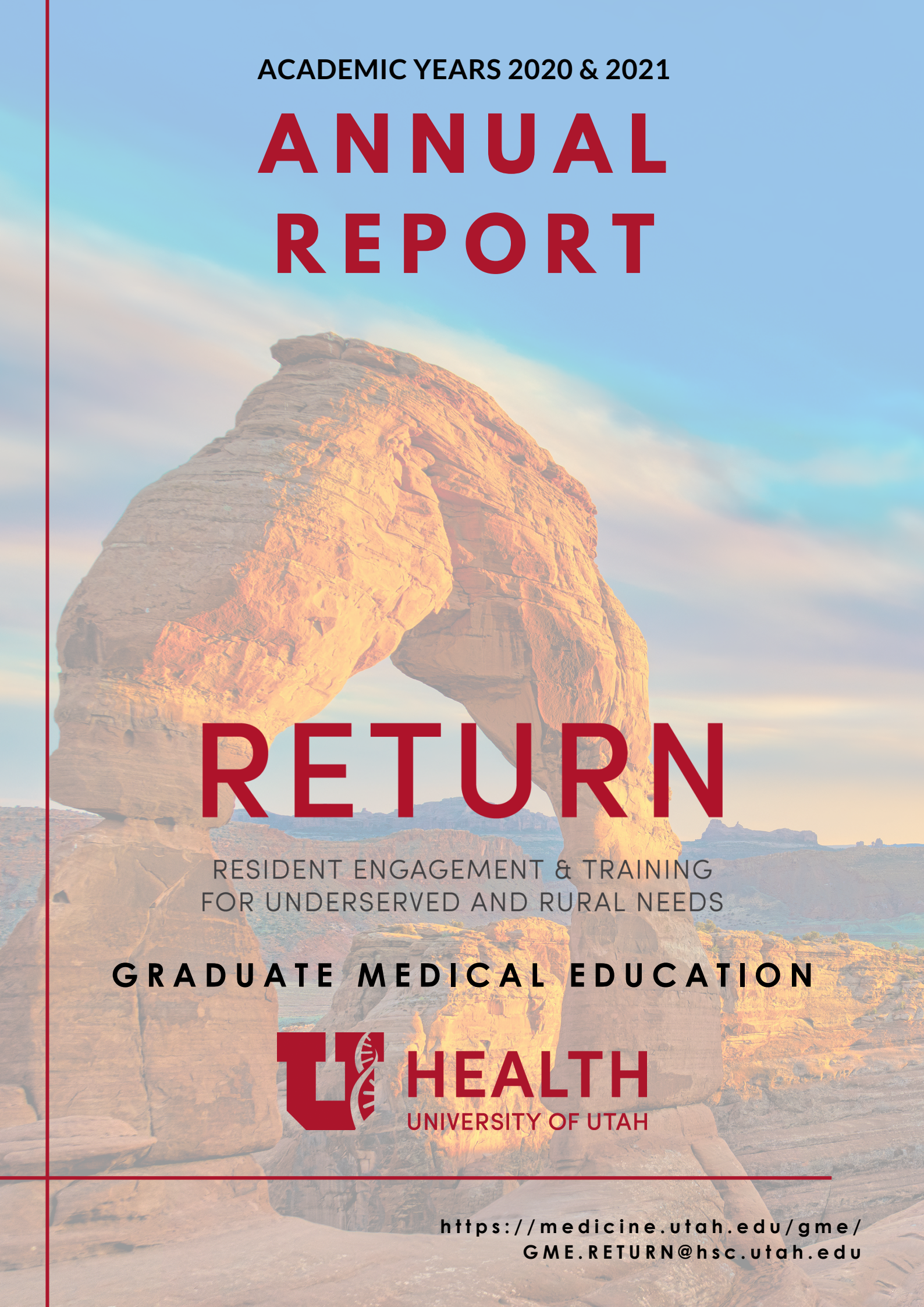
ACADEMIC YEARS 2020 & 2021

ANNUAL REPORT



RETURN

RESIDENT ENGAGEMENT & TRAINING
FOR UNDERSERVED AND RURAL NEEDS

GRADUATE MEDICAL EDUCATION

HEALTH
UNIVERSITY OF UTAH

https://medicine.utah.edu/gme/
GME.RETURN@hsc.utah.edu

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OUR VISION

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We improve access to quality healthcare for rural and underserved populations.

