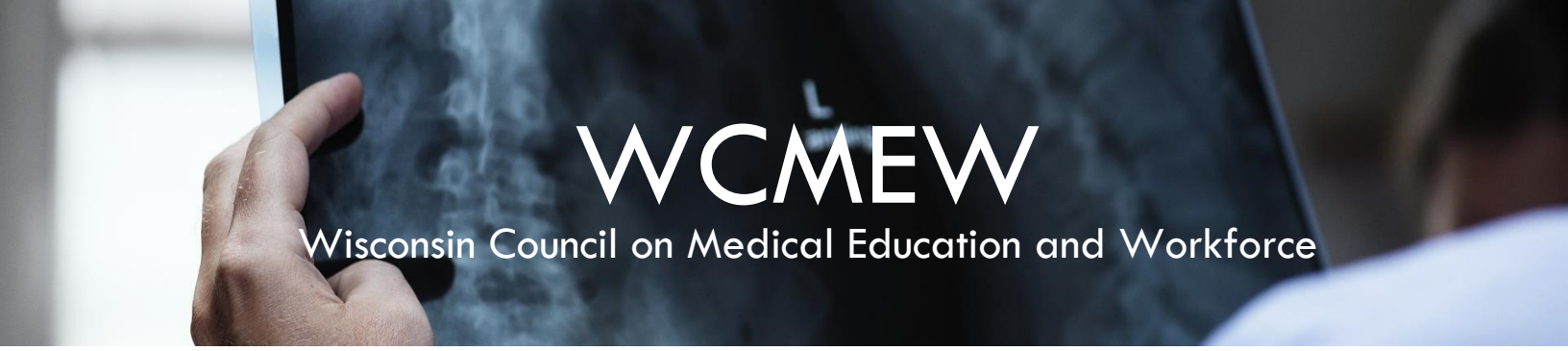

July 2021 Newsletter

2021 Clinical Training Sites Forum

On June 24, WCMEW held its annual Clinical Training Sites Forum – an event planned and carried out by the Clinical Sites Work Group.

This year's Forum highlighted four areas critical to successful clinical training:

- The process – important factors in placing and onboarding students, and ways to optimize communication between students, health systems and schools
- The importance of preceptors – what schools and sites can do to recruit and train clinical teachers and provide professional support
- Enhancing the clinical training experience – strategies that contribute to student learning
- Achieving true partnerships – exploring ways to reach out, communicating and resolving conflicts

A panel of four clinical training professionals provided insights into the four areas outlined above:

Jessie Pondell
Manager of Talent Strategy
Prevea Health

Patti Senk
Director of Staff Development and GME Coordinator
Memorial Medical Center Ashland

Pauline Shulse
Clinical Placement Coordinator – Nursing Department
Marian University

Jennifer Hartlaub
APC Director – Undergraduate Medical Education
Advocate Aurora Health

The panel presentations were followed by breakout discussions looking at four key questions:

1. What 3 or 4 successes should be replicated?

Responses:

- *Centralized communications between schools and sites, with key contact points*
- *Training and update activities for preceptors and coordinators - through health system and/or educational program*
- *Good working arrangements/partnerships between schools and health systems*
- *Preceptors completing post-rotation surveys*
- *Checklists, communication*

- *Hearing about successes of other programs, ability to partner with other academic programs and clinical agencies – sharing resources*
- *Understanding the development needs of preceptors and faculty*

2. What could be improved?

Responses:

- *Geographical/regional meetings*
- *Regular meetings and/or blogs to facilitate communication*
- *Discussion groups focusing on specific topics*

3. What are some barriers to improvement?

Responses:

- *Competition among programs for placements interferes with open and transparent communication within this group. We all have the same goal: to prepare providers who excel*
- *Limited venues for communication between programs and health systems*

4. What guiding principles should be in place for an ideal learning environment?

Responses:

- *Open and transparent communication*
- *Active participation*
- *A commitment to clinical training*

Presentation materials can be found here. In addition, the Forum was recorded and can be found here.

If you would like more information about the Clinical Training Sites Work Group, contact George Quinn at gquinn@wcmew.org.

July Task Force Meeting

The July 14 Task Force focused on two items: analysis of Wisconsin Department of Safety and Professional Services (DSPS) data, and questions on our future healthcare workforce.

