

# UTAH MEDICAL EDUCATION COUNCIL

Meeting Minutes

October 30, 2017

Held 12:30 p.m. UMEC offices

## Council Members Present:

Wayne Samuelson (Chairman)  
Paul Krakovitz  
Mary Williams

Mark Hiatt  
Gar Elison  
Sue Wilkey (by phone)

## Council Members Excused:

Larry Reimer  
John Berneike

## Other Individuals Present:

Spencer Pratt

## Staff Present:

Ric Campbell  
Julie Olson  
Jacie Slaymaker  
Gaby Garcia

Jenna Christensen  
Clark Ruttinger  
Andrew Salt

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## Motions:

- The May 31, 2017 meeting minutes were approved unanimously.

## Handouts:

- Agenda for 10-30-17 Meeting
- Minutes of the 5-31-17 Meeting
- UMEC Report from Utah Center for Rural Health

## 1. Welcome and Introductions – Wayne

Dr. Paul Krakovitz was introduced as the new member from Intermountain Healthcare

## 2. Approval of 5-31-17 minutes – Wayne

**Motion:** The 5-31-17 minutes were approved unanimously.

## 3. Rural Program Funding - Ric

Ric reviewed the Utah Center for Rural Health report for 7/1/16-6/30/17. The UMEC has contracted with Southern Utah University to administer clinical rural rotations. The funds provide lodging, transportation, and, for medical residents, a per diem.

- The rotations for PAs and Pharmacy students have ballooned over the past year (more than doubling) as the Council has increased the amount of funding for these students. As the program is becoming more popular, the need to select students with a certain criteria, i.e. from Utah, grew up in a rural area, may become necessary.
- The Council is also providing funding for a fellow from the Utah Valley Family Medicine Residency to develop an RTT-like program which would allow for a 2<sup>nd</sup> and 3<sup>rd</sup> year family medicine resident to practice in a rural area. There is one year left on the OB/GYN contract after which time the funding will be redirected to the RTT program.
- The staff is also exploring the possibility for clinical internships for PhD psychologists in rural areas. WICHE, a higher education group, is willing to put these year-long internships together, find the preceptors, etc.
- Funds for clinical rotations for Master of Social Work students has been given to SUU, but carried over as scheduling issues have prevented any students from making use of these funds.

- A small amount of funds have been provided to AHEC to help with evaluation of preceptor sites.

#### 4. Preceptor Survey Results - Jenna

The survey was sent to all the physician, physician assistant, and nurse practitioner programs (less Rocky Vista and the new NP program at Weber State) in the state, specifically to people assigned to find preceptorships in those programs.

- A majority of the institutions keep a database of preceptors.
- A majority of the institutions never ask their students to find their own preceptorships.
- Family medicine, internal medicine, pediatrics, followed by OB/GYN were the hardest specialties to find preceptors.
- A majority of the institutions stated it was harder to get preceptors over the past three years, with competition from programs outside the state sending students to Utah being the biggest factor.
- A majority of the institutions stated that program enrollment was restricted due to competition for rotation sites.
- Incentives given to preceptors include, access to library resources, continuing education credits, adjunct status, thank you cards, small gifts, techniques for training, meals. Rocky Vista plans to pay preceptors for their students when the time comes.
- All programs listed a coordination of preceptors on a state-level would be the biggest impact on preceptor recruitment/retention, followed by a tax write-off for preceptors, and institution payment incentives to offset lost productivity.
- Institutions are somewhat willing to work with people from other institutions in Utah in finding preceptors and training students.
- Institutions are somewhat willing to take part in a statewide database for preceptorships. Programs are hesitant to share their preceptor information with others in the fear of increased competition or loss of existing preceptors.

Ric asked the group if they thought there is a role for UMEC in establishing a preceptor database. The Council agreed that this issue should continue to be considered and/or established and will be addressed on more Council agendas.

#### 5. Dentist Workforce Report – Jenna

Jenna presented her findings on the Dental workforce.

The following recommendations were made as a result of the dental study:

1. Improve Access to Dental Care
  - a) Loan reimbursement programs
  - b) Improve Medicaid reimbursement rates and include adults in oral services
  - c) Encourage portable and mobile service programs
  - d) Strengthen the pipeline
2. Support Existing Oral Health Public Awareness Programs in Utah
3. Support Oral Health Integration
  - a) Primary Care – Dentist referral networks
  - b) Interprofessional training
  - c) Partner with organizations, e.g. National Interprofessional Initiative on Oral Health
4. Promote a More Diverse Workforce
  - a) Look at admission criteria and cultural competency training
  - b) Scholarship and loan reimbursement programs
  - c) Strengthen the pipeline
5. Address the Gender Imbalance in the Utah Dentist Workforce

- a) Recruit and retain more women
  - b) Utilize organizations like Utah Women and Leadership Project
  - c) Strengthen the pipeline
6. Enhance Data Collection in Order to Assess and Meet Changing Workforce Needs
- a) Study dentist demand
  - b) Monitor retention in the state
  - c) Better utilize retirement data collected from UMEC, PIE, and UDA