

WCMEW

Wisconsin Council on Medical Education and Workforce

MARCH 2018

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Health Workforce *In the News*

EVENTS

WHA APC Training Grant
Informational Webinar,
March 19, Contact [Ann Zenk](#)

RWHC Orientation Portal
Demos, March 22 and April
11, Contact [Carrie Ballweg](#)

WONE Annual Convention,
April 4 – 6, Oshkosh

WisHHRA Annual Conference,
April 25 – 27, Sheboygan

STUDENT CLINICAL EXPERIENCES: OPPORTUNITIES FOR WISCONSIN

Ensuring a proper supply of high-quality clinical experiences for Wisconsin students is a priority area for educational institutions, employers, and students across the state. Since 2002, the U.S. has seen significant program growth – including 59 new PA programs, 57 additional NP programs or expansions, 16 newly accredited MD-granting medical schools, and 7 new DO-granting medical schools ([2013 Clerkship Survey](#)). Each of these programs adds to the total students graduating, but also those requiring clinical rotation sites.

Many health systems see clinical rotations as a powerful recruiting tool, a chance to showcase the employer culture and develop relationships with students before graduation. But, capacity is always limited, especially as preceptors are expected to maintain productivity standards while providing critical teaching expertise. Hundreds of students from nursing, medicine, and allied health professions participate in clinical rotations each year. These students compete for resources not only with their peers, but among professions as well.

In many cases, school coordinators seek to establish ongoing relationships with facilities, but some students are also charged with identifying their own preceptors – creating a patchwork of relationships, some of which need to be renewed continuously.

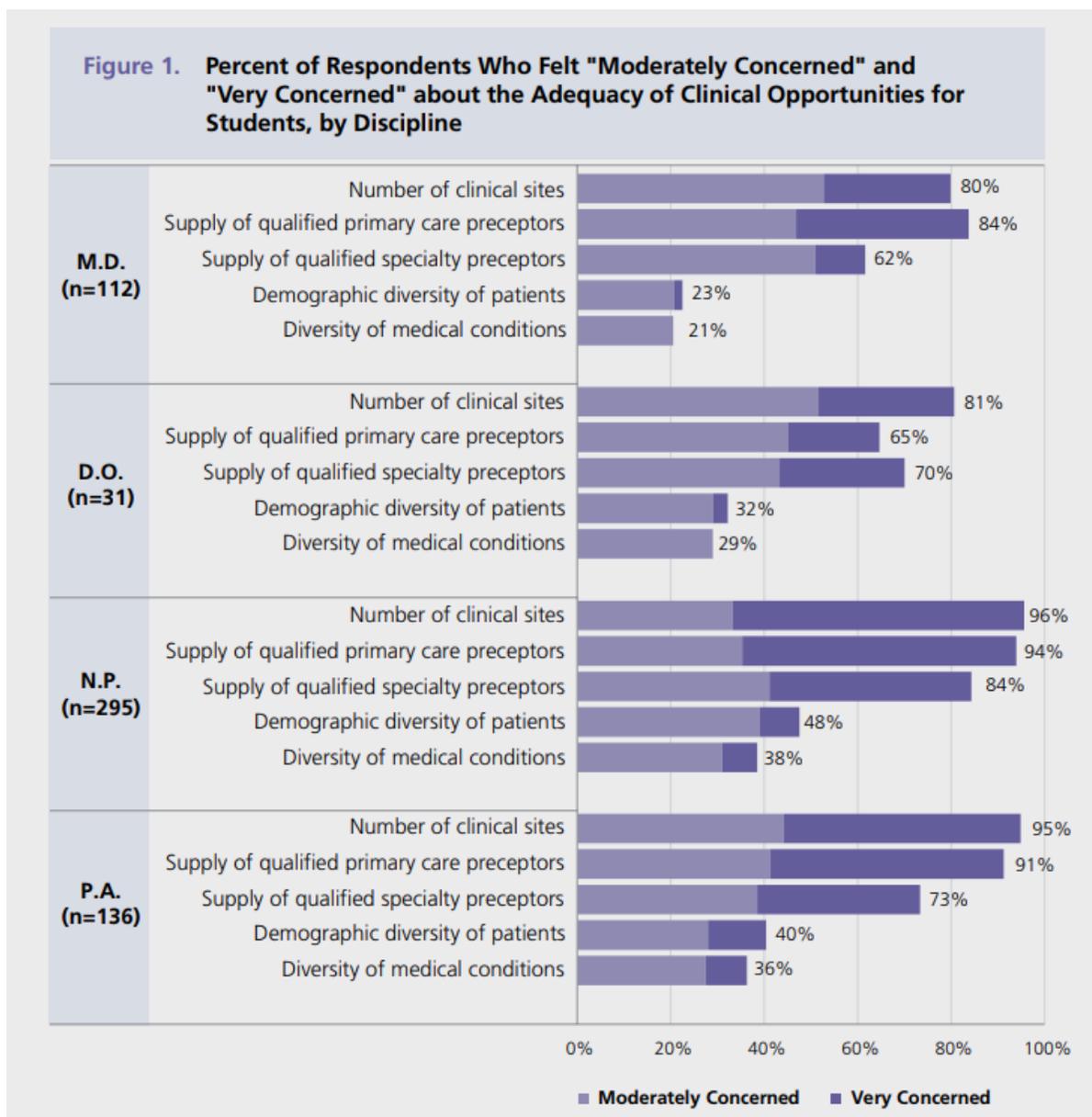
Development and retention of clinical sites in Wisconsin is decentralized, except for the residency match. This web of connections among facilities, administrators, students, preceptors, and staff is complicated at best. Facilities may field hundreds of complex requests for student rotations from dozens of programs at various times in the academic year. This fragmented system can result in duplicative processes for students, who report completing multiple versions of the same general required training for various facilities (which can be costly for both students and clinical sites). Due to reported preceptor shortages, students may have to travel farther for their clinical experiences ([2013 Clerkship Survey](#)).

