

# WCMEW

Wisconsin Council on Medical Education and Workforce

## April 2023 Newsletter

### **2023 SUMMIT – SAVE THE DATE!**

The **2023 Wisconsin Healthcare Workforce Summit** is scheduled for **October 30 and 31 at the Wilderness Resort in Wisconsin Dells**. Sessions will be held for a full day on Monday and a half day on Tuesday morning. A reception will be hosted on Sunday evening, the 29<sup>th</sup>.

*“Putting it All Together: Reaching Consensus on Our Workforce Strategy”* will feature WCMEW’s workforce strategic plan, and success stories on meeting workforce challenges.

Last year’s Summit drew over 100 attendees, and this year’s event will feature even more opportunities to engage, strategize, and learn.

**STAY TUNED FOR MORE DETAILS!** We will be sending a call for speakers and posters, and announcing sponsorship and exhibit opportunities.

### **WCMEW WORK GROUPS CONTINUE PROGRESS ON STRATEGIC PLAN**

During April, WCMEW’s strategic planning groups continued working on creating a comprehensive workforce plan for Wisconsin. In their second meetings, each group prioritized specific action steps, shown below:

#### **Promoting Healthcare Careers and Recruiting Professionals**

- Reduce barriers to education and training
  - Increase flexibility in education/training
  - Expand loan repayment programs
- Encourage more collaboration between schools and healthcare systems
- Expand existing CESA initiatives and HOSA programs
- Create a marketing/“call to action” campaign
- Disseminate existing successful programs and practices

#### **Strengthening Our Education and Training Pathways – Physicians**

- Increased resources into education and training
- Enhance health systems partner in education
- Enhance health systems onboarding
- Physicians nearing retirement become mentors
- Change health systems perspectives on what the future workforce wants
- Team-Based Care
- Change medical school admissions policies
  - Class size may not be the issue: focus more on those who are more likely to stay in Wisconsin

- Discussions with admissions committees
- Explore modifications to match program
- Enhance and ensure good student experiences in community settings

### **Strengthening Our Education and Training Pathways – Nursing**

- Increasing education and training resources
  - Incentives for nurses to become educators
  - Compensation increases for nurse educators
  - Faculty and preceptor tax credits
  - Increased resources for part-time faculty; better integration of adjunct faculty
- Reducing impediments to clinical training opportunities
  - Reduce/eliminate fees for clinical placements
  - Provide incentives to healthcare organizations to train nursing students
  - Provide childcare services
  - Invest in simulation infrastructure across Wisconsin
  - Paid student externships
  - Adjust learning experiences to accommodate today's new students
- Enhancing integration of new nurse staff; expand career ladder opportunities,
  - Expand the number of community collaborations, i.e., Greater Green Bay HC Coalition, LaCrosse Medical Science Consortium
  - Expand creative curricula: Externships – for example, medical assistants
  - Incorporate workforce development grants in organizations

### **Retaining Professionals**

- Reducing burden
  - Eliminate unnecessary steps
  - “Harmonize” or reduce administrative mandates and differing policies
  - Make better use of technology
  - Change workflow
- Providing growth and educational opportunities
  - Incorporate workforce development grants in organizations
  - Involve students more in providing care
  - Involve retirement age workers as resource
- Understanding generational differences
  - Create effective onboarding models
  - Flexible work models
    - More flexible work hours/environment
    - Incorporate new work hour policies
    - Remote work
- Reducing burn-out
  - More team-based care
  - Strengthen worker safety
  - Provide for better work-home life balance

### **Redesigning Care Delivery**

- Optimize use of technology
- Maximize public health resources through increased collaboration
- Provide better access
- Move outside the “four walls”
  - Public places
  - Travel to homes

- Better available transportation
- Recognize limitations imposed by payment systems
- Improve chronic disease management and population health efforts
- Improve care models
  - Maximize use of team-based/interprofessional collaborative care
  - Optimize coordination between sites of care (hospital/clinic; urban/rural)
  - Enhance relationships and collaboration
  - Better referral management
  - Hospital-at-home care

For their next several meetings, the work groups will research the issues and begin to draft findings and recommendations for their individual reports. They will then convene at the 2023 Summit to reach consensus on their final report.

## ALPHABET SOUP



Following are April updates from Alphabet Soup members.

### WiNC – Joseph Kilsdonk and Julie Richards

- The WiNC sponsored programs filled all slots. 60% of all incoming residents are from Wisconsin or have Wisconsin ties.
- MCW-Prevea Green Bay Family Medicine Program expanded its complement from 4 to 6 (6-6-6).

### WCRGME – Lori Rodefled and Jennifer Crubel

- [Faculty Development Conference](#) and Spotlight on Rural Poster Fair / Residency Recruitment Fair will be held on 9/21 and 9/22 in Wausau.
- Recent medical student recruitment events have included outreach to MCW-Green Bay, Michigan State, and UIC Rockford.
- Several 'Day in the Life' of rural resident videos are planned for the spring including Marshfield (Surgery), Fox Valley Mosaic (Family Medicine), and a rural physician video with Neil Cox (FM Baraboo Graduate). These are supported by WEDC from a recent grant to attract and retain medical students to our WI residency programs. These will be added to the [WCRGME YouTube Channel](#).
- The Rural GME Coordinator Leadership Institute kicked off at the RTT Collaborative Annual Meeting in Missoula MT. The year long program is designed to support leadership development of GME coordinators who work with rural residency programs. More than 25 administrators joined the first cohort which will meet monthly for the next year over zoom.
- WCRGME received grant funding from the Wisconsin Economic Development Council (WEDC) to support our marketing efforts to develop two promotional videos and social media campaigns for Talent Attraction and Retention activities. Our videos will focus on *retaining* Wisconsin-born and Wisconsin-trained medical students and residents, as well as *attracting* out-of-state students to Wisconsin GME programs.

## DHS – Randy McElhose

The Governor’s biennial budget proposal recommended increasing funding for graduate medical education grants, by increasing the maximum grant per residency position from up to \$75,000 to up to \$150,000. The Governor also recommended increasing the maximum term for grants that assist rural hospitals in developing graduate medical training programs from three years to five years.

If you have any questions regarding this information, please contact George Quinn, at [gquinn@wcmew.org](mailto:gquinn@wcmew.org), or use the information provided below.

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## WORKFORCE IN THE NEWS

### [Registered nurse apprenticeship launches in Wisconsin](#) – UW Health

As part of UW Health’s ongoing commitment to addressing the nursing workforce shortage, the health system has partnered with the Wisconsin Department of Workforce Development and Madison College to create one of the nation’s first registered nurse apprenticeships.

### [Doctor shortages distress rural America, where few residency programs exist](#) – CBS News

Experts say expanding the number of medical residency training programs in rural areas is key to filling gaps in care because many doctors — including more than half of family medicine physicians — settle within 100 miles of where they train.