

WWAMI Advisory Council Meeting

(Minutes)

June 4th, 2016 1-2:30 p.m.

Antelope 1 Room, Jackson Lake Lodge

Wyoming Medical Society Meetings – Jackson, WY

Present:

Advisory Council Members- Wendy Braund, Sheila Bush, Wendy Curran, Rob Monger, Paul Johnson, Cindy Works.

WWAMI Students – Widya Adidharma, Kayla Morrison, and Lindsay White
University of Wyoming - Joe Steiner, Kevin Murray, Tim Robinson, Marivern Easton
University of Washington School of Medicine - Suzanne Allen, Larry Kirven

Absent:

Advisory Council Members – Eric Boley, Eric Cubin, David Fall, Justin Hopkin, Howard Willson

I. Update on Curriculum Renewal

The Wyoming WWAMI Medical Student Association president (Lindsay White), vice president (Widya Adidharma), and TRUST student representative (Kayla Morrison), spoke about their experiences going through the first year of the new curriculum. Students noted appreciating the emphasis upon clinical relevance and having physicians in the classroom to provide clinical case presentations when science topics were being taught. Students also spoke of their appreciation for more individualized clinical skills training. Council members asked whether the switching of preceptors (ex. Students with Laramie preceptors in fall switched to Cheyenne preceptor in spring and vice versa) was disruptive and students indicated that this was not disruptive and that exposure to a different specialty each semester was useful. Students did note that there was variability in the preceptor experience from preceptor to preceptor. Dr. Kirven indicated that more would be offered in the way of faculty development in an attempt to address this variation.

II. Budget cuts

Council was briefed on the budget cuts. In total, the WWAMI program faces 1.2M in budget cuts for the FY 17/18 biennium. HB85 diverted tuition and fees that medical students pay each year to the WWAMI program for operations. A medical endowment account exists

(corpus built up from monies paid back to Wyoming by those not returning to Wyoming as well as tuition and fees paid by medical students through 2015). Budget cuts will be addressed by: 1. Utilizing funds from HB85; 2. Utilizing earnings from the medical endowment account; and 3. Programmatic spending cuts (ex. Wyoming WWAMI students will no longer have their board exam registrations paid for or any board preparation materials paid for; Wyoming WWAMI students will no longer have their travel dislocations paid for (currently only Wyoming students have these expenses covered and these change will bring Wyoming in line with what other WWAMI states do); other programmatic cuts involve travel and professional contracts.

Any further cuts in the WWAMI budget will present significant challenges to the running of WWAMI and will likely require solutions such as a reduction in the number of WWAMI seats or WWAMI students being asked to pay for a higher portion of their medical training.

The Council inquired about the process of getting a budget cut solution approved. Dean Steiner explained the process as follows:

- a. Governor specifies a cut for medical education.
- b. College of Health Sciences develops a proposed solution for addressing the cut.
- c. College of Health Sciences proposed solution goes to academic affairs for approval.
- d. If solution is approved by Academic Affairs, the proposed solution goes to the University of Wyoming Board of Trustees (UWBOT).
- e. If solution approved by the UWBOT, it is sent along to the Governor who makes the final decision.

Council asked that viable solutions (ones that the University of Wyoming would be potentially be comfortable with) be determined so that the Council can provide input.

III. SF85

During the 2016 legislative session, SF85 was introduced to propose the formulation of a Governor appointed WWAMI Advisory Council that would supersede the existing Council. The proposed Council in SF85 would have placed WWAMI accreditation in jeopardy and the file was defeated.

The Council expressed that there is a need to educate legislators on the amount of physician involvement in WWAMI and the benefits and success of the WWAMI program in Wyoming – especially important with the high turnover of legislators in the upcoming session. It was suggested that perhaps Tom Lacock with the Wyoming Medical Society (WMS) do an informational video on WWAMI.

Examples of physician involvement include, but are not limited to:

- a. The Director of Medical Education, Dr. Kevin Murray, M.D., oversees the WWAMI program.
- b. The Wyoming Medical Society (WMS) oversees the WWAMI Admissions Committee selection process.
- c. Over a dozen Wyoming physicians teach into the first year of the WWAMI program.

Examples of WWAMI benefits and success in Wyoming include, but are not limited to:

- a. Wyoming WWAMI returns over 70% of its graduates to Wyoming for clinical practice and of those that return, over 85% stay in Wyoming beyond the required 3 years of service.
- b. According to a 2015 economic impact study, each returning WWAMI graduate for Wyoming practice results in an estimated \$1.1M impact on the community in which they practice.
- c. Wyoming WWAMI guarantees that 20 Wyoming residents each year will be admitted to the University of Washington School of Medicine (UWSOM) – the admittance rate into the UWSOM with WWAMI is 1 in every 3 applicants. Without WWAMI, admittance rate would be 1 in every 1000 applicants.

IV. Burrell For Profit Medical School

The Burrell College of Osteopathic Medicine (a 'for profit' medical school based in New Mexico) plans to open a new medical school on the campus of Idaho State University. They plan on accepting their first class of 150 medical students in 2018. Burrell plans on placing students in clinical rotations in Idaho, Montana, Wyoming, South Dakota, and North Dakota. Burrell tried to open a campus at Montana State University but met with heavy resistance from Montana physicians.