The time expenditure for developing and retaining placements by both schools, along with Human Resource and program staff at facilities, is significant. If these rotations could be optimized, reducing the burden on students and administrators, could providers be more effectively moved through clinician pipelines – saving both energy and resources? Even, potentially, allowing for *increased* student capacity? That goal may be lofty in the short term, but with state grant funding available for Advanced Practice

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Clinician (APC) and Allied Health training, and continued pressure to expand the health care workforce to meet patient access needs, developing an efficient, high-quality, coordinated system is an imperative.

What are the challenges and implications of today's current systems for clinical site experiences? In 2013, a report on clinical sites was released by a national inter-disciplinary team, including the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, Physician Assistant Education Association, and American Association of Medical Colleges, which received responses from over 500 MD- and DO-granting medical schools, NP and PA programs, and clinical training sites. The report found that most respondents felt moderately or very concerned about the adequacy of clinical opportunities for students, and that most respondents had experienced increased difficulty in developing new sites. The report also found that many programs felt significant pressure to start compensating facilities for providing student experiences and have also considered other non-monetary incentives as well.

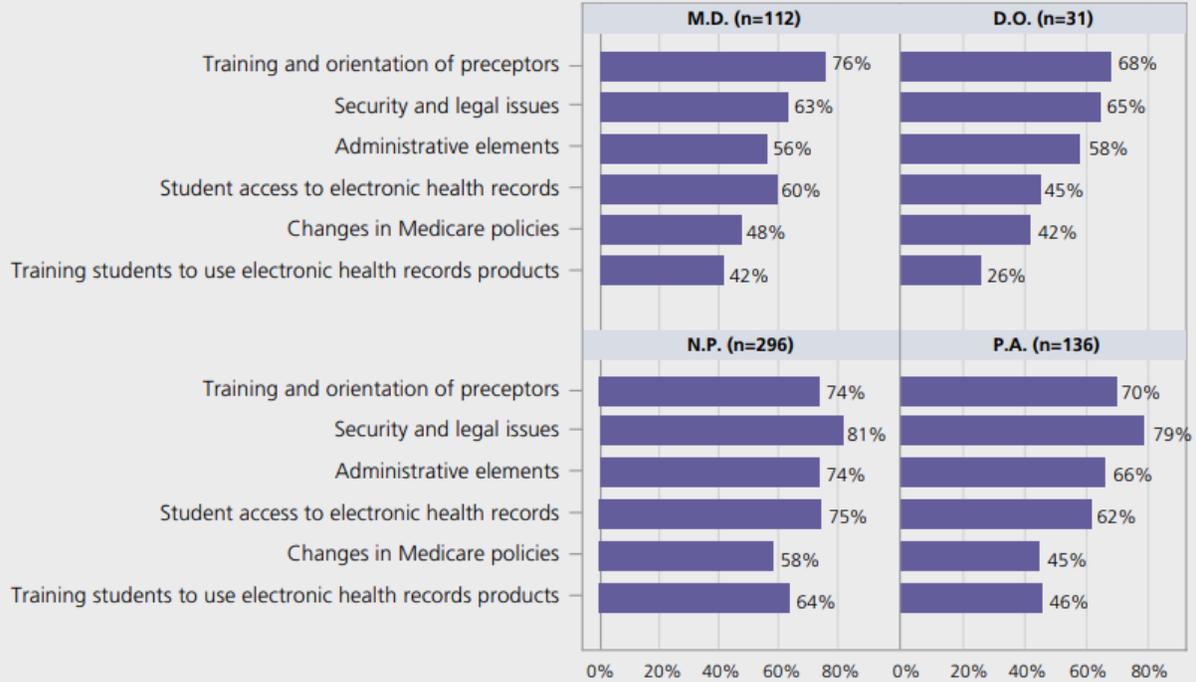


Source: *Recruiting and Maintaining U.S. Clinical Training Sites, Joint Report of the 2013 Multi-Discipline Clerkship / Clinical Training Site Survey*

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The report additionally identified primary factors to developing training sites, with the availability of qualified preceptors reported as the key challenge area.

