The Office of Statewide Clinical Education Programs (OSCEP) is a unit of the Carver College of Medicine’s administration. Established in 1974, OSCEP has principal responsibility for developing and coordinating collegiate outreach programs for medical education and community service. This continuous effort over more than thirty-five years has resulted in a high level of visibility and trust for the office and for the Carver College of Medicine in Iowa communities.

OSCEP is comprised of three divisions:

- Community-Based Medical Education
- Community Services
- Information Systems and Research Services

This report summarizes select 2009-10 OSCEP activities.
The Division of Community-Based Medical Education (CBME) is responsible for administration and coordination of the **Statewide Medical Education System (SMES)** in partnership with the University of Iowa’s six Regional Medical Education Centers (RMECs). The SMES was established by the Iowa Legislature in 1973, and provides the venue for carrying out the University’s medical education activities that occur outside the academic health center in communities across the state. The map below summarizes that activity for 2009-2010.

**Statewide Medical Education System**
**Location of Educational Activities**
**2009-2010**
The Iowa Family Medicine Training Network is the “backbone” of the Statewide Medical Education System. It is comprised of seven community-based family medicine residency programs and one at the University of Iowa. OSCEP provides administrative, educational, and technical support to the network of residency programs, all of which are formally affiliated with The University of Iowa. One hundred and fifty-two residents were enrolled in Network programs in 2009-10. The total number of patient visits at the family medicine centers was 189,204. Sixty-four percent of the 42 Network graduates in 2010 stayed in Iowa to practice. The map (below) shows the locations of the 801 family medicine Network graduates who are practicing in Iowa as of March 2010.

As part of the educational support to the Network, CCOM faculty conducted 93 teaching visits in 2009-10 at the community-based training sites through the College’s Visiting Professor Program, which is administered by OSCEP. Visiting Professor Program outreach supplements instruction by full-time faculty and volunteer community physicians at each site. Sixty-seven CCOM faculty participated in the Visiting Professor Program during the year.

OSCEP staff also administered a two-day Advanced Life Support in Obstetrics (ALSO) course for 66 Iowa family medicine residents and faculty. Eighteen residency faculty taught the course, accredited by the American Academy of Family Physicians. David Bedell, M.D., Clinical Associate Professor in the CCOM Department of Family Medicine, served as Course Director.
The CBME Division collaborates with the CCOM Office of Student Affairs and Curriculum to administer the **Clinical Shadowing Program**. Each medical student, in the second semester of their first year, must complete two half-day shadowing experiences with providers within a 40 mile radius of Iowa City. Staff identifies over 500 potential shadowing experiences each year and makes the student assignments. Seventy preceptors provided 286 shadowing experiences for 143 M1 students in 2009-10.

**Clinical Shadowing Program***

2009-2010

CBME staff administer the required four week **Community-Based Primary Care Clerkship** under the direction of Dr. Paul Mulhausen, Clinical Professor in the CCOM Department of Internal Medicine. The clerkship combines clinical experience in primary care with exposure to the various community health issues and local resources. The community experience is coordinated through the six UI-Affiliated Regional Medical Education Centers. In 2009-10, 136 M3 students completed the clerkship with the support of over 90 preceptors and numerous community agencies and services.
Each year OSCEP collaborates with the CCOM Office of Consultation and Research in Medical Education (OCRME) to deliver Faculty Development Workshops to the volunteer teachers in the six Regional Medical Education Centers. Topics are selected to enhance teaching skills and content. Nearly 130 community faculty participated in eight workshops held across the state in 2010. The workshop topics in 2010 were *Learning Styles: Maximizing Our Efforts in Medical Education* and *The Fine Art of Feedback: Effectively Using the Process to Exchange Evaluation Information*.