We co-create sustainable physician access through clinical and cultural exposure of GME trainees and position University of Utah Health as a national leader in community partnerships and rural GME.

We discover and enhance factors that increase the viability and diversity of rural physician practice models.

We accomplish this through rural awareness, clinical rotation experiences, rural residency program development, and grant support.

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RURAL & UNDERSERVED ROTATIONS

The Graduate Medical Education (GME) Resident Engagement & Training for Underserved and Rural Needs (RETURN) program's mission is to increase physician trainee exposure to and awareness of rural and underserved healthcare needs in Utah. RETURN develops and enhances new and existing community partnerships to provide a shared platform for all GME training programs at U Health –primary and specialty care. We work closely with GME training programs to establish elective and required rural / underserved training experiences across Utah. With our state funds, RETURN offers support for GME trainee salary and benefits, travel and housing during their approved rotations.

What we fund

Salary & Benefits

Travel

Housing

Why we fund

GME evolved from an 'apprenticeship model'. Closely tied to the concept of duty hours and caseloads, the trainee progresses with different levels of supervision towards conditional independence and graduates as a competent physician. This creates a few significant differences between a GME trainee and a typical health care student, which make setting rural and underserved rotations difficult:

1. GME clinical training requirements are usually developed in urban hospital settings. Developing sustainable rural and/or underserved rotations can require a significant culture change for the training program.

2. Ensuring rural and underserved rotations meet GME duty-hour and case load requirements can complicate the process for our community partners.

3. GME rotations require varying levels of supervision, specialty specific, by a board-certified physician. Rarely available specialized supervision further complicates finding rotation opportunities outside of family medicine in rural and underserved settings.

4. GME trainees are paid salary and benefits by the sponsoring institution (hospitals) as they provide billable services and are treated as a special category of 'employees'. When GME trainees leave for rural/underserved rotations, it disrupts the clinical work flow along with a loss of revenue/billable services for the training hospital.

RETURN, developed with the support of State legislature, has developed a model where these challenges are addressed by supporting trainee salary and benefits in addition to travel and housing support.

RETURN program aspires to expose and connect future physicians from multiple specialties to meet rural and underserved needs. After all, rural and underserved populations have a similar disease burden to their urban counterparts that have adequate access to healthcare providers. As such, we measure our outcomes not just in the number of rotations, locations and rotation days in primary care specialties but include broader representation of medical specialties.

We seek to increase awareness of these details to ensure that such rotations can be translated from urban to rural settings. Increasing awareness on the how and the why, while offering consistent quality rotations in these non-traditional settings, is vital. This is RETURN's goal; one that we continually meet with each rotation.

To accomplish this, we invest in developing programmatic infrastructure to minimize supervisory burden on rural physicians and maximize the potential to develop GME rural rotations across multiple sites and specialties.

