. The admissions officers are swamped; they do not want to spend more time than necessary reading your essay. Say what you have to say in as few words as possible. Tips #7, 8 and 9 will help you implement this suggestion.
7. Make every word count. Do not repeat yourself. Each sentence and every word should state something new.
8. Avoid qualifiers such as rather, quite, somewhat, probably, possibly, etc.
9. Use the active voice. Compare:
   “The application was sent by the student.” (Passive voice)
   “The student sent out the application.” (Active voice)
   They both communicate the same information. The active voice, however, is more concise; it specifies who is performing the action and what is the object. The passive voice is wordier and frequently less clear.
10. Read and reread Elements of Style by William Strunk, Jr. and E.B. White. Containing basic rules of grammar, punctuation, composition, and style, this indispensable classic is available in paperback and is only eighty-five pages long.
Samples

The following sample essays are copyrighted and are used with permission from Accepted.com, Inc. Further information is available at http://www.accepted.com.

“The Runner”

This applicant sets herself apart by emphasizing a hobby that she loves and accounts for a dip in her grades caused by illness.

Pounding, rushing footsteps started to close in on me. The roar of the crowd echoed, as I extended my hand to receive the baton that signaled my turn to run. As I tightly wrapped my fingers around it, I felt the wind rush around me and my tired legs started to carry me faster than I ever dreamed possible. As I rounded the final stretch of track, I remember battling fatigue by contemplating two paths: slow down and give up my chance of winning to gain momentary comfort, or push myself even harder and give up momentary comfort to receive greater rewards later. I chose the second path and later held a trophy that represented my perseverance and hard work. The years of running - consistently choosing the second path - have taught me discipline and perseverance. These qualities will help me cross a different finish line and achieve a new goal: becoming a doctor.

I have had to learn to budget my time to meet the demands of school, training programs, and volunteer activities. Although I trained and ran at least thirty miles a week throughout college, I also served as a big sister to Kelly, an abused child, and worked in a hospital trauma unit and as a medical assistant in an OB/GYN clinic. My most satisfying volunteer activity, however, was participating in mission work in Mexico City.

In Mexico City I continually saw young children whose suffering was overwhelming. These children had never received vaccinations, were lice-infested, and suffered from malnutrition. They also frequently had infections that antibiotics can easily treat, but due to poverty were left untreated. For a week our team worked feverishly to treat them to the best of our abilities. I will never forget the feeling of complete fulfillment after a long day of using my talents for the betterment of others. The desire to replicate this feeling strengthens my commitment to becoming a physician.

Isaac Asimov once said, “It has been my philosophy on life that difficulties vanish when faced boldly.” Difficulties have tested my commitment. In September 1992, at the beginning of the running season, I developed a severe case of mono.

My doctors advised me to drop out of school for a semester and not run for at least four months. Though devastated, I refused to give up. I managed to keep up with all my classes, even when I came down with pneumonia on top of mono in early November. I resumed training in the beginning of December, two months earlier than doctors originally thought possible. Today, I am preparing for the LA Marathon in May.

This test helped shape my attitude towards the work that I am now doing in Dr. Lee's molecular biology research lab. In searching for a cure for colon cancer, the work can become tedious and the project progresses very slowly. Many just give up, feeling that the answers they seek are buried too deep and require too much effort to find. But my training and the battles I have fought with illness have taught me persistence. I realize that many times progress plateaus, or even declines before I find the results I seek. Most of all, I know that the more hard work I invest, the more exciting, overwhelming, and fulfilling are the later rewards.

As a result of my efforts, I have been able to experience the joy of breaking through the tape of a finish line, having my name on a journal article in press, seeing the smile on Kelly's face as I walk with her, and hearing the sincere expressions of gratitude from homeless children who have just received a humble roof over their heads and the medical attention they so desperately need. I hope to cross the finish line in the LA Marathon and enter medical school this year.

“Emergency 911: The Two Faces of Urban Medicine”

“Call 911!” I shouted to my friend as I sprinted down the street. The young Caucasian male had been thrown fifteen yards from the site of impact and surprisingly was still conscious upon my arrival. “My name is Michael. Can you tell me your name?” In his late twenties, he gasped in response as his eyes searched desperately in every direction for help, for comfort, for assurance, for loved ones, for death, until his eyes met mine. “Flail chest”, I thought to myself as I unbuttoned his shirt and placed my backpack upon his right side. “Pulse 98, respirations 28, short and quick. Help is on the way. Hang in there buddy,” I urged. After assessing the patient, the gravity of the situation struck me with sobriety. The adrenaline was no longer running through my veins—this was real. His right leg was mangled with a compound fracture, and his left leg was also obviously broken. The tow-truck that had hit him looked as though it had run into a telephone pole. Traffic had ceased on the six-lane road, and a large crowd had gathered. However, no one was by my side to help. “Get me some blankets from that motel!” I yelled to a bystander and three people immediately fled. I was in charge. The patient was no longer conscious; his pulse was faint and respiration was low. “Stay with me, man!” I yelled. “15 to 1, 15 to 1”, I thought as I rehearsed CPR in my mind. Suddenly, he stopped breathing. Without hesitation, I removed my T-shirt and created a makeshift bar-
rrier between his mouth and mine through which I proceeded to administer two breaths. No response. And furthermore, there was no pulse. I began CPR. I continued for approximately five minutes until the paramedics arrived, but it was too late. I had lost my first patient.

Medicine. I had always imagined it as saving lives, curing ailments, alleviating pain, overall making life better for everyone. However, as I watched the paramedics pull the sheets over the victim’s head, I began to tremble. I had learned my first lesson of medicine: for all its power, medicine cannot always prevail. I had experienced one of the most disheartening and demoralizing aspects of medicine and faced it. I also demonstrated then that I know how to cope with a life and death emergency with confidence, a confidence instilled in me by my certification as an Emergency Medical Technician, a confidence that I had the ability to take charge of a desperate situation and help someone in critical need. This pivotal incident confirmed my decision to pursue medicine as a career.

Of course healing, curing and saving is much more rewarding than trying and failing. As an EMT I was exposed to these satisfying aspects of medicine in a setting very new to me—urban medicine. I spent most of a summer doing ride-a-ongs with the Ambulance Company in Houston. Every call we received dealt with Latino patients either speaking only Spanish or very little broken English. I suddenly realized the importance of understanding a foreign culture and language in the practice of medicine, particularly when serving an under-served majority. In transporting patients from the field to the hospitals, I saw the community’s reduced access to medical care due to a lack of physicians able to communicate with and understand their patients. I decided to minor in Spanish. Having almost completed my minor, I have not only expanded my academic horizons, I have gained a cultural awareness I feel is indispensable in today’s diverse society.

Throughout my undergraduate years at Berkeley, I have combined my scientific interests with my passion for the Hispanic culture and language. I have even blended the two with my interests in medicine. During my sophomore year, I volunteered at a medical clinic in the rural town of Chacala, Mexico. In Mexico for one month, I shadowed a doctor in the clinic and was concurrently enrolled in classes for medical Spanish. It was in Chacala, hundreds of miles away from home, that I witnessed medicine practiced as I imagined it should be. Seeing the doctor treat his patients with skill and compassion as fellow human beings rather than simply diseases to be outsmarted, I realized he was truly helping the people of Chacala in a manner unique to medicine. Fascinated by this exposure to clinical medicine, I saw medicine’s ability to make a difference in people’s lives. For me the disciplines of Spanish and science have become inseparable, and I plan to pursue a career in urban medicine that allows me to integrate them.

Having seen medicine’s different sides, I view medicine as a multi-faceted profession. I have witnessed its power as a healing agent in rural Chacala, and I have seen its weakness when I met death face-to-face as an EMT. Inspired by the Latino community of Houston, I realize the benefits of viewing it from a holistic, culturally aware perspective. And whatever the outcome of the cry, “Call 911!”, I look forward as a physician to experiencing the satisfaction of saving lives, curing ailments, alleviating pain, and overall making life better for my patients.

The Non-Traditional Applicant

Here, an older applicant takes advantage of his experience and maturity. Note how this engineer demonstrates his sensitivity and addresses possible stereotypes about engineers’ lack of communication skills.

Modest one-room houses lay scattered across the desert landscape. Their rooftops a seemingly helpless shield against the intense heat generated by the mid-July sun. The steel security bars that guarded the windows and doors of every house seemed to belie the large welcome sign at the entrance to the ABC Indian Reservation. As a young civil engineer employed by the U.S. Army Corps of Engineers, I was far removed from my cubical in downtown Los Angeles. However, I felt I was well-prepared to conduct my first project proposal. The project involved a $500,000 repair of an earthen levee surrounding an active Native American burial site. A fairly inexpensive and straightforward job by federal standards, but nonetheless I could hardly contain my excitement. Strict federal construction guidelines laden with a generous portion of technical jargon danced through my head as I stepped up to the podium to greet the twelve tribal council members. My premature confidence quickly disappeared as they confronted me with a troubled ancient gaze. Their faces revealed centuries of distrust and broken government promises. Suddenly, from a design based solely upon abstract engineering principles an additional human dimension emerged—one for which I had not prepared. The calculations I had crunched over the past several months and the abstract engineering principles simply no longer applied. Their potential impact on this community was clearly evident in the faces before me. With perspiration forming on my brow, I decided I would need to take a new approach to salvage this meeting. So I discarded my rehearsed speech, stepped out from behind the safety of the podium, and began to solicit the council members’ questions and concerns. By the end of the afternoon, our
efforts to establish a cooperative working relationship had resulted in a distinct shift in the mood of the meeting. Although I am not saying we erased centuries of mistrust in a single day, I feel certain our steps towards improved relations and trust produced a successful project.

I found this opportunity to humanize my engineering project both personally and professionally rewarding. Unfortunately, experiences like it were not common. I realized early in my career that I needed a profession where I can more frequently incorporate human interaction and my interests in science. After two years of working as a civil engineer, I enrolled in night school to explore a medical career and test my aptitude for pre-medical classes. I found my classes fascinating and became a more effective student. Today, I am proud of the 3.7 post-baccalaureate grade point average I have achieved in such competitive courses as organic chemistry, biochemistry, and genetics.