The CCOM Community Teaching Scholars Program is designed to promote the development of a cadre of community-based faculty members who have advanced skills in educational faculty development and are able to convey this knowledge to their peers. This “train-the-trainer” program is led by Marcy Rosenbaum, Ph.D., Associate Professor in the CCOM Department of Family Medicine and Faculty Development Consultant in OCRME, and is supported administratively by OSCEP. At least two faculty at each RMEC are designated as a Community Teaching Scholar. They attend quarterly sessions on campus, develop their own teaching skills workshops, and co-facilitate regional faculty development workshops at their respective sites. Seventeen Community Teaching Scholars participated in the program in 2009-2010.

“The faculty who lead these sessions are superb... Beyond the personal benefits I have enjoyed, I know all teaching faculty in the Des Moines area have benefited from the faculty development programs since the Community Teaching Scholars Program was initiated.”

Steve Craig, M.D., Executive Director Des Moines Area Medical Education Consortium and UI Community Teaching Scholar
Community Services

The Division of Community Services is responsible for developing relations with and providing services for the benefit of Iowa physicians, practices and health care organizations. The services provided are encompassed by the **Medical Practice Development Program** which includes programs and activities in the areas of physician and non-physician provider recruitment; placement and retention; practice management; and practice coverage. These services are not typically isolated and independent of each other. A single interaction with a physician, a medical practice or hospital often results in staff providing a series of services.

The schematic below illustrates the organization of the specific medical practice development services provided by the Community Services Division of OSCEP.

**Medical Practice Development Program**

- Practice Coverage
- Recruitment, Placement & Retention
- Practice Management
- Rural Physician Support Program
- Community Services
- Physician Services

- On-site educational presentations
- Publication of the Iowa Practice Opportunities Directory
- Recruitment consultation and assistance
- Composition/rewir of opportunity descriptions
- Practice coverage resource and referral
- Practice management consultations
- Advice on recruitment agreements/employment contracts
- Practice feasibility studies

- Publication of the Iowa Practice Opportunities Directory
- Practice Opportunities Website
- Counseling on practice site preferences
- Profiles of practice opportunities
- Confidential opportunity inquiries for physicians
- Negotiations with prospective employers
- Contract reviews
OSCEP staff provide Recruitment, Placement and Retention Services in towns across Iowa. They understand the numerous challenges that medical practices, particularly rural communities, face in the recruitment and retention of physicians. Recruiting communities receive assistance in creating practice opportunity descriptions, preparing community profiles, producing targeted mailings to prospective candidates, arranging preceptorships, and coordinating community visits. In 2009-2010, Community Services staff provided recruitment assistance and related services to 120 communities in 85 of Iowa’s 99 counties. The communities of Audubon, Creston, Oskaloosa, Nevada and Storm Lake received extensive services. The map above shows the towns across Iowa receiving some form of OSCEP community services in the past year.

Staff also meets with physicians and non-physician providers to discuss practice preferences, help prepare CVs and provide information about practice opportunities. Staff worked individually with 99 physicians in 2009-2010.

The Community Services Division offers Practice Management Services, practice feasibility studies, practice management consultation, and market research. Many medical practices contact OSCEP seeking help with recruitment, but often benefit from the practice analysis that staff conduct while meeting their recruitment needs. Patient population, practice patterns, and regional employment trends are routinely considered in making recommendations.
The Rural Physician Support Program (RPSP), is funded by Iowa's Primary Care Initiative and administered by the Community Services Division. The RPSP provides recruitment and retention services specifically aimed at rural communities. Unique to the RPSP is the practice coverage service for Iowa primary care practices in rural towns. In this service, resident physicians currently enrolled in Iowa primary care residency programs provide supervised coverage for rural medical practices that have an absent physician.

- Since July 1994, resident physicians have covered rural practices 320 times allowing physicians to leave for vacation, CME, and health reasons (below). Family Medicine residents provided coverage in 238 cases, internal medicine residents, 38 times, and 44 involved pediatric residents.

- In the aggregate, practicing physicians have been absent from their practices for 568 weeks, and participating residents have received a total of 961 weeks of community medicine experience during the lifespan of this program. Coverage has occurred in most regions of the state.

