

**Michigan Center for Health Professions
Higher Education Council Board Meeting
October 18, 2006
9:00AM –1:00PM**

| Terminology |
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| DSH - Federal Medicaid Disproportionate Shared Hospital Funds |
| FSU - Ferris State University |
| GRCC - Grand Rapids Community College |
| GVSU - Grand Valley State University |
| KVCC - Kalamazoo Valley Community College |
| LCC - Lansing Community College |
| MHC - Michigan Health Council |
| MSU - Michigan State University |
| UDM - University of Detroit Mercy |
| WIRED - Workforce Innovation in Regional Economic Development |
| WMU - Western Michigan University |

Members in Attendance: Austin Agho - University of Michigan-Flint, Gary Anderson – Michigan State University, Sandy Glista – Western Michigan University, Fiona Hert - Grand Rapids Community College, Rose Higgins - University of Detroit Mercy, Carol Parker Lee, Wayne Perry - Andrews University, Roberta Peterson – Lansing Community College, Anne Rosewarne – Michigan Health Council, Claire Saadeh – Ferris State University, Jeff Schulz – Eastern Michigan University, Jane Toot – Grand Valley State University, and Anne Wilson – Michigan Health Council.

These minutes reflect topics of concern and conversation at the first meeting of the Higher Education Council.

- I. **Welcome and Introductions** - Jane Toot, PhD, Grand Valley State University opened the meeting and introductions were made.

- II. **Overview of Center for Health Professions & Higher Education Council** – Anne Rosewarne shared the Michigan Health Council’s history, background, how the Michigan Center for Health Professions was started and funded and why the Higher Education Council was formed. MHC is a 63-year-old non-profit organization that focuses on healthcare workforce issues. MHC offers support and resources for current and future Michigan health professionals. MHC also works to recruit new, quality healthcare leaders for the state. The Michigan Center for Nursing and the Michigan Center for Health Professions are involved in surveys on various professions (nursing, medicine, dentistry, pharmacy) to get an accurate picture of Michigan’s health workforce supply. Anne also shared several MHC programs that focus on recruitment and retention and encouraged the group to visit www.mhc.org for more information about all of MHC’s programs.

- III. **Faculty Recruitment** – Discussion was held regarding faculty recruitment.
 - ❑ This is a huge issue – there is not enough faculty for health professions training.
 - ❑ Wayne Perry – Physical Therapy faculty turnover is low. They are finding it difficult to find trained clinicians who want to teach and go through accreditation process.
 - ❑ Faculty salary was an issue for several professions. Some leave faculty positions to just go back to regular jobs. Research not being taught as much.
 - ❑ Austin Agho – Posting PT faculty positions online for 6 months – salary could be an issue because faculty often earns less than practitioners.
 - ❑ Jane Toot – GVSU allows one day of release time from teaching for clinical faculty to work and help them make additional monies.
 - ❑ KVCC – Dental Hygiene program allows faculty to work one day a week for pay.
 - ❑ Western Michigan University – developed a clinical professional doctorate – no research but with different expectations – can get tenure. Expert on clinical research.