Confident of my ability to succeed in the classroom, I proceeded to volunteer in the Preceptorship Program at the Los Angeles County/University of Southern California Medical Center. I acquired an understanding of the emotional demands and time commitment required of physicians by watching them schedule their personal lives around the needs of their patients. I also soon observed that the rewards of medicine stem from serving the needs of these same patients. I too found it personally gratifying to provide individuals with emotional support by holding an elderly woman’s hand as a physician drew a blood sample or befriending frightened patients with a smile and conversation.

To test my aptitude for a medical career further, I began a research project under the supervision of Dr. John Doe from the Orthopedic Department at Big University. The focus of my study was to determine the fate of abstracts presented at the American Society for Surgery of the Hand annual meeting. As primary author, I reported the results in an article for the Journal of Hand Surgery, a peer-reviewed publication. My contribution to medicine, albeit small, gave me much satisfaction. In the future I would like to pursue an active role in scientific research. My preparation of a career as a medical doctor started, ironically, with my work as a professional engineer. From my experiences at the ABC Indian Reservation, I realized I need more direct personal interaction than engineering offers. The rewarding experiences I have had in my research, my volunteer work at the Los Angeles County Hospital, and my post-bac studies have focused my energies and prepared me for the new challenges and responsibilities that lie ahead in medicine.
MCAT PREPARATION

Peg Patte, M.Ed., Learning Specialist
mapattee@u.washington.edu

The AAMC currently administers more than 60,000 MCAT examinations each year, at more than 600 locations around the world. The MCAT (www.aamc.org/mcat) is a standardized, multiple-choice exam designed to assess facility with problem solving, critical thinking and writing skills in addition to knowledge of science concepts and principles that are prerequisite to the study of medicine. Medical college admission committees consider MCAT scores as part of their admission decision process.

Registration

Registration is open for the May through September administrations of the MCAT exam in the US. August 28, 2010 is the registration deadline for the last test, which will be administered on September 11, 2010. All MCAT exams are now computerized. Register online at www.aamc.org/mcat in late October/early November for the January 2011 exam. Registration will be available up to six months before scheduled test dates. Be sure to register early since test sites are assigned on a first-come, first-served basis. The registration fee is $210. The current Montana test sites are in Billings, Bozeman, Helena, and Missoula.

For more information on registering and MCAT testing locations and dates, please refer to the AAMC web site: www.aamc.org/mcat

Additional MCAT Tips

Preparation

• Finish introductory biology, chemistry, physics, and organic chemistry courses before taking the MCAT.
• Start preparing 3 to 12 months prior to the test.
• Study mainly from MCAT review books, using course notes and textbooks only as reference material.
• Ensure that you really understand the concepts, as opposed to memorizing facts. However, you will have to memorize some basic equations.
• Practice, practice, practice. Do as many MCAT practice tests as possible, ideally in simulated test conditions. Remember, no calculators.

• Have a moderately sized, low-fat breakfast (don't eat so much that you are sleepy - fat takes longer to digest).
• Arrive early and relaxed.

What to bring

• 2H pencils for the multiple choice sections, an eraser that won't smudge, and black ball point pens for the Writing Sample. Remember, no calculators or notes are allowed.
• A stopwatch or watch with a stopwatch feature is crucial. Make sure you have any automatic alarms turned off.
• A sweater or light jacket in case the exam room is uncomfortably cold.
• Maybe a cushion if the seats are hard.
• Consider ear plugs if you are used to having no distractions. You are packed into the exam room quite tightly.
• Candy, fruit, or other high sugar snack to keep your blood glucose up (glucose fuels the brain).
• A low-fat packed lunch unless you intend to eat at a cafeteria, etc.

Test Day

• Arrive 30 minutes before appointment.
• Bring current government-issued photo ID with signature.
• Two fingerprints may be digitally imaged.
• NO personal items allowed in testing room, e.g. phones, books, food, handbags.
• Sweater or sweatshirt must stay on; watch ok. Lockers provided for lunch and personal items.
• Procedural or environmental test concerns: inform Test Center Administrator, write to AAMC within three weeks of test date.

During the Test:

Keep track of time and pace yourself. If you get stuck on a question, flag it and go on to the next. If you have time at the end of the exam, you can return to that question. Similarly, flag any questions you are not sure about as you go along.

Just before the Test

• Get used to getting up early.
• Have a hearty dinner the night before.
• Get a good night's sleep.
Visit the MCAT page for FAQ's:
http://www.aamc.org/students/mcat/

<table>
<thead>
<tr>
<th></th>
<th># of Questions</th>
<th>Time (mins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tutorial (optional)</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Non-Disclosure</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Physical Sciences</td>
<td>52</td>
<td>70</td>
</tr>
<tr>
<td>Break (optional)</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Verbal Reasoning</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>Break (optional)</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Writing Sample</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>Break (optional)</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Biological Sciences</td>
<td>52</td>
<td>70</td>
</tr>
<tr>
<td>Void Question</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Survey</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Total Content Time</td>
<td></td>
<td>4 hrs, 20 mins</td>
</tr>
<tr>
<td>Total “Seat” Time</td>
<td></td>
<td>5 hrs, 20 mins</td>
</tr>
</tbody>
</table>

⇒ Writing Sample: Raw score of 2 essays, each read by 2 readers, J (lowest) - T (highest)
⇒ Reported as: B10, P10, V10, N (Writing Sample) Total Score: 30N

Score Reporting
⇒ Paper score reports mailed to all examinees.
⇒ Scores released 30 days after exam via MCAT Testing History (THx) System:
  http://services.aamc.org/mcatthx
⇒ AAMC recommends retake ONLY if:
  * Unusual discrepancy between college grades and MCAT scores.
  * Coursework in areas covered on test inadequate.
  * Misunderstood directions/incorrectly recorded answers.
  * Serious illness on test day.
  * Admission committee recommendation.
⇒ Maximum of three re-takes per year.
⇒ NOTE: use of multiple sets of scores varies by medical school.

Anatomy
⇒ Physical Sciences
  * Inorganic Chemistry and Physics
  * Passages: About 250 words; 5-8 Q's per passage
  * Approx. 15 stand-alone questions

⇒ Verbal Reasoning
  * Passages: 500-600 words each; 5-8 Q's per passage

⇒ Writing Sample
  * Two 30-minute, hand-written essays
  * Expository writing in a point and counterpoint format, based upon short prompts

⇒ Biological Sciences
  * Organic Chemistry and Biology
  * Passages: About 250 words; 5-8 Q's per passage
  * Approx. 15 stand-alone questions
  Optional: 60 minute lunch break

Scores
⇒ Biological and Physical Sciences: Scaled score 1-15 (15 highest)
⇒ Verbal Reasoning: Scaled score 1-15 (15 highest)
FINANCING MEDICAL SCHOOL

Financial Aid Hints

1. **APPLY BY THE DEADLINE**
   - Check with every school you are applying to, to request and/or find out about:
     - The financial aid deadline (UW deadline: February 28)
     - Which financial aid application to use (UW uses the FAFSA); apply on-line at www.fafsa.ed.gov
     - The Title IV school code - UW code 003798 (check www.finaid.org for codes)
     - The application process (is there an institutional application or a scholarship application?)
     - The financial aid budget
     - Residency status requirements

2. Educate yourself about financial aid. Learn about the types of loans that are offered to medical students: Subsidized Stafford, Unsubsidized Stafford, Perkins, Grad Plus loans, Primary Care Loans, and institutional loans. Become knowledgeable about the difference between subsidized and unsubsidized loans, grace periods, interest rates, capitalization, deferments and forbearance. Two great financial aid web sites are: www.finaid.org/ and http://www.aamc.org/programs/first/.

3. Pay off outstanding consumer debt. This cannot be built into your budget, so pay off as much consumer debt as possible before medical school. Car payments and moving costs also cannot be built into the budget.

4. Get a copy of your credit report—make sure your credit is in good standing. Poor credit will make you ineligible for private alternative loans. Some schools require good credit for admission. You can get a free copy of your credit report at www.annualcreditreport.com.

5. Use projected income. If you were working, but will no longer work once you enter medical school, ask each Financial Aid Office how to request that they use your projected year income (same applies if spouse’s income will decrease). Check the above website for calculators that estimate your contribution.

6. Provide parental information so you will be considered for all types of assistance (Institutional and Title VII funds). Parent’s income will not affect eligibility for Federal Title IV aid. If parent’s income will decrease, inform the School of Medicine Financial Aid Office.

7. Respond promptly to requests for additional information or documentation so your financial aid will be processed in a timely manner. If you call to ask questions, note the name of the person you speak to (if incomplete/incorrect information is given, it is to your benefit to know who you spoke to). Be sure to check your phone messages.

8. Keep the Financial Aid Office informed of any address changes. There are usually several offices that need to be informed of address changes—find out who they are and keep your address updated.

9. Check into outside scholarships and scholarships with a service commitment such as National Health Service Corps, Indian Health Service, and Armed Forces Scholarships. Find out if the Financial Aid Office receives applications for any outside scholarships or if they have addresses or phone numbers so you may request applications. There is a free scholarship search on the web at: www.finaid.org/.

10. Keep copies and start a financial aid file. You should keep a copy of your and your parents’ tax returns, your financial aid application, award letters, and all loan documents.

11. If you will be a non-resident student the first year, find out if you are allowed to become a state resident and what the timeline and process is for obtaining residency.

Financial Aid Information for Prospective UW Medical Students

Financial aid at the University of Washington is designed to provide financial assistance to students who would be unable to attend school without such support. Loan programs represent the major portion of financial aid in medical school. Title IV financial aid (Stafford, Unsubsidized Stafford, Grad Plus, and Perkins loan) is awarded based on students’ information. However parental information is required on the FAFSA (regardless of independent status) for Loan for Disadvantaged Students, Primary Care Loan, School of Medicine loan or School of Medicine scholarship. There are separate application forms for both the SOM scholarship and SOM loan.