### RPSP Practice Coverage Reasons for Physician Absences 1994-2010

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacation</td>
<td>237</td>
</tr>
<tr>
<td>Health Reasons/Maternity</td>
<td>36</td>
</tr>
<tr>
<td>CME/Meetings</td>
<td>18</td>
</tr>
<tr>
<td>Vacation/CME/Meeting</td>
<td>9</td>
</tr>
<tr>
<td>Recent Practitioner Relocation</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total Coverage Events:</strong></td>
<td><strong>320</strong></td>
</tr>
</tbody>
</table>

OSCEP also provides a number of Administrative Support Services for UI-Affiliated Residency Programs. Staff administer and facilitate:

- Statewide Family Medicine Training Network Interest Groups for:
  - Administrators
  - Behavioral Science Faculty
  - Residency Program Coordinators
  - Residency Program Directors
- UI-Affiliated Medical Liability Insurance Plan
- Health Benefits Plan for UI-Affiliates
- Iowa Family Medicine Residents Council
- Long-Term Disability Plan for UI-Affiliated Residents

These services enable the programs to integrate their activities and achieve savings that cannot be realized independently.
To support recruitment and placement activities, Community Services produces the **Iowa Medical Practice Opportunities Directory**. The Directory is generated from a comprehensive survey of practice sites offering opportunities in the specialties of *family medicine, emergency medicine, general internal medicine* including hospitalists, *general surgery*, obstetrics and gynecology, *pediatrics, psychiatry, and opportunities for physician assistants and advanced nurse practitioners*. Of the 110 communities listed in the Directory in 2009-2010, 42 also received direct recruitment assistance in preparing opportunity descriptions, candidate sourcing, arrangement of interviews or contract review. The Directory is posted on the OSCEP website. Over 380 printed copies of the opportunities directories were also distributed to Iowa physicians-in-training and students in Iowa physician assistant and advanced nurse practitioner programs. Practicing physicians seeking alternatives to their current practice also routinely request the Directory. The data provided in the Directory also allows OSCEP to track Iowa workforce demand trends over time.

The Division offers a **Contract Review Service** for physicians and non-physician providers who are practicing or completing their training. A typical contract “review” includes (1) independent critiques by at least two staff members; (2) a 2-3 hour feedback session with the provider and the provider’s spouse; and (3) a letter summarizing the key points of the review. The long-standing contract review service and routine contract discussions with physicians and practice organizations create the knowledge base used to produce this service. In 2009-2010, contract review seminars were also provided to pediatric and general internal medicine physicians-in-training at University of Iowa Hospitals and Clinics, and at UI-Affiliated Family Medicine Residency Training Programs in Cedar Rapids, Waterloo, and Davenport.
The Iowa Health Professions Tracking Center, operated by OSCEP, maintains continuous inventories of Iowa’s major health professions:

- physicians
- pharmacists
- dentists
- physician assistants
- advanced practice nurses

Established in 1977, the Iowa Physician Information System served as the model for the creation of the other health professions tracking systems. In 1994, the Iowa General Assembly approved the Primary Care Initiative, a state supported program designed to augment the state’s efforts to produce primary care doctors. In FY 1995, the Primary Care Initiative was expanded and part of the funds were designated for the purpose of establishing and operating the Iowa Health Professions Inventory, a database for continuous tracking of Iowa’s health professions workforce.

“The Iowa Dentist Tracking System is a unique monitoring technique that is the envy of other dental school deans. It helps planners highlight geographic areas where additional resources are needed both short and long term.”

Dean David Johnsen
College of Dentistry
The University of Iowa
The Iowa Health Professions Inventory (IHPI), contains demographic, educational, and professional information for over 11,000 actively practicing Iowa health care providers.

The inventory characterizes the health care workforce (e.g., age, gender, and worksite), monitors trends, and facilitates research on the state’s health care workforce. Its benchmarking capacity enables users to track changes in supply and geographic distribution over time. The tracking system is monitored and updated on a continuous basis, incorporating changes in the workforce due to deaths, retirements, relocations, and new practitioners entering practice.

