

Interested in training the future physician workforce at your CHC?

Northweast Regional Primary Care Association and A.T. Still University-School of Osteopathic Medicine in Arizona partners to provide training opportunities at community health centers across Region X.

HERE IS HOW YOU CAN PARTICIPATE

- Endorse a future doctor Have a Hometown applicant to nominate? Please contact Lisa Watts, DO.
- Nominate a strong educator Would you or someone within your CHC make a good preceptor? Please contact Martin "Marty" Peters, DO.
- **Identify a local hospital** Is there a hospital within your community that you could recommend we contact? Please contact **Noomi Odabashian.**
- **Start the conversation** If you have further questions or other ideas for collaboration, please contact us!

BENEFITS TO YOUR HEALTH CENTER

- Recruitment opportunities through the exposure of medical students to your CMHC.
- Retention of staff by becoming an integral part of the educational process with "intangible" advantages including improved clinical acumen and re-energizing, which comes with teaching.
- Enhance the reputation of your CMHCs as training institutions.
- Student activities assisting your CMHCs, which may include preliminary charting, prescreening of patients for health maintenance and research on topics affecting your CMHC.
- Participation in a Region X innovative program to nurture students for continued practice in our region.

PRECEPTOR BENEFITS

- Adjunct faculty status provided through ATSU, with completed application.
- Access to online library materials from A.T. Still/SOMA- includes textbooks, online journals, and full use of MD consult, stat ref, and several other search engines supplying full text journals (if adjunct faculty).
- CME provided on a 1:1 hourly basis- for a 1 month rotation, preceptor would earn up to 120 hours of CME. We offer a \$500 honorarium per 4 week outpatient rotation.
- Preceptor development materials accessible through the NWRPCA website.
- Materials to be given within the various "core" specialties in development through ATSU.

CONTACTS – NWRPCA Partner Site

Regional Director of Medical Education Martin Peters, DO (503) 314-0199 martinpeters@atsu.edu Regional Director of Medical Education Lisa Watts, DO (503) 780-9522 Watts@atsu.edu

Regional Director of Medical Education Deane Defontes, MD (971) 708-5452 ddefontes@atsu.edu Regional Education Coordinator Noomi Odabashian (503) 504-1014 noomiodabashian@atsu.edu



OVERVIEW OF PROGRAM

- In 2008, Northwest Regional Primary Care Association (NWRPCA) partnered with A. T. Still University's School of Osteopathic Medicine in Arizona (SOMA) and the National Association of Community Health Center (NACHC) to form a Region X community partner site medical school located in Portland, Oregon. The A.T. Still SOMA/NWRPCA Regional partner site is 1 of 13 community health center – based partner sites in this innovative model.
- The A.T. Still SOMA community partnerships increase the number of medical students trained specifically in community and migrant health centers.
- Osteopathic Medicine traditionally produces a high percentage of primary care physicians and has a focus on holistic care.
- We are currently training future CHC leaders by exposing them to the CHC model across Region X.
- The Hometown Program is a distinctive element of our selection process. Through this program, CHCs can identify individuals in their community whom they endorse as applicants for our medical school. This helps to identify those who meet the mission of our program: to train quality physicians who will go on to serve in our health centers. For more info, please visit https://www.atsu.edu/hometown-scholars.

PROGRAM SUCCESSES TO DATE

- Participation of 32 Region X CHCs in providing student rotations: Average of 25 rotations per year within CHCs in the disciplines of Family Medicine, Pediatrics, OB/GYN, Psychiatry and Internal Medicine.
- Inaugural class graduated in June 2011.
- 100% residency placement for all graduates to date.
- SOMA Classes of 2011 2021: residency match averages of 70% to primary care and averages 89% to primary care and needed specialties.

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