How to Apply

Complete the Free Application for Federal Student Aid (FAFSA). The UW Dept. of Ed school code is 003798. You may apply online at www.fafsa.ed.gov. The FAFSA must be received by the processing center on or before FEBRUARY 28. If you use a PIN number, please keep track of it, as it will be needed for electronic loan signature in the fall. If you don’t have a PIN you can request one at www.pin.ed.gov. You may use estimated tax infor-
mation in order to meet the deadline. Students who are currently working, but will not work during medical school, should complete the UW Revision Request form for change in financial situation (so projected income, July - June, is used to determine your expected contribution). Revision Request forms will be available in March. **NOTE:** Admission and financial aid are independent. The processor must receive your financial aid application, by the FEBRUARY 28 deadline, even if you do not know if you are accepted for admission.

A free scholarship search on the web can be found at www.finaid.org.

Scholarship programs with a service commitment are available through the Armed Forces. These usually include tuition, books, and a stipend. Recruitment office phone numbers are: Army (206) 242-9357 (Seattle); Navy (206) 728-0205 Ext. 721(Seattle); Air Force (206) 547-9900 (Seattle). The Public Health Service through the National Health Service Corps (NHSC) also offers scholarships. NHSC applications will be available in mid to late February. Deadline for the NHSC applications is usually late March. Their web site: http://nhsc.bhpr.hrsa.gov/

**Financial Aid Offices at UW**

**OFFICE OF STUDENT FINANCIAL AID (OSFA):** Administers all federal and state programs, evaluates need and eligibility, and awards federal, state and institutional aid. U of Washington, Office of Student Financial Aid, 105 Schmitz Hall, Box 355880, Seattle, WA 98195-5880.

Telephone (206) 543-6101  
E-mail: osfa@u.washington.edu

**SCHOOL OF MEDICINE FINANCIAL AID OFFICE (SOM FAO):** The SOM Financial Aid Officer administers the Title VII Health Profession Programs, SOM scholarship and loan funds and acts as a liaison between medical students and OSFA; has primary responsibility for all medical student financial aid advising. U of Washington, School of Medicine Financial Aid Office, T-557 HSB, Box 357430, Seattle, WA 98195-7430.

Telephone (206) 685-2520  
E-mail: somfao@u.washington.edu

**Other Offices of Interest at UW**

**CAMPUS HOUSING:** For housing information and deadline. UW Housing, 301 Schmitz Hall, Box 355842, Seattle, WA 98195-5842; Telephone (206) 543-4059  
http://hfs.washington.edu/student_housing/  
http://housing.asuw.org/

**CHILD CARE ASSISTANCE:** Available for students in Seattle. Application Deadline: May 28. Student Parent Resource Center, Room 172, Schmitz Hall, Box 355882, Seattle, WA 98195-5831.  
Telephone (206) 543-1041  
http://www.washington.edu/students/osfa/currentug/child.care.html

**RESIDENCE CLASSIFICATION OFFICE:** Non-residents (outside the WWAMI region) contact this office to determine rules and deadlines for consideration for future residency status. 209 Schmitz Hall, UW, Box 355850, Seattle, WA 98195-5850  
Telephone (206) 543-4188  
http://www.washington.edu/students/reg/residency.html

**Medical Student Budget**

There is a one-time $475 health immunization fee in the 1st year. 2009-2010 non-resident tuition (3 quarters) is $50,037. This applies to students from outside of the WWAMI region. First year tuition for WWAMI sites/students may differ. Room/board is less for students who live with parents/relatives.

Your financial aid budget can only include educational expenses at the UW School of Medicine. The school is not able to consider expenses incurred prior to entering medical school. Expenses such as moving to the school site, first and last month's rent, loan payments, credit card debt, car payments, et c., cannot be considered a cost of attendance.

Computers and PDAs are required for UW medical students. Admitted students may purchase a computer in the summer before fall quarter begins and request that the cost be added to the fall budget. Up to $3,000 may be included in the budget for purchase of a computer and PDA. Reimbursement for these items can only be made while school is in session. Purchases will be covered by Unsubsidized Stafford loan or by Grad Plus loan (Grad Plus loans require credit worthiness for loan eligibility). Specifics on the type of computer required may be obtained from the SOM Academic Affairs Office. This cost can be added during any year of medical school. A smart phone may be used as a PDA.
School of Medicine Financial Aid Information

1. THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA): Must be received by the processing center on or before FEBRUARY 28, 2010 (regardless of admission status). Late applicants are only considered for Stafford, Unsubsidized Stafford, and Grad Plus loans. You may apply online at www.fafsa.ed.gov or complete the paper FAFSA form. The UW school code is 003798. You may use estimated tax information to meet the deadline. SOME AID PROGRAMS REQUIRE BOTH PARENTS' AND STUDENT'S INCOME AND ASSET INFORMATION ON THE FAFSA. The UW participates in the Quality Assurance program and will notify you directly if additional information is needed.

2. THE OFFICE OF STUDENT FINANCIAL AID (OSFA): Located at 105 Schmitz Hall, determines financial need and eligibility for aid. All Title IV aid programs are administered by OSFA. Keep copies of your income tax returns and be prepared to furnish such documents upon request.

3. THE SCHOOL OF MEDICINE FINANCIAL AID OFFICE (SOM FAO): Located at T-557 Health Science Building, administers Title VII aid (Health Profession programs), Institutional scholarship and institutional loan programs. The SOM Financial Aid Office has primary responsibility for all financial advising to medical students and also acts as liaison between medical students and OSFA. (206) 685-2520.

4. HOUSING: For on-campus housing and married student application procedures, contact UW Housing and Food Service, 301 Schmitz Hall, Box 355842, Seattle, WA 98195-5842, (206) 543-4059.

5. CHILDCARE ASSISTANCE PROGRAM: For information contact the Student Parent Resource Center, 172 Schmitz Hall, Box 355882, Seattle, WA 98195, (206) 543-1041. The childcare application must be received by the Childcare Office on or before May 28th and you must file a FAFSA.

6. PROSPECTIVE STUDENTS: The FAFSA deadline of February 28th must be met even if you are not yet admitted. Once you are admitted, your enrollment fee paid, and a student number assigned, OSFA will evaluate your application and send you a financial aid award letter. NOTE: To protect yourself from the consequences of any problems with your financial aid, you should be prepared to meet most of the Autumn Quarter initial expenses such as books and room and board from your own resources.

7. WWAMI STUDENTS: Receive their financial aid through the UW on the UW quarterly schedule but pay tuition to the WWAMI site on a semester schedule. Therefore, a short term, interest-free, emergency loan (of up to $7,500 or $10,000) is available to WWAMI participants who will receive financial aid. The SOM FAO will send information about this loan in late May/early June to students attending at a regional WWAMI site.

8. ADDRESS CHANGES: It is critical to update your address with the following offices so you receive your mail in a timely manner: SOM Student Affairs: (206) 543-5560 (one address only), at MYUW or by calling the registrars office: (206) 543-3868 (local & permanent address). Also the WWAMI office if applicable, and any prior lenders and/or loan servicers.
FINANCIAL AID PROGRAMS

PLEASE NOTE: All aid sources require completion of a Free Application for Federal Student Aid (FAFSA).

Federal Direct Stafford Loan: The University of Washington participates in the Federal Direct Stafford Loan Program. This means the Department of Education is your lender (rather than a bank) and the UW assists with the processing. The interest rate is 6.8%. There is a .5% origination fee. The annual borrowing limit for the Federal Direct Stafford Loan and Unsubsidized Stafford is a combined amount of $40,500. The limit for the subsidized portion is $8,500 (interest-free while in school) and the limit for the unsubsidized portion is $40,500 - the amount of the subsidized Federal Direct Stafford Loan. The Unsubsidized Stafford does accrue from the moment of disbursement. There is not a separate application for this loan. The master promissory note is available online at http://dlenote.ed.gov. You must accept the loan on your award letter for disbursement to occur.

Federal Perkins Loan: The interest rate is 5%; no fee, interest-free while in school and has a nine-month grace period. Repayment period is ten years. Amount awarded varies based on number of eligible students. Must be an on-time applicant to receive this loan. There is not a separate application for this loan. Promissory notes are available online after you accept the award on your award letter.

Primary Care Loan (PCL): Formerly the Health Profession Student Loan. Primary Care includes family medicine, general internal medicine, general pediatrics, or preventive medicine. Requires both parents’ and student’s income and asset information to determine eligibility. The interest rate is 5%; no fee, interest-free while in school, annual borrowing limit is up to the amount of your budget (depending on parental information). Students must agree (1) to enter and complete a residency training program in primary health care not later than 4 years after the date on which the student graduates from the school; and (2) to practice (in the United States) in primary care until the loan is repaid in full. If a borrower fails to enter and complete a primary health care residency and to practice in a primary healthcare field, the interest reverts to 18% from time of non-compliance with a 10-year repayment.

Loans For Disadvantaged Students: Loans for financially needy students from disadvantaged backgrounds. Eligibility is based on parental information. The interest rate is 5%; no fee, interest free while in school. Loan amounts depend on level of funding allocated to the University of Washington.

School of Medicine Institutional Loan: Requires both parents’ and student’s income and asset information. The interest rate is 5%; no fee, interest free while in school, has a ten-year repayment period. Applications for this loan are available at the School of Medicine Financial Aid Office two weeks before the quarter starts.

School of Medicine Institutional Scholarship: Requires both parents’ and student’s income and asset information. A separate application is required and will be available online. The deadline for the SOM scholarship is May 31 and a signed copy of your parents’ 1040 is required.

Federal Direct Graduate PLUS Loan: Lets graduate and professional students borrow a loan to cover the difference between the school’s determination of the cost of attendance and other assistance received. These loans are based on credit and not on need. Students must first apply for a Federal Direct Stafford/Ford Loan before they can be considered for the GPLUS loan. Repayment on the GPLUS begins 60 days after the full amount borrowed for the school year has been disbursed. However, repayment...
of the principal can be deferred when the student is enrolled at least half-time. Interest is a fixed 7.9%. Interest accrues on this loan during the time of enrollment and during periods of repayment or deferment and we recommend you pay the interest-even while you are in school. Loans borrowed through this loan program are borrowed directly from the federal government.

AWARD NOTICES: Financial Aid award notices are usually sent out in late April to early May for 1st year students and late May or early June for continuing students. Awards continue to be sent out over the summer. You must be admitted before you receive an award letter. Students who have been away from the University for more than one quarter will need to file a returning student application before they can be awarded financial aid. Students with a UW NetID will receive e-mail notification of their financial aid award. Those without a UW NetID will receive paper award letters. There is usually a 2 - 3 week response time to return your award letter. Your award will be canceled if your award letter is not accepted/returned by the deadline. If your award is canceled, there is no guarantee that you will receive the same funding on any subsequent award. The award letter is mailed to the address in the financial aid database. Students who plan to be away during the summer should have someone forward their mail to them.