IHPI enables users to chart specific trends, forecast changes in the state’s health professions workforce, characterize the workforce demographically, and gauge the return on the state’s investments in health professions education.

Advisory committees for pharmacists, dentists, advanced practice nurses and physician assistants were established to guide development of their respective health professions tracking system. The advisory committees were essential to the initial design and development of the tracking systems. They continue to play an important role in reviewing the data and supporting the user guidelines and policies.

Since 1977, OSCEP has been tracking the supply and distribution of Iowa Physicians. The physician tracking system inventories all active allopathic and osteopathic physicians in all specialties and all professional activities. From 1977 to 2009, the supply of Iowa physicians increased by 80%.

Iowa Physician Supply 1977-2009

Supply increased by 80% in 32 yrs. (2.5% per year)

IA vs. U.S. Benchmark 2000-2008*
• U.S. supply increased by 13%
• IA supply increased by 10%
The continuous inventory of Iowa’s Pharmacists was started in 1996. Iowa had 2,344 pharmacists at that time. By the end of 2009, the supply had increased to 2,772. Notably, in 2003 the number of female pharmacists (1,273) in Iowa’s workforce edged past the number of males (1,261). Today 57% of Iowa’s pharmacist workforce is female.

Pharmacy Advisory Committee
Michael Kelly, PharmD
Dean for Academic Affairs, UI College of Pharmacy
Barbara Kelley, BBA, BA
Associate Director, UI College of Pharmacy
Donald E. Letendre, PharmD
Dean and Professor, UI College of Pharmacy
Raylene Rospond, PharmD
Dean, Drake University
College of Pharmacy and Health Sciences
Tom Temple, RPh
Executive Director, Iowa Pharmacy Association
Terry Witkowski
Executive Officer, Iowa Board of Pharmacy

In 1997, the Physician Assistants (PAs) tracking began with a benchmark of 265 PAs. Practicing PAs have increased by over 140% in the last ten years to 642. The Iowa Physician Assistant population also maintains a youthful profile boasting 42% under the age of 40.

Advisory Committee for PAs
David Asprey, MA, PA-C
Director, UI Physician Assistant Program
Tina Brightwell, PA-C
President, Iowa Physician Assistant Society
Theresa Hegman, MPAS, PA-C
Board Member, Iowa Board of Physician Assistants
Jolene (Jo) Kelly, MPAS, PA-C
Director, Des Moines University
Physician Assistant Program
In 1997, the supply of Iowa Dentists was benchmarked at 1,446. Over the next 12 years 669 dentists entered Iowa practices, but 631 left practice during the same period. So, the net gain in 12 years was only 38, increasing the total supply to 1,484. The level supply is an even greater concern considering more than 50% of Iowa’s dentists are past age 50.

### Iowa Dentists Age Distribution

<table>
<thead>
<tr>
<th>Age Category</th>
<th>No.</th>
<th>%</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 70</td>
<td>51</td>
<td>3.4%</td>
<td>3.4%</td>
</tr>
<tr>
<td>60-69</td>
<td>233</td>
<td>15.7%</td>
<td>19.1%</td>
</tr>
<tr>
<td>50-59</td>
<td>513</td>
<td>34.6%</td>
<td>53.7%</td>
</tr>
<tr>
<td>40-49</td>
<td>294</td>
<td>19.8%</td>
<td>73.5%</td>
</tr>
<tr>
<td>30-39</td>
<td>297</td>
<td>20.0%</td>
<td>93.5%</td>
</tr>
<tr>
<td>&lt; 30</td>
<td>96</td>
<td>6.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td></td>
<td>1484</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Dentistry Advisory Committee

