Contact Us

The Office of Statewide Clinical Education Programs (OSCEP)
Carver College of Medicine
100 CMAB
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
Gregory Nelson 319-335-8603
gregory-nelson@uiowa.edu

Community Services Division Director
Lynette Lancial 319-335-8041
lynette-lancial@uiowa.edu

Iowa Health Professions Tracking Center Director
Theresa Dunkin 319-335-9512
theresa-dunkin@uiowa.edu

Editor and Design
Debra Hoyle 319-335-8617
debra-hoyle@uiowa.edu

Rounding@IOWA is an interprofessional continuing education podcast created by and for health care teams. Varying in length from 30 minutes to an hour, listeners can hear Gerry Clancy, MD, Senior Associate Dean for External Affairs, and his guests explore emerging topics in health care at their convenience. “Radon Risks Revisited” and “Why We Should Care About Big Air: The Clinician’s Role in ATV Safety” are examples of some of the topics that have been covered to date. CME credit is available for many of the sessions. Podcasts can be heard on the Rounding at Iowa website at https://uiowace.libsyn.com or via Spotify at https://open.spotify.com/show/25MNkmiRSVvRQZhYGGLKoN.

Teaching Prescription Pad is hosted by Jeffrey Pettit, PhD, MA, Associate Director of the Office of Consultation and Research in Medical Education (OCRME). Experienced and knowledgeable clinical teachers share the prescription for effective teaching. Remediation, teaching with a patient present or in an operating room are some of the subjects addressed. Topics are available as a video link, a podcast link, and a transcript and can be found at: https://medicine.uiowa.edu/ocrme/teaching-development/teaching-prescription-pad.
Changes Happening at Broadlawns

Some changes and additions have occurred at Broadlawns Family Medicine Residency Program. Dana Danley, MD, became the new Program Director effective September 1, 2021. Dr. Danley has been on the faculty at Broadlawns Medical Center for the past 17 years and is a skilled medical educator. Prior to that time, she was in rural practice for three years. Larry Severidt, MD, the Program Director for the past 15 years, is now serving as Designated Institutional Officer and Director of Medical Education for all Broadlawns graduate medical programs.

Along with the transitions of Drs. Severidt and Danley, two new physicians have joined the faculty recently. Dr. Kelsey Randel and Dr. John Pymmm.

Kelsey Randel, DO, graduated from Broadlawns four years ago and has been practicing both office-based and hospital-based medicine since that time. She and her husband returned to Des Moines after he completed his podiatry surgical residency in Pennsylvania.

John Pymmm, DO, is also an alumni of Broadlawns. After completing his residency, Dr. Pymmm completed a two-year Fellowship in Obstetrics. Since that time, he had been practicing full-spectrum rural family medicine in Storm Lake, Iowa. Dr. Pymmm has dual appointments in the Obstetrics and Family Medicine departments at Broadlawns.

A Hello and a Goodbye at Genesis

Genesis Quad Cities Family Medicine Residency Program is honored to announce the addition of Jesicah Ambrisco, DO, to their faculty in August 2021. A former 3rd grade teacher, she realized she had a passion for medicine and decided to pursue it. In 2018, Dr. Ambrisco graduated from the Des Moines University Doctor of Osteopathic Medicine Program and started her family medicine residency with Genesis. In her spare time, Dr. Ambrisco enjoys spending time with her husband, Richie, son Colton, and her miniature Bernedoodle, Gus. She is also an avid volleyball player and Hawkeye fan.

“Into each life a little rain must fall.” While Genesis celebrates their newest Faculty addition, they say “Happy Retirement” to a physician who has been a stalwart supporter of the program. From community physician and preceptor, to Faculty and Program Director, and finally, to Designated Institutional Official for the family medicine residency program and Vice President of Medical Affairs for Genesis Health System, Andrew Andresen, MD, is hanging up his stethoscope after 32 years of dedicated service. Dr. Andresen has been instrumental in advocating for the residents and the program, informing and coordinating a successful system-wide medical response. Throughout the COVID-19 pandemic, he led development and implementation of several policies and procedures including quality improvement and physician engagement. His engaging teaching and leadership style and ability to build strong partnerships has set him apart as a well-respected role model, physician, colleague, and friend. Saying goodbye is bittersweet, and Genesis wishes Dr. Andresen all the best in this next phase of life - traveling, spending time with family, and “doing whatever I want”!
New Leadership at the Consortium

After nearly 15 years of leading the Des Moines Area Medical Education Consortium, **Steve Craig, MD**, stepped down from his role as Executive Director and University of Iowa Carver College of Medicine (UICCOM) Campus Dean on June 30, 2021. Dr. Craig was instrumental in the growth and sustainability of the Consortium and was part of the efforts identifying Des Moines as an official medical school branch campus of the UICCOM in 2008. In addition to Executive Director, he also served as the Program Director for the Transitional Year (TY) Residency Program. Dr. Craig has been heavily involved with medical education for nearly 38 years, teaching both physician residents and medical students. He also served in many leadership capacities both on a local and national level. Dr. Craig continues his responsibilities as the TY Program Director and teaching medical students.