Medical Student Expenses

Just as financial aid resources vary considerably among medical schools, the cost of education also differs in ways that go beyond tuition and curriculum expenses. Applicants should compare the total cost of attendance at each school where they have been accepted in order to make an informed financial decision as to which school can provide the best education for the least amount of student loan indebtedness.

A. How to Gather Information on Standard Expenses

Why do you need to know this? Medical school may be one of the largest financial investments you ever make. As you explore the medical schools you might attend, you need to know as precisely as possible what each of them will cost so you can compare your options.

The cost of attending medical school will include tuition, fees, educational expenses, and living expenses. Medical schools located in high cost-of-living areas may provide some subsidized housing for medical students. Most medical schools do not have student housing or dormitories. If this will be your first experience of living on your own, you need to explore the cost of living in the area where you will be attending medical school. Applicants can gather information on these expenses in several ways:

1. Consult the Medical School Admissions Requirement (MSAR) handbook. Published annually by the Association of American Medical Colleges, this handbook contains the most current tuition and fee information for every accredited U.S. and Canadian medical school.

2. Consult the catalogs, viewbooks, and web pages of the medical schools in which you are interested for information about costs. These sources often include detailed student budgets, which will give you an idea of living as well as educational costs at the school. If you have additional questions, call the admissions or financial aid office.

3. Talk to enrolled medical students when you visit schools for admissions interviews. Arrange to contact these students in the future if you have additional questions. The admissions office may be willing to put you in touch with enrolled students who can answer your questions.

4. Call or write the Chamber of Commerce in the city in which a medical school is located for cost of living information and housing guides.

5. Find out if a medical school maintains listings of apartments for students or assists students in finding roommates.

6. Get a copy of a local newspaper and check the rental prices in the area of the medical school.

7. Check out the city where the school is located on the Internet.

B. Anticipating Medical School Expenses Year by Year

Why do you need to know this? Each year in the medical school curriculum is unique and will involve a unique set of expenses. You need to anticipate these expenses as part of your long-range financial planning.

As you anticipate your annual expenses, you will find that some, such as tuition and fees, are fixed, giving you no control over how much you must spend. However, there are many expenses that you can control based on your budget and lifestyle decisions. These include room and board, transportation, books and supplies, and personal expenses. Medical students will encounter other expenses, related to the curriculum, which are hard to determine in advance. These include the cost of taking elective clinical rotations at other medical schools, possibly in another city or state, residency application and interview travel costs, and expenses incurred when you relocate for your residency.
The cost of housing is often the largest single living expense for medical students, so it is important to consider all possible options when making decisions about where you will live. Consider the following questions:

1. Should you share with a roommate? This can cut housing costs in half. Medical students do not spend a lot of time in their apartments, particularly in the clinical years when they will be on-call in hospitals.
2. Should you rent a house or apartment or live in university housing if it is available?
3. Should you buy a house or condo? The most important issue for students who can consider this option will be the resale value of the property once medical school is finished.
4. Are utilities included in the rent of an apartment? Is there an additional cost for parking?

The following is a listing of some of the specialized expenses you can expect year by year in medical school. Most of these can be covered by financial aid; some cannot.

FIRST YEAR EXPENSES

1. Moving expenses. This potential cost cannot be included in the student budget determined by the financial aid office because the expenses are incurred before the start of the academic year.
2. Start-up costs and living expenses at the beginning of the school year. Students should have sufficient funds to pay for apartment and utility deposits and at least one month of living expenses because financial aid funds are seldom available on the first day of school.
3. The physical examination and immunizations required for entering students. The cost of these requirements are often carried by the student. The UW immunization fee covers required immunizations you receive while you are enrolled.
4. Microscope rental fee, lab coats, medical instruments. These items are always included in the student budget, but funds to cover them may be required before financial aid is available.
5. Transcripts of lectures. This can cost several hundred dollars during the first two years of medical school. Since it is an optional expense, it may not be included in the student budget.
6. Purchase of a computer. This requirement and the cost will vary by school and will depend on the structure of the curriculum and the school’s institutional policy.

SECOND YEAR EXPENSES

1. Transcripts of lectures. Since it is an optional expense, it may not be included in the student budget.
2. Microscope rental fee.
3. USMLE Step I Exam Fee. The cost of the exam is included in your budget. There are commercial review courses for this examination, but the cost is not included in the student budget.

THIRD YEAR EXPENSES

1. Clothes for clerkships, where professional dress is required.
2. Increased transportation costs due to travel to hospitals and other clinical sites.
3. USMLE Step II Exam Fee (registration occurs in the third year, but the exam is taken in the fourth year). Exam fees are included in your budget but the cost of commercial review courses for this exam is not included in the student budget.

FOURTH YEAR EXPENSES

1. Transportation and living expenses for electives done at other medical schools. Students may spend a month or more away from their medical school in the fourth year. During this time, it is necessary to maintain an apartment and to pay for living expenses in another location. Students often arrange to live with friends or graduates of their medical school when taking these “away electives.”
2. Photographs for residency applications.
3. Electronic Residency Application Service (ERAS). An increasing number of residency programs use this service. Costs are determined by the number of programs to which a student applies.
4. Travel expenses for residency interviews. This cost will depend on the mode of travel, the number of interviews, and the distance to be traveled. Students learn to schedule several interviews on each trip in order to cut costs. It is also common for students to room with other medical students or graduates of the medical school who live in the area rather than in a hotel.
5. Match Agreement Contract ($25). This cost occurs when a student signs a contract for a residency position.
6. Graduation expenses: invitations, gap and gown rental, etc.
THE INTERVIEW

Medical schools want to know about you before deciding to accept you or not into their program. With this in mind, GO PREPARED TO ANSWER QUESTIONS about yourself. This may mean keeping a journal or practicing answers to questions related to information you will want to make sure you relay clearly. You do not want to give answers that seem “canned,” but you want to be prepared, so that you will communicate what you really feel is important when asked a specific question.

In general, know yourself and know your application (although, keep in mind, that some interviewers may not have read your application). Consider the qualities you possess that will help you become an excellent physician; how did you come to the decision to become a physician; anyone in your life that you would say was a special mentor to you; experiences you’ve had that have helped you decide to pursue a career in medicine; and finally, is there anything to distinguish you from the other 4,000 applicants to this medical school.

Interview Tips

Know the medical school at which you are interviewing

- How large is the school?
- What is the community like? Urban, suburban, rural?
- What is the curriculum like?
- How many people apply each year to this school?
- If you are interested in research, are there funds, facilities and opportunities available to medical students?
- Are there special programs, e.g. summer opportunities to do medical work abroad, special programs in medical ethics or history of medicine that might interest you?
- What are the opportunities for financial aid? (This is not a question to ask during the interview. You should inquire at the admissions office or the financial aid office about this.)

GO PREPARED TO ASK QUESTIONS about the medical school to which you are applying. Read the catalogues and visit the school’s web page, and if possible, tour the school.

Basics During and After the Interview

- Be enthusiastic about the school. Know why you want to attend that school and have 4 or 5 reasons to state when asked, “Why do you want to come to this medical school?”

USEFUL FINANCIAL AID WEBSITES

Association of American Medical Colleges (AAMC):
http://www.aamc.org/students/financing/start.htm
http://www.aamc.org/programs/first/

FAFSA: http://www.fafsa.ed.gov

Financial Aid Information: http://www.finaid.org

National Health Service Corps: http://nhsc.bhrp.hrsa.gov

U.S. Department of Education:
Main website: http://www.ed.gov

Financial Aid Information:
http://www.ed.gov/finaid/landing.jhtml?src-In

Office of Postsecondary Education:
http://www.ed.gov/about/offices/list/ope

The William D. Ford Federal Direct Loan Program:
http://www.ed.gov/programs/wdffdl

USEFUL FINANCIAL AID WEBSITES

Association of American Medical Colleges (AAMC):
http://www.aamc.org/students/financing/start.htm
http://www.aamc.org/programs/first/

FAFSA: http://www.fafsa.ed.gov

Financial Aid Information: http://www.finaid.org

National Health Service Corps: http://nhsc.bhrp.hrsa.gov

U.S. Department of Education:
Main website: http://www.ed.gov

Financial Aid Information:
http://www.ed.gov/finaid/landing.jhtml?src-In

Office of Postsecondary Education:
http://www.ed.gov/about/offices/list/ope

The William D. Ford Federal Direct Loan Program:
http://www.ed.gov/programs/wdffdl
• Walk the thin line between humility and self-confidence. Don’t be afraid to bring up your good, strong points, but don’t come off thinking you’re God’s gift to medicine. Don’t put yourself down, but be aware of your weak points.

• Relax and enjoy yourself. The interview process is fun. It is an opportunity to visit a new place and meet people who share your interest in medicine. The school would not have invited you if they weren’t seriously considering your application.

• Listen to the interviewer. He or she inevitably will give hints as to his or her interest and opinion. If asked about a medical issue (perhaps a controversial one), answer sincerely and honestly. Don’t try to out think the interviewer or give the answer you think he or she wants to hear. You may disagree with the interviewer, but don’t push it. This is not the time to debate or argue.

• Know what you should know; don’t be afraid to admit that you don’t know an answer. Anything on your application is fair game. If you did research, be prepared to talk about what you did in depth. You won’t be expected to be an expert in the field (unless you say you are), but you should know the overall goal of your research, it’s potential benefit to society (if any), your contribution, what you learned, etc. The same type of questions may apply to any clinically-related experiences.

• Know something about current issues in medicine. You do not have to be familiar with every health law passed in the last decade, but you should know what has been discussed in the news lately. Two places on the web that may help you prepare for questions regarding medical issues are the AMA site, http://www.ama-assn.org and the AAMC site, http://www.aamc.org. Both include briefs about government affairs related to the medical profession and medical care. Also, more and more programs have a web presence and videos you can watch at your leisure (i.e., Frontline’s Sick Around America, and Sick Around the World). You should also read the newspaper and check out a weekly news magazine (Newsweek, Time, US New & World Report, New York Times).