Discussion on DSPS License Data – George Quinn presented the DSPS license counts and their trends over the last 5 years. The team reviewed the license counts from December of 2014 to May 2021. Counts for both active and inactive licenses were examined.

The changes for RNs and APNPs appeared to be consistent with what has been observed over the past several years, with the APNP counts increasing at significant rates.

The decrease in active LPN counts was attributed to several things. First from hospitals changing from LPNs toward RNs in their workforce; and second, it was suggested that it is typical for many LPNs to advance to RN licensure.

Physician counts were fairly flat over the time period, with the "Compact" counts increasing at significant rates. This was attributed to increasing use of telehealth and out of state medical groups providing interim consulting services in Wisconsin.

The pharmacist and physician assistant data were also consistent with what the team has been observing, rising at significant percentages.

Relative to the inactive accounts, noteworthy was the significant increase in physician inactive accounts. It was suggested that this might be due to early retirements arising out of the pandemic. Whether these retirements are temporary is uncertain.

Questions on Future Healthcare Workforce – the Task Force was then asked to examine a number of questions that were meant to stimulate thinking about the future workforce.

1. What is your sense of current and forecast workforce shortages? Which providers? In what geographic areas?

   The general consensus was that there are currently shortages in all professions being studied, in particular in rural and inner-city areas. Some rural hospitals are limiting admissions due to this shortage. One creative approach to the shortages of pharmacists in rural areas was in Michigan, where pharmacists are partnering with grocery chains, reviewing customer prescriptions, and making adjustments at that point.

   More evidence of shortages was evidenced where applicant waiting lists at technical schools were diminishing.

   Several team members mentioned significant open positions, particularly in their rural locations. The shortages are seen among all professions.

2. What has the COVID experience informed us about…

- The ability of the healthcare system to pivot–to adjust to immediate circumstances?
  Workload distribution –
  - The ability to rapidly ramp up virtual communication
  - Significant increase in telehealth
  - Adaptations including a "Nurse Line"
  - Virtual Accreditation
  - What changes should be made permanent
  - Telehealth opportunities
  - Some of the emergency orders should be made permanent
  - Self-Rooming/Self Appointing

- Which should be thought temporary?
    - Some Communications – Leadership meetings, workgroups
    - Virtual Accreditation
- Whether the regulatory system is responsive to healthcare delivery needs?
    - CMS adjusted rates for Telehealth
        - JC/The Compliance Team virtual surveys – RHC accreditation

3. How well has our education and training system done in responding to…

- Short-term needs?
    - Education systems were not ready for virtual
    - Health systems need more extensive onboarding to increase clinical experience
    - Resources were made available quickly
    - Online/virtual education and training
    - Limited clinical experiences during COVID = graduates with limited application of knowledge. Will need to precept/mentor longer. Increase competency assessments
    - Better PPE/PAPR use training
- Long-term needs?
- Continuation of critical thinking skills, team care approach

4. What, if any, changes are needed in our education and training system long-term?

- Strengthen onboarding
- Recognize the value of public health
- Be better prepared for pandemics, similar emergencies
- Improve simulation experiences
- Increase the number of educators
- Funding for virtual/collaborative education

5. If we were to focus on one or two population health initiatives (i.e. diabetes control) to evaluate the impact on workforce demand, what would you recommend?

- Behavior health concerns
- Diabetes Control
- Blood pressure control
- Congestive heart failure
- Adverse childhood events
- Focus on certain communities, i.e. childhood obesity

Next Steps – the next steps in the process will be to project demand for each profession, identify surpluses and shortages, create alternative scenarios, evaluate and arrive at findings and recommendations.

Slides of the presentation materials can be found here.

WORKFORCE IN THE NEWS

Wisconsin medical schools launch $3 million effort to address health disparities – Wisconsin State Journal

The UW School of Medicine and Public Health and the Medical College of Wisconsin are launching a $3 million effort to address health disparities in Wisconsin, which have been underscored by the COVID-19 pandemic. Endowments at both medical schools, formed in 2004 with money from the conversion of nonprofit Blue Cross and Blue Shield United of Wisconsin to a for-profit company, are providing a $3 million grant to study, measure and recommend solutions for health inequities.

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