After a national search to select a new Executive Director and Campus Dean, the Consortium identified a new leader to continue the growth and development of its educational campus - **Ken Cheyne, MD**. He has been involved in medical education for physician residents and medical students for nearly 25 years and has held various leadership positions both on and off campus. Until July 1, 2021, Dr. Cheyne served as the Pediatric Residency Program Director and had served as the previous Medical Director for Blank Children’s Hospital. Dr. Cheyne continues to practice in his specialty of Adolescent Medicine along with this new appointment with the Consortium.

Grants Received

**Broadlawns Medical Center:**

With many patients noting food insecurity and the inability to pay for healthy foods, Broadlawns Medical Center looked for a way to “prescribe” food as medicine. A $50,000 leadership grant from the Community Foundation of Greater Des Moines in July 2021, is being used to provide vouchers to Family Health Center patients to be used at local grocery stores for fresh produce. Each month, patients with diabetes, hypertension, obesity or hyperlipidemia meet with their physician to manage their medical condition and receive education about healthy choices. They are also taught about cooking healthy foods and local resources to help sustain the changes. The patients are given a $30 voucher to buy fresh fruits and vegetables; in addition, each family member gets a $30 voucher for fresh produce. For example, a patient with a family of five receives $150 in vouchers. Now, with over 200 participants, the Family Medicine Residency Clinic enjoys visiting with patients each month and seeing their progress. Early results show patients who participate are losing weight with improved blood sugar levels.

For this program, Broadlawns has partnered with Iowa’s Healthiest State Initiative. They have established contacts with Double Up Food Bucks and Iowa State University’s Spend Smart Eat Smart. Patients can shop at LSI's Global Greens Farmers’ Market (supports refugees), Hy-Vee, Fareway, and C Fresh Market. These locations support Iowa farmers for produce as well.

The grant provides funding for six months. Broadlawns’ hope is to seek more funding and expand the program to other clinics in the hospital and to see others create “produce prescription programs” to support food insecure and nutrition insecure families.

**Siouxland Medical Education Foundation:**

Siouxland Medical Education Foundation received a $7500 grant from Missouri River Historical Development to be applied to the purchase of a hand-held, Point-of-Care Ultrasound (PoCUS) for resident education, a butterfly ultrasound and several iPads for their clinic. These ultrasounds are now utilized frequently in providing bedside ultrasounds during prenatal care in the resident model office and are increasing their PoCUS training in other areas as well.
Autonomy and Matching Learners’ Needs

Adapted from a workshop developed by Gena Benoit, MD, and Niral Tilala, MD, of Genesis Quad Cities Family Medicine Residency Program, Davenport, IA

In medical education, like in any on-the-job learning environment, determining the right amount of autonomy for a learner is one of the most important decisions an educator makes. Too much autonomy opens a learner up to making serious mistakes and being overwhelmed; overbearing supervision denies a student a rich and formative learning opportunity. Many factors influence learner autonomy in medical education today, and they all lean to limiting autonomy.

Autonomy in ‘the middle of the night’ was a traditional ‘rite of passage’ for interns. However, ACGME rule changes over the last three decades have resulted in decreased work hours and introduced more detailed definitions and levels of supervision. The combined effect has led to increased supervision and in turn, reduced learner autonomy.

Reduced autonomy is also caused by giving opportunities to learners that need it less than some of their peers. A survey of faculty at the Rochester School of Medicine found that they would give more autonomy to residents who showed assertiveness and demonstrated competence. Residents who were passive and failed to present a clear rationale for diagnosis or management were given less because they felt those residents had not “earned the right.” In other cases, physicians ask, “Can I trust the learner to take care of my patients?” when they are not familiar with medical students’ and residents’ skill and knowledge levels. This also prevents greater autonomy.

The impact of diminished autonomy is apparent to learners and educators. A survey of pediatric residents, fellows, and attendings found the effect of intense supervision on learner’s autonomy was consistently negative and left learners feeling less prepared than they otherwise would be. Residents reported that with the attending always present, there is a sense it absolves them of making any independent patient care decisions. In the long run, this could negatively impact their competency and ultimately patient safety.