• A little humor never hurts (especially if it’s funny.) However, don’t appear to take the interview lightly.

• Dress nicely. When you show that you’ve spent some time on your personal appearance, it shows that you consider the interview important. Men should wear a coat and tie (and a three piece suit is certainly fine). Women should wear a nice dress, suit or pantsuit.

• Send a thank-you note to those with whom you interviewed. You should send this note as soon as possible. Of course, it will have its maximum effect if it is received before the interviewers make their report to the rest of the committee. In the note, emphasize that you enjoyed the visit, give a concrete example of something very positive about the school, and express your strong desire to attend that school.

Preparing for Your Interview
Contributed by Dr. Teitz, Dean of Admissions at the UW School of Medicine.

During the interview, you will be evaluated on: communication skills; interpersonal skills; maturity; your understanding of a career in medicine; and your ability to think “on your feet.” The first two are innate for some and come with practice for others. For some it is helpful to have someone you don’t know very well ask you some of the following questions and then give you feedback on your replies. This may help you see whether you communicate your thoughts clearly. Maturity implies that you have learned from your various life experiences, whatever they may be.

The following are questions and considerations that will help you prepare to demonstrate your understanding of a medical career to your interviewers and to consider some of the issues that may arise during your professional career. They may also help you re-evaluate whether you are choosing the right career.

Knowledge of the Field of Medicine

1. What personal attributes do you consider most important for success in research?
2. What do you consider markers of success for a physician?
3. What personal attributes do you consider most important for success as a physician?
4. What attributes do you feel are necessary to elicit hope and trust in patients?
5. What medical error(s) have you seen and what did you learn?
6. Why do you think community service is a category on the AMCAS application?
7. If you were putting together a health care team, who would be on it?
8. How is the role of the physician changing?
9. What does it mean to be a professional?
10. Choose one of the issues facing health care today and describe how you might go about addressing it.
Knowledge of Society

1. If you could write a public relations article, what would it be about?
2. If it were up to you to choose the person of the year for the cover of "Time" magazine, who would it be and why?
3. What do you think people in the US are most concerned about? How might this affect their health (or not)?

Analytical Thinking/Problem Solving

1. If you had all the money in the world and could snap your fingers, what problem would you solve? How?
2. You are on a committee to solve a particular issue. You disagree with the direction being set by the chair of that committee, and strongly feel that it is incorrect. What would you do?
3. How do you resolve conflict at work, home, in the classroom?
4. Choose one of the issues facing health care today and describe how you might go about addressing it.

Ethics/Professionalism

1. A patient brings you a very expensive gift. What would you do?
2. A patient writes you a love letter. How do you handle this situation?
3. You are called to the ER to see a patient that has a problem supposedly in your area of expertise. When you arrive it becomes obvious that this patient has a completely different type of problem. What do you do?
4. You catch a fellow student cheating on an exam. What do you do?
5. Describe a moral or ethical dilemma that arose out of an interpersonal relationship. How did you handle it?
6. There is a new drug to cure a certain type of cancer, but it is extremely expensive. How do you decide who should get the drug?

Dr. Teitz has made her 2009 Focus Group Sessions available at: http://depts.washington.edu/mdadmit/focusgroups/index.htm

In Summary

Either through reading the application or through the actual interview, the interviewer will want to get a sense of the following:

- Does the applicant have a realistic understanding of the medical profession and the issues/problems facing profession?
- What is the basis of this understanding and/or the candidate's views; personal experiences, beliefs, reading, course work, etc.?
- What is the applicant's level of maturity, compassion, empathy, communication skills, responsibility, self-assessment, initiative, inquisitiveness, determination, problem solving skills, and understanding and involvement in their community?
- Can the applicant set priorities? Do they have a rigid personality? How well do they take constructive criticism? How well-rounded are they? How well do they handle stress?
- What accomplishments that might be regarded as valuable assets in the pursuit and practice of medicine?
- Does the applicant have a specific area of medicine they are interested in pursuing, and what is their level of understanding of that profession?
- What stands the applicant apart from other competitive students?
FIFTY QUESTIONS

1. What are your long range and short range goals and objectives, when and why did you establish these goals, and how are you preparing yourself to achieve them?

2. What specific goals, other than those related to your education, have you established for yourself for the next 10 years?

3. What do you see yourself doing five years from now?

4. What do you really want to do in life?

5. What are your long-range career objectives?

6. How do you plan to achieve your career goals?

7. What are the most important rewards you expect in medicine?

8. What do you expect to be earning in five years?

9. Why did you choose medicine?

10. Which is more important for you, money or the profession?

11. What do you consider to be your three greatest strengths and weaknesses?

12. How would you describe yourself?

13. How do you think a friend or professor who knows you well would describe you?

14. What motivates you to put forth your greatest effort?

15. How has your college experience prepared you for a medical career?

16. Why should we accept you?

17. What qualifications do you have that make you think that you will be successful in medicine?

18. How do you determine or evaluate success?

19. What do you think it takes to be successful in a school like ours?

20. In what ways do you think you can make a contribution in medicine?

21. What qualities should a physician possess?

22. Describe the relationship that should exist between a physician and patient.

23. What two or three accomplishments have given you the most satisfaction?

24. Describe your most rewarding college experience.

25. If you were accepting an applicant for medical school, what qualities would you look for?

26. Why did you select your college or university?

27. What led you to choose your major or field of study?

28. What college subjects did you like the least? Why?

29. What college subjects did you like the best? Why?

30. If you could do so, how would you plan your academic study differently? Why?

31. What changes would you make in your college or university?

32. Do you have plans for continued study? Other advanced degrees?

33. Do you think that your grades are a good indication of your academic achievements?

34. What have you learned from participation in extracurricular activities?

35. Tell me about the research you have done.

36. How do you work under pressure?

37. In what part-time or summer jobs have you been most interested? Why?

38. What is your family like?

39. Why did you apply to this school?

40. What do you know about our school?

41. What two or three things are the most important to you in the medical profession?

42. Are you seeking enrollment in a school of a certain size? Why?

43. What criteria are you using to evaluate the school for which you hope to attend?

44. In what ways do you think you can make a contribution in medicine?

45. What qualities should a physician possess?

46. Describe the relationship that should exist between a physician and patient.

47. What two or three accomplishments have given you the most satisfaction?

48. Describe your most rewarding college experience.

49. How do you think your personal life experiences will help you as a physician?

50. If you were accepting an applicant for medical school, what qualities would you look for?
Specialized Programs

Targeted Rural and Underserved Track (TRUST)

The TRUST program provides a continuous connection between underserved communities, medical education, and health professionals in the region served by the University of Washington School of Medicine (UWSOM). The goal is to create a full-circle pipeline between underserved communities in the Washington, Wyoming, Alaska, Montana and Idaho (WWAMI) region by selecting students for a special pathway that connects communities, the UWSOM, and residency programs to help meet the workforce needs of the region. TRUST has four main objectives:

1. to develop the infrastructure for a track dedicated to training physicians to work in underserved areas, both rural and urban;
2. to work with communities to identify their needs and resources for health workforce training and to develop a targeted admissions process that links students from and back to these underserved communities;
3. to expand the Underserved Pathway at the UWSOM and connect it with TRUST; and
4. to link TRUST scholars with residency programs that have ties with Community Health Centers or to a rural training focus.

TRUST is currently being administered by the UWSOM Department of Family Medicine and the Montana and Eastern Washington Regional Offices. TRUST goals will be accomplished by developing the infrastructure and support necessary for a sustainable continuous pipeline between the community, the academic health center, and the health professional. —Content retrieved from TRUST Web site: http://depts.washington.edu/fammed/predoc/trust.

For more specifics about Montana’s TRUST program refer to page 14 of this manual.

Rural/Underserved Opportunity Program (R/UOP)

R/UOP is a 4-week elective immersion experience for students between their first and second year of medical school. It provides students an opportunity to work side-by-side with a physician preceptor, providing care to either rural or urban underserved populations. Students are provided a stipend and support for transportation and housing to R/UOP sites throughout the five-state WWAMI region. Montana offers approximately 30 R/UOP placements per year scattered throughout the state. R/UOP is a collaborative, community-based educational experience that is administered through the Department of Family Medicine, and supported by the UWSOM, WWAMI, the

Area Health Education Centers (AHEC), and Academies of Family Medicine and a number of other professional organizations. Many students in the program take the four weeks to complete their required Independent Investigative Inquiry (III): students select a topic of particular interest and investigate the subject independently, utilizing the advice of a faculty advisor and other resources in the WWAMI community. This is a unique opportunity for students to choose both the content and form of their learning and to pursue an interest that may not be included elsewhere in the curriculum. The R/UOP program has strong support from the many volunteer physician preceptors and the communities they serve. To find out more about R/UOP, visit the website at: http://depts.washington.edu/fammed/predoc/programs/ruop

Medical Student Research Training Program (MSRTP)

The Medical Student Research Training Program provides a $4,500 stipend to support summer research done by a UWSOM student under the supervision of a UW School of Medicine faculty member. Research can be undertaken at the University of Washington or at one of the other WWAMI sites. The MSRTP projects must consist of 10 weeks (forty hours per week) of full-time effort on a defined research project. Students have the option of finding their own projects and faculty mentors or contacting faculty who have submitted specific project proposals for MSRTP. The project proposals are made available to students in early November each year. Applications for MSRTP are due at the end of January. Two members of the MSRTP Evaluation Committee review each application. Students and sponsors are notified of whether they have been selected for an MSRTP stipend early in March. The MSRTP paper may be used to satisfy the III graduation requirement. The program is for students in between their first and second years of medical school.

WRITE

The WWAMI Rural Integrated Training Experience (WRITE) program provides third-year students with five months of extended education in rural community practices with physicians and other health care professionals. This experience follows completion of the first two years of medical school and the passing of Step 1 of the USMLE. Third-year students complete the required clinical rotations, including six weeks of surgery, eight weeks of internal medicine, three weeks of pediatrics, and three of the required six weeks of psychiatry, prior to the WRITE experience. They then proceed to “exemplary teaching sites” developed in rural communities throughout the region from February through June. They are taught both by physicians in those communities and by faculty members associated with the University of Washington School of Medicine. Upon completion of the WRITE program, students begin their fourth year and complete their re-
The goals of the WRITE program are:
1. To meet educational milestones in a unique setting
2. To experience the practice of medicine in a rural area
3. To experience the lifestyle of a physician in a rural community
4. To experience continuity of care and to become integrated in a rural community, both professionally and socially
5. To instill confidence and professionalism in the primary care setting
6. To develop abilities in independent learning and problem solving

For more information about Montana's WRITE program refer to page 14 of this manual.

