

### WCMEW 2019 Work Groups

#### Leveraging Wisconsin's Leadership in Care Delivery Change

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**Background:** As healthcare delivery has evolved across the country, Wisconsin has been at the forefront of this evolution. Wisconsin's health systems have found new and innovative ways to deploy their resources – team-based care, employed health professionals, technology, and information systems – to create new models of care that incorporate those resources in a variety of ways.

While some standard models exist, almost all organizations have designed models that reflect their own ideas, available resources, and philosophies about how to best care for patient populations.

As this evolution continues to unfold, the healthcare field in Wisconsin has encountered a number of barriers related to optimized deployment of the workforce in support of patient care, including:

- Clinical training and/or Licensure requirements/restrictions;
- Policies related to practice;
- Preference/culture of the health care team; and
- Technology

For several years, WCMEW has been involved in monitoring and exploring these changes. For example, engaging in discussions with health professionals about models of care, sponsoring educational events on the topic of team-based care, and delivering reports based on data, with conclusions and broad recommendations. A significant opportunity exists for WCMEW to facilitate an ongoing dialogue to seek clarity from multiple perspectives on issues relating to changes in care delivery – with impacts on both the clinician workforce and patient care, within a health system context.

In addition, assessing efficiency of various models and investigating the role of clinicians in each model helps inform projections of workforce needs. Hospitals and health systems can also benefit from more widespread sharing of existing tools and various models for supporting clinicians in practicing at the full extent of their education, competency, and training, often in team settings, within the guidelines of institutions and employers.

**Charge:** This task force will seek to identify and understand *opportunities and challenges confronting health systems and their clinicians that hamper progress in care delivery*. Clinicians that will serve as the focus, though not limitation, of this task force will include Physicians, Nursing, Physician Assistants (PAs), and Pharmacists. Challenges experienced by clinicians and systems may include:

- Health systems' ability to make informed, sustainable decisions about workforce deployment to maximize efficiency and support quality patient care; and
- Clinicians' ability to practice at the full extent of their education, competency, and training, recognizing the obligation of health organizations to specifically privilege their practice within

respective organizations.

Further, the group will also seek to identify *areas of success and identify factors that lead to efficient, effective use of members of the health care team*. Exploring ways in which adoption of best practices can be *accelerated and translated* across facilities and systems will also be a primary focus area.

The Task Force is comprised of leaders who represent:

- Nursing
- Physician Assistants
- Pharmacy
- Physician Practice
- Medical Schools
- Hospital & Health Systems
- Trade associations

### Optimizing Clinical Training Experiences

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**Background:** Several recent studies have identified the need for Wisconsin to educate and train more healthcare workers, across a number of disciplines. Schools of medicine and schools training other healthcare professions – including for example nursing schools, physician assistant programs, nursing assistant programs, certified nurse anesthetists programs, and pharmacy schools – are increasing class sizes and in some cases adding new campuses to accommodate the additional need. On-line programs are also developing new educational opportunities both within and beyond Wisconsin, that are accessed by Wisconsin learners. However, classrooms are not the only places where healthcare workers are trained and educated. Clinical sites – inpatient and outpatient hospitals, clinics, pharmacies, and long term care facilities – are necessary resources for both undergraduate and post-graduate training.

As schools expand their class sizes or new programs are developed to train additional students, access to clinical experiences – training slots – must also be increased. And those slots should be allocated in a way that is responsive to Wisconsin’s overall workforce needs – ***according to the demand for each healthcare discipline or profession.***

Most clinical sites are separate from the schools, mainly healthcare organizations fulfilling their missions treating patients. While a number of healthcare organizations have historically been involved in education and training, and more are becoming involved each year, the focus and investment in teaching varies widely. Further, each healthcare organization has its own profile of patients – volumes, demographics and diseases being treated – suggesting a need to calibrate teaching resources accordingly.

**Problem Statement:** There exist inefficiencies, disruptions, and/or delays in coordination of sites, resulting in:

1. Loss of time, energy, and resources;
2. Potential for suboptimal educational outcomes for students; and
3. Suboptimal total level (number, location, specialty) of learning opportunities.

With impacts on:

1. Preceptors (and colleagues working with students);
2. Students;

3. Site-side education coordinators (or other staff involved, eg. HR);
4. School-side education coordinators; and
5. Hospitals, clinics, and systems that need a sufficient, high-quality pipeline of clinicians prepared to deliver patient care.

**Charge:** Because there are a finite number of clinical sites and on-site teaching resources (including preceptors currently teaching, and those that could be teaching), and because organizations are primarily focused on patient care, educational institutions have had increasing difficulty in placing students. The work group is tasked with exploring issues related to student learning. The work group's audience includes hospitals, clinics, systems, educational institutions, and other invested stakeholders interested in maximizing education pipelines.

The output of the Work Group will be a report, white paper, tool kit, or other resource outlining the current status of clinical site learning, identifying challenges and best practices, and making recommendations for improvements. A preliminary report will be presented to the WCMEW Council for review by July 2019.

Activities will include investigation regarding:

- 1) Competition and Renumeration
- 2) Organizational Culture and Productivity Expectations
- 3) Precepting
- 4) Scheduling
- 5) Documentation
- 6) Hospital / System Policy
- 7) Relationships between schools and sites

After preliminary work concluded in 2018, including interviews with statewide stakeholders, work group members prioritized action items and determined that two (2) subcommittees should be developed to target specific actionable agendas. These include:

- 1) **School Inventory Subcommittee** – This group is working to develop statewide assessment of supply and demand of clinical training via data collection from PA, NP, undergraduate medical, and pharmacy schools. How many students are graduating annually, from what types of degree programs, and where are they receiving clinical training? What are the barriers to maximizing high-quality training experiences? Can over- and under-utilized training sites be identified? Finally, what training trends (shortages in disciplines, specialties, regions) can be identified? Subcommittee members are primarily representatives of schools – for example, clinical education coordinators or program leadership.
- 2) **Teaching Survey Subcommittee** – The preceptor survey aims to provide decision-makers with information about the motivations of teaching, barriers to doing so, and best practices – supporting positive engagement with potential future employees. The subcommittee is developing an interdisciplinary survey for preceptors of PA, NP, undergraduate medical, and pharmacy students to identify trends, effective incentives, and primary concerns. The survey will be distributed in summer 2019. Subcommittee members are primarily representatives of hospitals and health systems involved with recruitment and coordination of preceptors – such as education departments.

To learn more, become a member, or provide feedback to any work group, please contact Richelle Andrae at [randrae@wcmew.org](mailto:randrae@wcmew.org).