Surveys consistently show that medical learners want greater autonomy to not only develop their competence but to feel relevant. These are human psychological needs that lead to motivation, achievement, and job satisfaction when they are met. Medical learners want meaningful work by being able to take on the role of the primary clinician, develop plan of care and make clinical decisions, and most importantly, to be able to do it with the safety net of access to their preceptor or attending.

Not surprisingly, medical learners do not want to be micromanaged. However, they do desire clear communication with their teachers and for their teachers to acknowledge there is more than one way to do things (i.e., distinguishing the difference between a wrong answer versus practice style). Learners also want to be given more than one chance to practice and develop their clinical skills. (continued on next page 5)
Physician Wellness Resource

#3: Strategies to support the health and well-being during COVID-19

Wellness is important for residents and faculty. Resources within and outside of the program are available to support mental, emotional and physical health. This has become even more important over the last 20 months as we’ve dealt with the COVID-19 pandemic. As part of their response, the National Academy of Medicine has collated a list of strategies that can be applied by clinicians and healthcare leaders to support the health and well-being of clinicians: https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-strategies-during-covid-19/

ALSO Courses Returned to In-Person in 2021

The COVID-19 pandemic caused significant disruptions to our communities, and the University of Iowa’s ALSO Provider Courses were no exception in 2020. With the commitment of our volunteer faculty from across the state, and the cooperation of our participants, the University of Iowa was able to hold two safe and successful courses in 2021 for family medicine residents, physicians, and nurses. By making adjustments to space layouts, food handling, and PPE, a small group of 15 learners and 8 instructors completed the course in Coralville on May 2021. This was followed by a larger group of 52 learners in Des Moines, and 7 in Sioux City, that were able to complete the course on August 2021 with the support of 14 instructors.

The following family medicine physicians who volunteered their time in 2021 to help deliver this course are appreciated and deserve recognition and thanks: David Bedell, MD, Patrick Courtney, MD, Elizabeth Cramer, MD, Anthony Day, MD, Cara Drew, MD, Sarah Jorgensen, DO, Anish Keshwani, MD, Chad McCambridge, MD, Eden Murad, DO, Don Nelson, MD, Jeff Quinlan, MD, Amy Rief-Ekls, DO, Wendy Shen, MD, PhD, Niral Tilala, MD, John Vogel, DO, and Emily Welder, MD.

The next ALSO Provider Courses are scheduled for May 2022 in Coralville, Iowa, and August 2022 in Des Moines, Iowa.

Practical Tips for Autonomy Supportive Education

1. Identify and nurture what learners need and want.
2. Encourage their acceptance of personal responsibility.
3. Use clear communication:
   • Convey your expectations.
   • Provide structured guidance.
4. Give learners choices.
5. Acknowledge their perspectives.
   • Let the learner prevail, even when contrary to what attending would do (when appropriate)
   • Choose your words. (‘can, may, could’ instead of ‘must, need, should’)
6. Give emotional support.
   • “This is your case. I’ll be right here if you need me.”
   • Provide optimal challenge.
   • Autonomy can be achieved at all levels of training.
7. Grant full responsibility for specific tasks once they have demonstrated competence.
   • Exercise self-control.
   • Provide constructive feedback.

It is important to recognize that the goal is to provide learners with autonomy while they are being supervised. This requires a mindset that embraces shared responsibility, an appreciation for allowing learners to go to the limits of their ability, and to step in only when necessary. A starting point is to say, “This is your case. I’ll be right here if you need me.” It is also important to recognize there are opportunities for autonomy at all levels of learning. For example, a student on their first day of rotation could be allowed to select patients to assume care and perform primary assessments rather than shadowing/observing.

Teacher physicians should act as strong role models and be conscious of the way they may unwittingly undermine learner autonomy. Model evidence-based, not anecdotal, decision-making, and exercise self-control rather than control. Teachers should be ready to justify their management strategies to learners in a respectful manner.

### Iowa Workforce Factoid

**COMMUNITIES WITH PA, ARNP, OR PHYSICIAN 2000 – 2020**


Over the past 20 years, the number of communities served by at least one physician continues to decline. In 2000, there were 233 different Iowa communities served by physicians compared to 202 in 2020. This is a decline of 13% or a reduction of 31 communities served by physicians.

However, during this time, the number of communities served by nurse practitioners increased by 104 (73%). Communities with physician assistants increased only 2%. Overall, in 2020, there were 302 communities served by at least one of these health care providers compared to 281 communities in 2000. Iowa’s smallest communities are losing the presence of a physician and are being served by a nurse practitioner or physician assistant.