INTERNATIONAL HEALTH

The Department of Global Health at the University of Washington promotes long-term careers in the service of disadvantaged populations worldwide, accomplishing this through educational activities and through the development of international research and clinical opportunities. Its mission, to close the gap between the world’s 1 billion people who experience relatively good health and the 5 billion who experience much lower levels of health through teaching (education, training, and mentoring), research, and service programs.

Its goal, to address the causes of, and help provide solutions for, disparities in health around the globe, and to enable international partners to achieve sustainable and independent control of their global health programs. — Content from the Dept. of Global Health web page: http://globalhealth.washington.edu/index.php

International Health Opportunities Program (IHOP)

IHOP is an educational program and cultural immersion opportunity for UWSOM medical students, and is part of the Department of Global Health. IHOP students spend eight weeks living and working in a developing country in order to gain first-hand insight into the challenges of global health. IHOP students witness the practice of medicine in a resource-limited setting, assess the health needs of the local community, and develop a health-promotion project within their host community. They also complete an on-line curriculum, which includes reading and responding to journal articles, submitting reflective journal entries, and creating an abstract and poster explaining their community project. IHOP sends students to: Madagascar, Mongolia, Peru, and Uganda. More at: http://depts.washington.edu/deptgh/resource_center/
OFFICE OF MULTICULTURAL AFFAIRS

The goal of the Office of Multicultural Affairs (OMCA) of the University of Washington School of Medicine is to facilitate the identification, recruitment, retention, and professional development of individuals from underrepresented and/or disadvantaged backgrounds that are interested in pursuing M.D. or M.D./PhD. degrees. OMCA website: www.myomca.org.

Staff are available to provide individual counseling and academic advising to students; assist students during the application and admissions process; serve as a general information resource for both academic and nonacademic needs; facilitate access to the multitude of resources within the School, region, and the community; and develop several academic, informational, and social programs for pre-medical and medical students throughout the year. The Office of Multicultural Affairs maintains a strong regional presence (Washington, Wyoming, Alaska, Montana and Idaho [WWAMI]) by implementing many educational enrichment programs.

University of Washington School of Medicine’s Center for Cultural Proficiency in Medical Education

The Center for Cultural Proficiency of Medical Education (CC-PriME) was developed at the UWSOM with the vision of serving as a regional educational resource on cultural competency and diversity for the School of Medicine and its affiliates in the WWAMI region, and provide educational materials, databases, and continuing medical education. The mission of CC-PriME is to:

- Create a teaching environment that is sensitive to and integrates into the undergraduate medical education curricula and graduate medical education training the knowledge of the cultural barriers that contribute to health care disparities.
- Provide the learner with the skills necessary to provide quality care in a culturally sensitive and linguistically appropriate manner.
- Enhance the ability of all physicians in training and faculty to address racial/ethnic disparities in among the diverse population groups in the Pacific Northwest region.
- Become a culturally proficient institution that can develop culturally competent approaches, or “best practices,” to eliminate these disparities and serve as a regional educational resource on cultural competency to all community physicians in the region.

UDOC

Since 1994, the U-DOC residential five-week summer enrichment program seeks to foster, affirm, and encourage high school sophomores’ and juniors’ interest in health careers. Students will be exposed to community services, clinical, and academic activities. The program serves to introduce students to college life and health careers. As of 2003, there were 527 U-DOC participates in which 263 are actively pursuing a college degree, 120 are in premed/health professions, and 14 are currently in medical school around the country. UDOC is intended for students who are from disadvantaged backgrounds (economic, geographic, education) and/or students who are underrepresented in medicine (racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population). We feel that students who expect to encounter significant barriers in achieving their educational and professional goals will benefit from U-DOC.

Summer Medical Education Program (SMDEP)

The Summer Medical Dental Education Program (SMDEP) is a six-week enrichment program for talented underrepresented college freshmen and sophomores interested in medicine or dentistry. The program offers each scholar intensive enrichment in core science courses, clinical exposure, mentor shadowing and much more. The UW simultaneously aims to provide its participants with a deeper understanding of the needs of underserved communities within a supportive and diverse environment. The UW SMDEP has a 17 year proven record of success among our graduates. As of 2005, 705 of our SMDEP graduates have gone on to medical or dental school. It is intended for students who are from disadvantaged backgrounds (economic, geographic, education) and/or students who are underrepresented in medicine (racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population). We feel that students who expect to encounter significant barriers in achieving their educational and professional goals will benefit from SMDEP.

Pre-Matriculation Program (PRE-MAT)

This summer program is offered for new medical school and dental school matriculants from disadvantaged backgrounds. It provides an introduction to the medical school curriculum, exposure to local healthcare systems, and workshops in study skills/test-taking skills, stress management, and clinical skills. Eligible students receive stipends for the duration of the program.

NATIVE AMERICAN CENTER OF EXCELLENCE (NACOE)

The Center of Excellence (COE) is a program that provides a unique educational resource and experience for American Indian/Alaskan Native students and others who have an interest in learning more about Native American culture and healthcare issues. The mission of the NACOE is to facilitate the identification, recruitment, retention, and professional development of American Indian students who are interested in medicine. Program offerings include: career advising, pre-
matriculation workshops, mentoring, Medicine Wheel Society, the Indian Health Pathway, faculty development seminars, Indian Health preclinical and clinical electives in urban centers, rural clinics, and Indian Health Service sites. A variety of summer and year-round programs are available for high school, undergraduate, and medical students through the COE.

UNIVERSITY CONJOINT 530: ISSUES IN INDIAN HEALTH

Course Description: survey of historical and contemporary issues in Indian health, including current disease epidemiology, Indian contributions to health, and traditional Indian medicine. Development of the Indian Federal Health Policy and consequences of major legislative acts on Indian Health, and current problems in Indian Health are presented.

Indian Health Pathway (IHP)

The IHP curriculum pathway offers specialized courses in the classroom on American Indian health and traditional medicine; provides clinical clerkship opportunities that enable medical students to work directly with American Indian/Alaskan Native (AI/AN) populations in the urban clinic setting, on reservations, and in the rural clinic setting throughout the WWAMI region. It provides training in research specifically in AI/AN issues, and provides a forum for medical students, alumni, community tribal members, and faculty (the Medicine Wheel Society) to interact socially and participate in joint community service projects with the local and regional tribal communities. Both Native American and non-Native American medical students can participate in the IHP. Students who complete the certification requirements are honored with a traditional Blanket Ceremony at the end of their program and receive a certificate of completion.

HISPANIC HEALTH PATHWAY

Mission: The Hispanic community is one of the most under served minority groups in WWAMI region and across the US. The Hispanic Health Pathway (HHP) was developed to provide UW SOM medical students with the necessary training and experiences to make them better practitioners in urban and rural Hispanic communities. The goals of the Hispanic Health Pathway are to: prepare both Hispanic and non-Hispanic medical students how to provide culturally responsive care to Hispanic communities; enhance curriculum on Hispanic health care issues and disparities at the University of Washington School of Medicine; and encourage research on Hispanic health issues and disparities.

The HHP provides a unique educational experience for the medical student through the use of specialized lecture series, small group discussions, problem-based learning, clinical immersion experiences in medical practices that serve the Hispanic communities, and research opportunities. This program is also unique in that it utilizes a number of Hispanic faculty to teach these components who have had a vast amount of collective experience in working directly with Hispanic populations. Upon completion of the requirements, the student will be awarded a Certificate of Completion and be recognized of this honor at graduation.

SPANISH FOR THE HEALTH PROFESSIONAL: FAMED 556

This Spanish medical course introduces students to intermediate medical Spanish vocabulary and medical Spanish scripts that are commonly used in patient encounters. 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 the 10 weeks students will engage in the rewarding, hands-on clinical experience of taking personal histories from Spanish-speaking patients. Learning Objectives: after participating in this course, the learner will be able to understand important cultural considerations; conduct patient social history interviews in Spanish; learn essential vocabulary needed to identify symptoms and chief complaint; and set a foundation for further learning of Spanish.

STUDENT ORGANIZATIONS

- African American Mentor Network (AAMN)
- Alliance for Equal Representation in Medicine (AFERM)
- Asian Pacific American Medical Student Association (APAMSA)
- Latino Medical Student Association (LMSA)
- Medicine Wheel Society (MSW)
- Queer Medical Student Organization at the University of Washington (QMED)
- OMCA Student Advisory Group
- Student National Medical Association (SNMA)

Other programs for medical students:
- Tutoring Program
- USMLE Review
- Financial Assistance
- Mentoring Opportunities
- Research Advising
- Professional Counseling Services
- Simulated Patients - Problem-based Learning Cases

OMCA STAFF

- Felicity Abeyta, M.S.C. - UDOC/Recruitment Program Coordinator, OMCA
- David Acosta, M.D. - Associate Dean, UW School of Medicine (UW SOM), Office of Multicultural Affairs (OMCA), CC-Prime
- Victoria Gardner, Ed.D., M.Ed. - Director, OMCA
- Dan Olson - Program Coordinator, SMDEP
- Peg Pattee, M.Ed. - Learning Specialist, OMC
- Vicki Pinkham - Program Coordinator, NACOE/OMC
- Pam Racansky - SMDEP/CC-PRIME/Hispanic Health Pathway Coordinator, OMCA
- Amen Tsegai- CC-PRIME Project Director, OMCA
- Mary Walls - Research Advisor, UW SOM/OMCA
UNDERGRADUATE TIMELINE

NOTE: This should be considered a general guide for applicants. It is important that an applicant considering medical school consult with his or her pre-health advisor to devise a schedule that works for the individual.