- Jed Hand, DDS
  Executive Associate Dean, UI College of Dentistry
- Melanie Johnson, JD
  Executive Director, Iowa Board of Dental Examiners
- David Johnsen, DDS
  Dean, UI College of Dentistry
- Perry Grimes, DDS
  Member, Iowa Dental Association
- Raymond Kuthy, DDS, MPH
  Professor, Preventive and Community Dentistry, UI College of Dentistry

Tracking of Advanced Practice Nurses (APNs) began in 1998. The inventory count was 336, which included Certified Registered Nurse Anesthetists, Nurse Midwives, Clinical Nurse Specialists and Advanced Registered Nurse Practitioners. By the end of 2009, APNs in Iowa numbered 1,145. This represents an 80% increase over a 10-year period. Advanced practice nurses were working in 175 Iowa communities and 94 of Iowa’s 99 counties at the close of 2009. The largest category of APNs is family nurse practitioners (452), representing 39% of all APNs.

### Advisory Committee for APNs

- Dolores Hilden, PhD, RN
  Iowa Association of Colleges of Nursing
- Diane Huber, PhD, RN, FAAN, NEA-BC
  Professor, UI College of Nursing
- Linda Goeldner, MA, MA, CHE, CAE
  Executive Director, Iowa Nurses Association
- Lorinda Inman, RN, MSN
  Executive Director, Iowa Board of Nursing
- Brenda Hoskins, DNP, MSN, ARNP, GNP-BC
  Iowa Nurse Practitioner Society

### Family Nurse Practitioners (452)
Contact Us

The Office of Statewide Clinical Education Programs (OSCEP) Carver College of Medicine 2133 ML The University of Iowa Iowa City, IA 52242 Phone: 319/335-8618 Fax: 319/335-8034 Web: www.medicine.uiowa.edu/oscep

Assistant Dean and Director Roger Tracy roger-tracy@uiowa.edu

Associate Director and Community-Based Medical Education Division Director Carol Alexander carol-alexander@uiowa.edu

Community Services Division Director Lynette Lancial lynette-lancial@uiowa.edu

Information Systems Division Director Theresa Dunkin theresa-dunkin@uiowa.edu

Editor Kristine Dolezal kristine-dolezal@uiowa.edu

Design Kathleen Testin kathleen-testin@uiowa.edu
OSCEP Contributes to Rural Recruitment


Mercy Medical Center in New Hampton, Iowa successfully recruited six family physicians to their northeastern Iowa town of 3,750 residents. The lessons Mercy learned from this recruiting experience provide important insights for other health care organizations in need of doctors.

“If you build it, they will come” was more than just a slogan according to Bruce Roesler, the New Hampton hospital’s president and vice president of Mercy Medical Center-North Iowa in Mason City. “The facility was constructed in a large measure as a recruitment initiative,” said Roesler. To be competitive in today’s market, New Hampton needed a great facility that would help attract physicians.

Another of the lessons learned, was provided by Roger Tracy, Assistant Dean and Director of the Office of Statewide Clinical Education Programs for the Roy J. and Lucille A. Carver College of Medicine at the University of Iowa. Before Mercy began its recruiting effort, Tracy met with the hospital’s board of trustees, community leaders and administrative staff to point out the benefits of hiring in multiples. “It often makes sense to hire more than one physician at a time,” says Tracy. “It is easier and more effective for everyone if a health care organization can hire in multiples,” he says, noting that it also helps with retention.

Bringing in one physician at a time definitely has its downsides. For example, since there aren’t enough doctors in the call schedule, the new physician has to work more nights, weekends and holidays. It is also important not to neglect the employment needs of the doctors’ spouses and their outside interests. “The defining lesson for rural communities trying to recruit physicians is that hospitals have to offer lifestyle advantages,” Tracy says.

Tracy goes on to explain that today’s young doctors are looking at how they can mold their professions to their lives, as opposed to being molded by the profession. The six family medicine residents from Wichita were searching for a flexible atmosphere that accommodated their lifestyle preferences and for a modern clinic where all six of the physicians could practice. Happily for all parties involved, the practice at Mercy Medical Center-New Hampton fits their needs perfectly.