

UTAH MEDICAL EDUCATION COUNCIL

Meeting Minutes

February 10, 2021

Held 12:00 p.m. electronically

Council Members Present:

Wayne Samuelson (Chairman)
Doug Gray
Mary Williams
Amy Khan
Sue Wilkey
John Berneike
Paul Jackson

Council Members Excused:

Other Individuals Present:

Karl Kirby – Program Director at St. Mark’s
Family Residency

Staff Present:

Ric Campbell	Jerry Bounsanga
Clark Ruttinger	Andrew Salt
Nathan Johnson	Julie Olson

Motions:

- ☐ The 10-19-20 minutes were approved unanimously.

Handouts:

- ☐ Agenda for 2-10-21 Meeting
- ☐ Minutes of the 10-19-20 Meeting
- ☐ Rural Rotation Program Report
- ☐ Utah GME Retention Report

1. Welcome and Introductions – Wayne
Paul Jackson was introduced as the newest Council member, replacing Gar Elison.
2. Approval of 10-19-20 minutes – Wayne
Motion: The 10-19-20 minutes were approved unanimously.
3. Rural Clinical Rotation Report - Jerry

Jerry gave his presentation of UMEC’s Rural Clinical Rotation Report.

San Juan County currently has the most rural rotations with the dental clinic along with medical residents. There was a total of 113 rural rotations including PAs, NPs, pharmacy, medical, dental students, and medical residents. The new psychology internship has 41 candidates for the next placement and the decision for placements will be made this month.

Ric asked Wayne to give a brief review of RUUTE (Rural and underserved Utah training experience) program at the U since he had been involved in the funding process. It was established as way to expand clinical training opportunities for medical students in communities outside the Salt Lake Metropolitan area. The intent was also to get physician residents out in the communities as well. Wayne suggested working with Mark Harris, Associate Dean for Graduate Medical Education to see how the UMEC could partner their efforts in rural rotations in facilitating the placement of residents in the communities.

Action Item: Staff will contact Mark Harris, Associate Dean for Graduate Medical Education to see how the UMEC could partner their efforts in rural rotations in facilitating the placement of residents in the communities.

4. Utah GME Retention Report – Andrew

Andrew presented the annual Utah GME Retention Report for this past year. This report only looks at graduates since 2010 and includes 3719 residents or fellows. The current retention rate is 44.3%. Most of the residents are practicing in Utah and the surrounding western states.

Amy asked if the retention uptick in the past couple of years could possibly be in rural areas with the rotations going on there.

Action Item: Andrew will look at the zip codes of the physicians that are retained to see what counties those physicians are in.

Sue asked about why, particularly in podiatry and family medicine, there was a jump from one year to the next in retention. The retention numbers are on a person-to-person basis and there is no way to determine individual reasons for staying or not from year to year. Sue also noted that physicians who grew up in Utah need to be recruited back to Utah if doing their residency outside the state.

5. Nursing Demand Study – Clark

Clark gave a presentation on the Nursing Demand Study for 2020. This study was mandated in 2018 in S.B. 147. The study has been revised from previous studies by using nationally established indicators and unemployment insurance records to gather local labor market statistics on nurses instead of using a paper survey. By matching health professions license records to unemployment insurance data at the state level, we're able to replicate any of the federally defined QWIs for the state of Utah. In addition, we're able to pull data from DWS on job listings for nurses.

Mary Williams asked Clark if he had seen if Covid had increased the rate at which nurses were leaving or retiring. Clark responded that employers are saying they don't have enough experienced nurses. Amy Khan added that there may have been shifts in the kind of services that were being conducted and there may have been opportunities for nurses to get retrained in other areas that were needed due to Covid. She also said some nurses may have had a reduction in hours. She then asked if Clark had been able to track the explosion in virtual care and if nurses were able to take advantage of opportunities there. Clark said he had seen the increase in telehealth, but it's too soon to track telehealth migration because they're difficult to measure in real time – better data will be available in the next quarter or two. This study will be conducted again in two years. Mary commented that the study should be done more often in order to keep up with changes in the nursing workforce.

The template for this study will be able to be used for other workforce studies.

6. Preceptor Supply – Ric

Ric asked John Berneike to share his concerns from a Family Medicine Residency program perspective regarding clinical placement competition with the new DO schools in Utah. The DO schools are now offering cash incentives to preceptors for taking their students. The concern is that residency programs (especially family medicine programs) may lose preceptors due to these incentives. One argument in favor of a family medicine resident is the potential to increase efficiency whereas a medical student decreases efficiency.

Dr. Samuelson shared the same concern and has heard of his counterparts in those schools even offering \$500/week per student as incentive, which the University cannot match. He also mentioned a DO school starting in Boise which intends to use Utah for preceptor experiences. We need to make sure that the preceptor's effort is worth their while.

Ric asked two questions of the Council: What data or information could we collect to help the Council with this discussion? Are there things we don't know that we could go out and collect data on?

Dr. Samuelson suggested looking at the willingness on the part of preceptors – look at the magnitude of the opportunities in communities.

Mary suggested asking preceptors what motivates them to take students.

Sue suggested asking preceptors specifically what kinds of students they would consider, for example, residents only or both residents and med students, and how many so preceptors don't get overwhelmed with requests.

Ric's second question – with the new DO schools in Utah, should we push for legislation to get these schools represented on the Council in order to have a broader dialog?

Sue said these schools are not going to go away, there will probably be more, and they're putting out good family practice doctors that might end up practicing in Utah so it might be worth involving them somehow.

Dr. Samuelson agreed and suggested having the programs come and present at one of our meetings.