COLLEGE YEAR 1

Fall Semester
- Meet pre-health advisor and investigate pre-health advisory program
- As applicable, ensure that pre-health advisor receives course directors’ evaluations
- Successfully complete first semester required pre-medical coursework and other degree requirements

Spring Semester
- Visit “Considering a Career in Medicine” website at: http://www.aamc.org/students/considering
- Identify summer employment/volunteer medically-related opportunities
- Successfully complete second semester required pre-medical coursework and other degree requirements
- Ensure that pre-health advisor receives course directors’ evaluations

Summer
- Complete summer paid/volunteer medically-related experience
- Attend summer school, if necessary

COLLEGE YEAR 2

Fall Semester
- Check in with pre-health advisor and participate in pre-health activities
- Investigate available paid/volunteer medically-related clinical or research activities
- Successfully complete first semester required pre-medical coursework and other degree requirements
- Ensure that pre-health advisor receives course directors’ evaluations

Spring Semester
- Check in with pre-health advisor and participate in pre-health activities
- Identify summer employment/volunteer medically-related opportunities
- Successfully complete second semester required pre-medical coursework and other degree requirements
- Ensure that pre-health advisor receives course directors’ evaluations
- Investigate Medical School Admission Requirements (MSAR), AAMC publication

COLLEGE YEAR 3

Fall Semester
- Check in with pre-health advisor and participate in pre-health activities
- Continue participation in paid/volunteer medically-related opportunities
- Investigate:
  - Medical School Admission Requirements (MSAR), AAMC publication
  - Medical College Admission Test (MCAT) website: http://www.aamc.org/mcat
  - If applicable, information about MCAT and American Medical College Application Service (AMCAS) fee assistance on the AAMC Fee Assistance Program website: http://www.aamc.org/fap
  - AAMC’s “Applying to Medical School” website: http://www.aamc.org/students/applying/start.htm
  - If applicable, information for students from groups underrepresented in medicine on the AAMC Minorities in Medicine website: http://www.aamc.org/students/minorities/start.htm
- Begin preparation for spring MCAT
- Successfully complete first semester required pre-medical coursework and other degree requirements
- Ensure that pre-health advisor receives course directors’ evaluations

Spring Semester
- Consult regularly with pre-health advisor regarding:
  - schedule for completion of school-specific requirements for advisor/committee evaluation
  - Advice about medical education options
- Continue participation in paid/volunteer medically-related activities
- Prepare for spring MCAT
- Continue review of medical education options
- Take spring MCAT
- Investigate information about:
  - AMCAS website: http://www.aamc.org/amcas
  - Texas Medical and Dental Schools Application Service (TMDSAS): http://www.utsystem.edu/tmdsas
  - Ontario Medical School Application Service
(OMSAS): [http://www.ouac.on.ca](http://www.ouac.on.ca)

- American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS): [https://aacomas.aacom.org](https://aacomas.aacom.org)
- Schools with independent application processes

**Investigate:**
- As applicable, AAMC Curriculum Directory website: [http://services.aamc.org/currdir](http://services.aamc.org/currdir) for information about medical school curricula and joint, dual, and combined degree programs
- Successfully complete second semester required premedical coursework and other degree requirements
- Ensure that pre-health advisor receives course directors’ evaluations

- **Summer**
  ~ Submit application(s)

**COLLEGE YEAR 4**

- **Fall Semester**
  - Successfully complete additional premedical coursework and other degree requirements
  - Prepare for interviews

- **Spring Semester**
  - Successfully complete additional premedical coursework and other degree requirements
  - Prepare for interviews
RESOURCES

ALLERGISTS:  www.aaaai.org
Definition: medical specialists who focus in the treatment, care and management of patients with allergies and other immune-related diseases.
Length of Training (after college): Total of 9 years ⇒ 4 years of medical school, 3 years of residency training in Pediatrics or Internal Medicine, 2 years of fellowship in Allergy/Immunology.
Association: American Academy of Allergy, Asthma, and Immunology
Description: Allergists normally treat patients with common, but inconveniencing ailments related to allergens like sinusitis, asthma, hay fever and common seasonal allergies.

ANESTHESIOLOGY:  www.anesthesiology.org
Definition: medical specialty dealing with anesthesia and related matters including resuscitation and pain.
Length of Training (after college): Total of 8 years ⇒ 4 years of medical school, 4 years of residency in Anesthesiology. Various subspecialties are available.
Association: American Society of Anesthesiology (ASA)
www.asahq.org/
Description: Administration of a variety of anesthetics to pre-surgical patients. Also involved in post-operative pain management.
Additional Resources: http://home.theaba.org/

DERMATOLOGY:  www.aad.org
Definition: medical specialty focused on the anatomy, function and diseases of the skin.
Length of Training (after college): Total of 9-11 years ⇒ 4 years of medical school, 3 years of residency in Internal Medicine, 2-3 years fellowship in Dermatology.
Association: American Academy of Dermatology (AAD)
Description: Treatment and care of patients with a variety of skin lesions including acne, autoimmune psoriasis, dandruff, athlete’s foot, eczema, etc.

Definition: physician who cares for patients with acute illnesses or injuries which require immediate medical attention to a point of stabilization.
Length of Training: (after college): 7-8 years ⇒ 4 years of medical school, 3-4 years of residency in Emergency Medicine.
Association: American College of Emergency Physicians (ACEP), American Academy of Emergency Medicine
Description: physician with a vast working knowledge of medical, surgical, and psychiatric emergencies; specialists in the stabilization and treatment of emergent conditions.

FAMILY MEDICINE:  www.aafp.org
Definition: medical specialty which provides continuing, comprehensive healthcare for the individual and family.
Length of Training (after college): Total of 7 years ⇒ 4 years of medical school, 3 years of residency in Family Medicine.
Association: American Academy of Family Physicians (AAFP)
Description: Integrates the biological, clinical and behavioral sciences to provide continuing and comprehensive healthcare of each organ system and every disease entity to patients of all ages and sexes.
Additional Resources: www.annfammed.org

GASTROENTEROLOGY/HEPATOLOGY:  www.acg.gi.org
Definition: branch of medicine focused on the anatomy, function and disorders of the digestive system and its function.
Length of Training (after college): Total of 10 years ⇒ 4 years of medical school, 3 years of residency in Internal Medicine, 3 years of fellowship in Gastroenterology/Hepatology.
Association: American College of Gastroenterology (ACG) and American Gastroenterological Association (AGA)
www.gastro.org/
Description: Treatment of patients with pathologies of the digestive tract like diarrhea, Crohn’s disease, ulcerative colitis, stomach ulcers, etc.
Comments: Gastroenterology is usually coupled with hepatology.

GENERAL SURGERY:  www.facs.org
Length of Training (after college): Total of 9 years ⇒ 4 years of medical school, 5 years of residency in General Surgery.
Association: American College of Surgeons (ACS)
Description: Involves general surgical procedures involving all systems of the body. Most work is on an emergency impromptu basis.
Comments: One of the most intensive residencies in
NURSE PRACTITIONERS: www.aanp.org

Definition: a registered nurse with advanced academic and clinical experience that enables them to diagnose and manage most chronic diseases independent of a physician.

Length of Training: Total of 6 years ⇒ 4 years of college for Bachelors in Nursing (BSN), 2 years of training as registered nurse (RN). At least 3-5 years of experience as an RN is required for entry into most NP programs.

Association: American College of Nurse Practitioners (ACNP) www.nurse.org/acnp

Comments: A rapidly growing field due to the professional autonomy and range of responsibilities that NP’s have. In many private primary care practices, NP’s can fill in for absent physicians adequately.

OBSTETRICS/GYNECOLOGY: www.acog.org

Definition: branch of medicine that deals with pregnancy, childbirth and related issues (Obstetrics) and women’s health (Gynecology).

Length of Training (after college): Total of 8 years ⇒ 4 years of medical school, 4 years of residency in Obstetrics and Gynecology. Option for subspecialty and extended elective time in focused areas.

Association: American College of Obstetrics and Gynecology (ACOG)

Description: Physicians address female patients and their health concerns, administering treatment options for diseases, as well as assuming an advisory role in women’s health issues and general well-being. Patient interaction infrequently transcends beyond issues covered within the scope of medical science.

Comments: Subspecialties include Urogynecology, Gynecological Oncology, Reproductive Endocrinology and Gynecological Pathology.

ogy, pediatric oncology, medical oncology, surgical oncology and gynecological oncology. Lots of research opportunity.

**OPHTHALMOLOGY**: [www.aao.org](http://www.aao.org)

**Definition**: medical specialty focusing on the function, physiology, anatomy and disorders of the eye.

**Length of Training (after college)**: Total of 9-10 years ⇒ 4 years of medical school, 1 year of internship in Internal Medicine, 3 years of residency in Ophthalmology, 1-2 years fellowship in subspecialty.

**Association**: American Academy of Ophthalmology (AAO)

**Description**: Treatment and care of patients with a variety of eye diseases including glaucoma, cataracts and conjunctivitis.

**Comments**: Subspecialties include glaucoma, neuro-ophthalmology, ophthalmic plastic surgery and pediatric ophthalmology.

**OTOLARYNGOLOGY**: [www.entnet.org](http://www.entnet.org)

**Definition**: branch of medicine that involves the study of the function, anatomy and disorders of the ear, nose and throat.

**Length of Training (after college)**: Total of 9 years ⇒ 4 years of medical school, 1 year of internship in General Surgery, 3 years of residency in Otolaryngology and Head and Neck Surgery.

**Association**: American Academy of Otolaryngology - Head and Neck Surgery (AAO)

**Description**: Treatment and care of patients with some of the most common ailments of the head and neck, like rhinorrhea (runny nose), chronic sinus infections and mastoiditis. Also, care of more complex and rare disorders like cleft palate, etc.

**Comments**: Immensely vast field encompassing everything from the common middle ear infection (otitis media) to complex reconstructive surgery to repair cleft palates and other facial disorders and injuries.

**PARAMEDIC**: [www.paramedic.com](http://www.paramedic.com)

**Definition**: trained professionals who are responsible for the immediate, onsite treatment of patients in emergent situations.

**Length of Training**: Total of 4 weeks ⇒ 4-week intensive training courses are offered widely with no college degree required.