- ❑ Western Michigan University – recruits students from Kalamazoo College, Hope College, Alma College and Albion College directly into their doctorate path program.
- ❑ Sandy Glista - send a link to a document for Western Michigan University Chapter of the American Association of University Professors WMU/AAUP faculty contract which describes the variety of faculty appointments and the details of similarity and differences – it is located at <http://www.wmich.edu/aaup/contract/Final2005-08Contract.pdf>
- ❑ Tenure or non-tenure – discussion on the differences of curriculum for a tenure track and other opportunities to teach without the tenure track.
- ❑ Basic science – is there a non-tenure track (is this possible)?
- ❑ Some staff conflict or animosity could be worked out as a staff.
- ❑ The group discussed whether research drives practice?
- ❑ Staff or adjunct? MSU has some clinical faculty. Sometimes there are problems with “do they vote” and contract issues.
- ❑ Funding sources for faculty positions. Some mentioned they are funded through soft money and with others the funding is set.
- ❑ GVSU has a “grow our own” program where they pay for a doctorate at state schools in Michigan (there are some restrictions regarding this program)
- ❑ Western Michigan University has an interdisciplinary doctorate
- ❑ Wayne Perry – Andrews also has a “grow our own” program as a recruitment incentive
- ❑ Ratios of students to faculty were discussed.
- ❑ Sandy Glista – Just back from National conference where they have offered some short, middle and long term solutions to faculty shortages. (Sandy offered to share information on some Canadian Models of recruitment.)
- ❑ Undergraduate research awards – where an undergraduate is matched with a PhD
- ❑ Claire Saadeh – mentioned that Ferris State University had:
 - ❑ 1,000 PhD Pharmacy tract inquiries
 - ❑ 700 apply
 - ❑ 300 qualify
 - ❑ 150 are accepted
- ❑ Regional problems are different.
- ❑ Data – many health professions lack data (some are surveyed once a year). There is no consistent pattern how data is collected and shared.
- ❑ Grade point average of applicants is an issue
- ❑ Joint appointments – LCC has explored. Sometimes there are problems with unions about these arrangements.
- ❑ GRCC – has joint appointments – 75% of time in the hospital, 25% teaching clinical nursing
- ❑ Carol Parker Lee – MSU Medical School has faculty working at the hospital and teaching
- ❑ This is a global market. Many new grads follow their spouse out of state for other jobs.
- ❑ Re-entering workforce. Discussion on making it easier for re-entering students.
- ❑ We need to work on entry or re-entry into clinical or a teaching program.
- ❑ GRCC – Rad Tech program has a difficult time finding faculty due to Perkins Regulations.
- ❑ There are nursing ratios for students and faculty.

IV. Determination/Allocation of Clinical Sites

- ❑ Wayne Perry – Clinical Placement for PT – the classes are full but there is a shortage in clinical placement slots. Need more slots to allow for more students.
- ❑ Jane Toot – Radiation sciences are very limited.
- ❑ Sandy Glista at Western Michigan University said it was a challenge for speech/audiology because heavy workload makes some less inclined to have a student who decreases efficiency. This is not a response managers are looking for in productivity. The students need three experiences
 - ❑ Clinical in schools
 - ❑ Clinical in health care setting
 - ❑ Clinical in other area
- ❑ Wayne Perry – PT – The front end of training students takes time and resources but at the end their work is more productive and revenue positive. “Sharpen the saw.”
- ❑ West Michigan Clinical Placement System – shared Blackboard online program for nursing clinical sites in West Michigan.
- ❑ In social work clinical sites don’t want inexperienced first year students.
- ❑ Rose Higgins - University of Detroit Mercy – PA – shared how PA’s are finding their niche along with doctors and nurses. Many do not understand what a PA is and can do. Productivity also an issue. Very high burnout of preceptors.
- ❑ Clinical Passport – TB, Drug Screen, Blood Born Pathogens, etc. records that students can take with them. May save time and resources when students go to more than one hospital.
- ❑ Preceptor burnout was mentioned by several in the group – could there be an incentive bonus of continuing education or lecture series or conference where preceptors could attend free or for a nominal cost (\$400-500 value)
- ❑ Ferris State University has some adjunct faculty status.
- ❑ MSU – has some meals, parties and perks as a reward for clinical faculty
- ❑ LCC’s Image Tech – gives \$ for professional development to participating hospital clinical sites
- ❑ WMU – has med social setting CE event
- ❑ Receptions for clinical faculty
- ❑ www.iteachnursing.org - Nursing Faculty Recruitment page.
- ❑ FSU – holds a Preceptor Development Conference
- ❑ Average job span at UDM for a clinical preceptor for a PA is 1 year and a half. Many are frustrated by site, gas prices, etc.
- ❑ Group asked if they were in contact with RSAs (Regional Skill Alliances) – Many responded no.
- ❑ WIRED Grant money was discussed
- ❑ DSH Funds were discussed
- ❑ Geriatric populations – funding may be available
- ❑ Do employers hire students? Some protections for students.
- ❑ Stipend for residents discussed.
- ❑ FSU – Ferris gives a clinical certification and has faculty development sessions.
- ❑ FSU – Pharmacy program – Rite Aid, Meijer, CVS, etc. pay student loans to 1st year students for commitment to work at pharmacy after graduation.
- ❑ Student scholarships and loan forgiveness. There was much discussion on opportunities for scholarships, loan forgiveness, etc. The group thought that more should be done to keep students in Michigan.