Figure 3. Percent of Respondents Who Rated Factors as "Important" or "Very Important" in Program's/Institution's Ability to Develop New Clerkship/Clinical Training Sites



Source: *Recruiting and Maintaining U.S. Clinical Training Sites, Joint Report of the 2013 Multi-Discipline Clerkship / Clinical Training Site Survey*

Which respondents reported the most difficulty in finding core clinical sites, by discipline? While educational institutions across disciplines reported challenges in identifying sites, respondents noted high concerns in the areas of pediatrics and obstetrics / gynecology, among other primary care areas.

Ranking	MD	DO	NP	PA
1 (Most Challenging)	Pediatrics 55%	Pediatrics 77%	Outpatient Pediatrics 77%	Obstetrics / Gynecology 86%
2	Obstetrics / Gynecology 49%	Obstetrics / Gynecology 74%	Outpatient Women's Health 70%	Pediatrics 77%
3	Family Medicine 47%	Psychiatry 42%	Outpatient Family Health 60%	Psychiatry 47%

Source: *Recruiting and Maintaining U.S. Clinical Training Sites, Joint Report of the 2013 Multi-Discipline Clerkship / Clinical Training Site Survey*

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What are Wisconsin stakeholders and other states doing to address clinical experience concerns?

The Rural Wisconsin Health Cooperative (RWHC) has developed a new tool, driven by roundtable discussions with Human Resources, hospital education, and program partners that allows facilities to more efficiently organize student documentation. According to Carrie Ballweg, Education Services Manager at RWHC, the tool “grew out of growing concerns of managing both the practical aspects of orientation for these individuals and meeting all the documentation requirements.” Students self-register into the system, along with both employers and faculty coordinators. Students can then complete general and site-specific training modules, and faculty coordinators can easily identify students who are ready to begin their clinical experiences in advance of on-site arrival, or can pull reports to identify students lacking documentation. This system handles the mass of compliance materials and streamlines training as a student can be identified as having completed general training required by multiple sites.

Further, RWHC is also currently developing a student placement function to match opportunities between schools and facilities. Demos of the platform are available in March and April of this year. When complete, the platform will facilitate placement requests by schools for facility partners along with track documents such as vaccinations and licensing. Over 2,000 students are already enrolled in the orientation platform, which was launched in 2016. For more information, contact Carrie Ballweg at cballweg@rwhc.com.

No other centralized system (besides the residency match) currently exists in Wisconsin, but other states have adopted similar tactics to address challenges with clinical experiences. **ACEMAPP** is a secure, online, clinical matching rotation, student-onboarding, and document storage solution for clinical sites, schools, and consortia, developed by the non-profit **Michigan Health Council**. The tool is currently in use across sites in five states, with 400 schools, over 50,000 students, and 4,000 faculty. Other products exist, developed by for-profit organizations seeking to address coordination and documentation needs.

Wisconsin Department of Health Services has also sought feedback from stakeholders in Wisconsin regarding how best to implement new grants for Advanced Practice Clinician (APC) and Allied Health training. Ensuring that these new grants are responsive to current concerns about clinical site coordination is important as resources are dedicated to workforce development in the state.

What other efforts can support students, educational institutions, and facilities in clinical site coordination? WCMEW recently welcomed feedback on this issue from representatives of the Wisconsin Academy of Physician Assistants and the UW School of Nursing, who will be presenting at an upcoming Council meeting. WCMEW and other stakeholders should continue to explore available management systems, such as that in development by RWHC. Further, WCMEW could serve to facilitate further discussions between schools and facilities to understand concerns and share possible solutions to current challenges. Finally, comprehensive data collection regarding “the adequacy of sites and its effect on enrollment, the incentives used and costs incurred in order to obtain sites, sources of competition for sites, and alternative solutions implemented by institutions to provide clinical training to students” – as with the 2013 national survey – would shed light on the magnitude of challenges in Wisconsin. Such a survey would target both schools and facility partners, seeking to identify geographic, discipline, and/or specialty areas facing the most severe obstacles, along with possible solutions.

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WORKFORCE IN THE NEWS

Working Hours of Doctors According to Country Faculty of Medicine

Healthcare Execs Call Telehealth a Priority, But Are Still Reluctant mHealth Intelligence

Calls for mental health treatment after Parkland shooting miss the point: U.S. has major psychiatrist shortage MarketWatch

More nurse practitioners serve less healthy, lower-income areas University of Michigan

Why your practice should consider team-based care Urology Times

Does a Larger Role for Midwives Mean Better Care? National Public Radio

Integrating Social Determinants of Health Into Graduate Medical Education: A Call for Action
Academic Medicine, AAMC

New Program Targets Major Healthcare Workforce Gap California State Institute for Palliative Care

GAO: Military Needs to Take Steps to Address Physician Shortage Homeland Security Today

Telehealth, RPM Help Visiting Nurses Fill Care Management Needs mHealth Intelligence

2018 HIMSS U.S. Leadership and Workforce Survey Healthcare Information and Management Systems Society

NH House backs attempts to fill physician shortage New Hampshire Business Review

Transforming Health Care One Team at a Time: Ten Observations and the Trail Ahead Group and Organization Management (Summary)

Why Midwives Are Fast Becoming More Popular Than OBGYNs The Daily Beast

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