**Association**: National Association of EMT’s [www.naemt.org](http://www.naemt.org)

**Description**: Paramedics (a.k.a. Emergency Medical Technicians or EMT’s) constantly work in high-tension environments due to the emergency of situations that require paramedic assistance. The primary responsibility of a paramedic is to provide adequate and immediate medical assistance to the patient until they can be safely transported to a site with more advance professionals (prehospital).

**Comments**: Must be able to work under intense and constant pressure.

**PEDIATRICS**: [www.aap.org](http://www.aap.org)

**Definition**: branch of medicine that involves the treatment and care of children’s health.

**Length of Training (after college)**: Total of 7+ years ⇒ 4 years of medical school, 3 years of residency in Pediatrics. Most pediatric residents opt for fellowships in focused areas within pediatrics.

**Association**: American Academy of Pediatrics (AAP)

**Description**: Primary care. Nature of patient contact is dependent on what subspecialty is involved. Most pediatricians conduct regular check-ups for children and address mostly minor health conditions commonly found in young patients.

**Comments**: Almost all fields of medicine have a pediatric component, making pediatrics one of the widest fields in medicine. From pediatric oncology and neonatology to pediatric radiology, the experience of pediatrics is surely dependent on choice of subspecialty, if any.

**Additional Resources**: [www.abp.org](http://www.abp.org), [www.pediatrics.org](http://www.pediatrics.org)

**PHYSICAL THERAPY**: [www.apta.org](http://www.apta.org)

**Definition**: Physical Therapists provide services aimed at preventing the onset and/or slowing the progression of conditions caused by injury or disease.

**Length of Training (after college)**: Total of 3 years ⇒ 3 years of physical therapy school.

**Association**: American Physical Therapy Association (APTA)

**Description**: Usually work in association with health professionals involved in sports medicine, neurology and orthopedics. Coordinate the rehabilitation of patients recovering from relatively severe and debilitating injuries and illness.

**Additional Resources**: [www.physicaltherapist.com](http://www.physicaltherapist.com), [www.ptjournal.org](http://www.ptjournal.org)

**PHYSICIAN ASSISTANT**: [www.aapa.org](http://www.aapa.org)

**Definition**: Physician Assistants are healthcare professionals licensed to practice medicine with physician supervision.

**Length of Training (after college)**: Total of 18 months ⇒
18 months of PA program.

**Association:** American Academy of Physician Assistants (AAPA)

**Description:** Conduct physical exams, diagnose and treat illnesses, order and interpret tests, assist in surgery and can write prescriptions in most states with physician supervision.

**PSYCHIATRY:** [www.aacp.com](http://www.aacp.com)

**Definition:** branch of medicine that involves the analysis and study of the function, anatomy and disorders of mental and psychological health from a medical perspective.

**Length of Training (after college):** Total of 8 years ⇒ 4 years of medical school, 4 years of residency in Psychiatry.

**Association:** American Academy of Clinical Psychiatrists (AACP)

**Description:** Patient interaction is most unique as patients are almost always mentally compromised. Most treatment is in the form of counseling and interviewing patients to access the root of the problem and properly diagnose.

**Additional Resources:** [www.psychiatry.com](http://www.psychiatry.com)

**RADIOLOGY:** [www.acr.org](http://www.acr.org)

**Definition:** branch of medicine involved with the study, analysis and administration of diagnostic and imaging techniques encompassing all of medicine (x-ray, MRI, CT, etc.).

**Length of Training (after college):** Total of 9-10 years ⇒ 4 years of medical school, 4 years of residency in Radiology, 1-2 year subspecialty in desired field of radiology. Research involved in subspecialty training.

**Association:** American College of Radiology (ACR)

**Description:** Analysis of patient results from a variety of diagnostic imaging tests, including medical interpretation of x-rays, MRI, CT, ultrasound, etc. Subspecialties include pediatric radiology, CV radiology and head and neck radiology. Highly competitive field; very intense residency.

**Comments:** Extensive 3-D visualization skills and knowledge of anatomy required.

**REGISTERED NURSE:** [www.nursingworld.org](http://www.nursingworld.org)

**Definition:** accredited health professional who serves as the most skilled and trained professionals in the care and treatment of patients outside of physicians.

**Length of Training:** 4 years of college for BSN, 2-3 years for RN.

**Association:** American Nurses Association (ANA)

**Comments:** Severe dearth of nurses in medicine. Major need for nurses in hospitals across the country.

**Resources:** [www.aannet.org](http://www.aannet.org)

**UROLOGY:** [www.auanet.org](http://www.auanet.org)

**Definition:** medical specialty that deals with the disorders of the genital tract and the urinary tract.

**Length of Training (after college):** Total of 10 years ⇒ 4 years of medical school, 2 years of residency in General Surgery, 4 years of residency in Urology.

**Association:** American Urological Association (AUA)

**Description:** Treatment of patients with urinary tract and genital disease like genital warts, Chlamydia, UTI, gonorrhea and most STD’s.

**Comments:** Good mix of surgery and clinical medicine. Very popular field recently; highly competitive.

**Resources:** [www.jurology.org](http://www.jurology.org)

**OTHER MEDICAL SPECIALTIES**

**Cardiology:** [www.acc.org](http://www.acc.org), [www.clinical-cardiology.org](http://www.clinical-cardiology.org)

**Endocrinology:** [www.endocrinology.org](http://www.endocrinology.org)

**Geriatrics:** [www.americangeriatrics.org](http://www.americangeriatrics.org)

**Pathology:** [www.ascp.org](http://www.ascp.org)

**Pulmonary and Critical Care:** [www.thoracic.org](http://www.thoracic.org)

**Rheumatology:** [www.rheumatology.org](http://www.rheumatology.org)

**OTHER HEALTH PROFESSIONS**

**Chiropractic (DCM):** [www.amerchiro.org](http://www.amerchiro.org), [www.chiropractic.org](http://www.chiropractic.org)

**Dentistry (DDS):** [www.agd.org](http://www.agd.org)

**Osteopathic Doctors (DO):** [www.do-online.osteotech.org](http://www.do-online.osteotech.org), [www.aacom.org](http://www.aacom.org)

**Pharmacy (PharmD):** [www.aacp.org](http://www.aacp.org), [www.pharmacy.org](http://www.pharmacy.org)

**Podiatry (DPM):** [www.aacpm.org](http://www.aacpm.org)
The Harris Scholarship

Available to 4th-Year Medical Students

The George and Laurine Harris Scholarships were established under the Will of Laurine S. Harris in January of 1970. George G. Harris graduated from the University of Missouri Law School in 1908 and was a member of the Bar in Missouri, California, Washington, and Montana. Admitted to the Montana Bar in 1912, George Harris was a founding member of the Great Falls, Montana law firm of Church, Harris, Johnson & Williams. Laurine Harris, a graduate of the University of Missouri, pioneered the Idaho Women’s Basketball program while teaching in Blackfoot Idaho. In Great Falls, she was a school counselor and taught history at Great Falls High School.

Both George and Laurine Harris developed a deep and lifelong affection for the State of Montana and its residents. Desiring to benefit the state in which they lived, Laurine Harris established a trust to provide annual donations to Montana residents in the fields of Law, Medicine, Nursing, and Education. The scholarships are to be awarded annually to students of advanced standing in each field based solely upon superior academic performance. Recipients are to be selected only from students in their senior year of Medicine.

Carlene Scharfe Memorial Scholarship

This scholarship is funded by donations made by family and friends in memory of Carlene J. Scharfe of Havre, Montana who died in 2002. Mrs. Scharfe was the mother of Stace A. Scharfe, a Montana WWAMI medical student in 1991. For each academic year, there is one scholarship valued at $800 to be awarded to a Montana WWAMI medical student enrolled in their first year of medical school at Montana State University. Scholarships are based upon financial need as the primary consideration, with academic performance as a secondary criterion.
Yvonne Rushing Memorial Scholarship

This scholarship is funded by an endowment from the estate of Yvonne Rushing of Bozeman, Montana. The endowment provides for financial assistance to Montana residents while enrolled in medical school in the WWAMI Program at Montana State University. The exact amount and number of scholarships will vary from year to year depending upon the earnings of the endowment. For the academic year 2005-2006, there were 2 scholarships awarded at $2,500 each, designed to pay the majority of one semester’s tuition and fees at Montana State University. Scholarships are based upon financial need as the primary consideration, with academic performance as a secondary criterion.

Dr. Mark Listerud Memorial Scholarship

The scholarship is funded by donations made by family and friends in memory of Mark Listerud, M.D. of Wolf Point, Montana who died in 2001. Dr. Listerud was one the Montana physicians instrumental in the early development of the Montana WWAMI Program and father of John M. Listerud, a Montana WWAMI medical student in 1979. There is one scholarship valued at $800 to be awarded to a Montana WWAMI student during their first year of medical school at Montana State University. Scholarships are based upon financial need as the primary consideration, with academic performance as a secondary criterion.

James Bradbury, Jr., M.D. Memorial Scholarship

This scholarship is funded by donations made by the family and friends in memory of Dr. James Bradbury, Jr. who died in 2004. Dr. Bradbury was an instrumental Montana WWAMI faculty member during the formative years of the Montana WWAMI program at Montana State University. There is one scholarship valued at $1,000 to be awarded to a Montana WWAMI student during their first year of medical school at MSU. Scholarships are based upon financial need as the primary consideration, with academic performance as a secondary criterion.

Helen S. Davis Memorial Scholarship

This scholarship is awarded to residents of Montana with financial need, and parents’ financial resources are considered. Scholarship amounts vary, but have ranged from $1,000 to $7,000 per year. Applications are available by mail at Wells Fargo Bank, NA, Private Client Services, P.O. Box 597, Helena, MT 59624-0597.

Thomas R. Johnson, M.D. Medical Scholarship

This scholarship is a tribute to the late Dr. Thomas R. Johnson. Dr. Johnson’s legacy is reflected in the scholarship’s elements. He was a renowned orthopedic surgeon and academic physician leader with a special focus on rural patients. Dr. Johnson’s father and mother practiced medicine in Montana and Tom remained committed to patients throughout the region surrounding Billings.

For more information on these scholarships and other scholarships that are offered at the University of Washington School of Medicine, please contact the Montana WWAMI Office at (406) 994-4411 or the Financial Aid Office at the University of Washington School of Medicine at (206) 685-2520.