- ❑ Community based practice for training
- ❑ Choose Michigan First marketing campaign to retain health professions students in Michigan from the Michigan Health Council and the Michigan Healthcare Workforce Center <http://www.michigan.gov/healthcareworkforcecenter/>
- ❑ Generational issues
 - i. Seeing more debt, older students, married students, students with children, divorced students.
 - ii. Generations: Millennial, Gen X, Boomers, Traditionals, etc. whose work habits are different.

V. **Education as a tool to drive policy**

- ❑ We need federal loan forgiveness bill for other health professions – students have a heavy debt load
- ❑ National Association of Schools of Allied Health <http://www.asahp.org/>
- ❑ Growing number of students are unprepared for college (math, science, reading, grammar, etc. GRCC is using HESI testing for nursing.
- ❑ WMU – has some historical information on student success that can help predict when a student is in trouble and can steer students toward remediation.
- ❑ LCC – has extra labs (someone on staff/faculty) to help struggling students in health care.
- ❑ There is a decline in resources for professions other than nursing and medicine.
- ❑ FSU – Received comments from English as second language students that they attend Ferris because they don't have personal interviews.
- ❑ Communication and language skills – accent, etc.
- ❑ Michigan Nursing Faculty Diversity Summit October 26-27, 2006 in East Lansing to help schools develop a plan for recruitment and retention plans.
- ❑ Need to encourage high school students to prepare for health careers
- ❑ Health and helping professions are not being taught in regular schools but ISDs.
- ❑ Critical thinking skills need to be taught.
- ❑ Suggestions of a job clearinghouse for faculty positions or a job matching service. Expense could decrease recruitment costs.
- ❑ Faculty track info on Medical Opportunities in Michigan (MOM) website www.mimom.org

VI. **Faculty/Student Ratio** – Discussed above

VII. **Accreditation**

- ❑ What do you do with it?
- ❑ Jane Toot – some are asking for a single accreditation agency for allied health.
- ❑ Wayne Perry – it will not happen anytime soon
- ❑ Outcomes –
 - i. Some accrediting agencies are moving away from site visits
 - ii. Some accrediting agencies are getting more in-depth
 - iii. Some accreditation is not required for licensure

VIII. **Use of Simulators**

- ❑ Simulators can be used to increase patient safety. Simulators prepare students and teach new curriculum delivery techniques.

- ❑ Comments about simulators being used by several groups in a community or regional setting.
- ❑ Possible opportunity for grants
- ❑ Telemedicine is on the rise.

IX. College Waiting Lists

- ❑ Most colleges do not have allied health program waiting lists
- ❑ Some nursing programs do
- ❑ GRCC – 5 year waiting for nursing (however, these students may not all be qualified to enter program and may be on multiple lists). The HESI test may change this wait
- ❑ LCC – has alternative programs if students are not accepted into their first choice
- ❑ GVSU – does exit interviews
- ❑ WMU – tries to help direct students into the right programs
- ❑ Some schools do exit interviews for those not accepted or dropping out and give suggestions and alternatives for career choices

Next steps. The Higher Education Council needs to prioritize and also see who is missing from the table to include in future discussions. Please send Anne Wilson, (wilson@mhc.org) a list of any websites or best practice ideas to include on our website that would give information or data on health professions.

**Next meeting: Wednesday, November 15, 2006.
Lunch at 12 noon with Michigan Center for Health
Professions Advisory Board and then a meeting from
1:00 p.m. – 3:00 p.m.**