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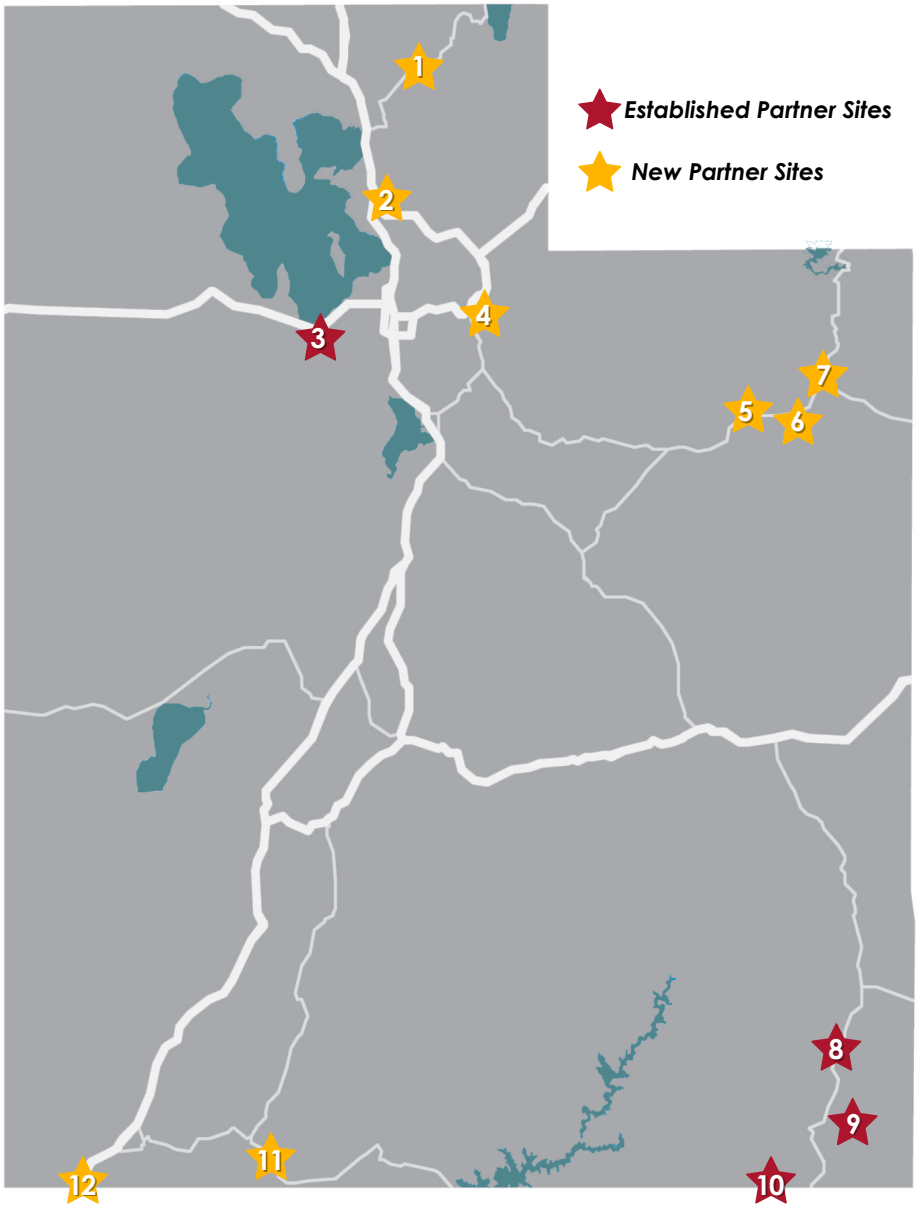
AY20 - AY21 ROTATIONS

Since our inception in fall 2019, 33 GME trainees have spent 657 days in four rural and underserved communities across the state of Utah despite the ongoing COVID-19 pandemic. With increased exposure to rural and underserved health care needs and connections to these communities, RETURN hopes to improve retention of healthcare providers in our communities.

Community Partner Sites

1. McKay Dee Hospital
2. Utah State University Behavioral Health Clinic
3. Mountain West Medical Center
4. People's Health Clinic
5. Uintah Basin Medical Center
6. Ft. Duchesne Health Center
7. Ashley Regional Medical Center
8. Blanding Family Practice
9. Montezuma Creek Community Health Clinic
10. Monument Valley Community Health Clinic
11. Kanab Family Medicine - Revere Health
12. St. George Regional Medical Center



"I experienced a multi-casualty trauma activation where we were the receiving hospital during a snowy evening with multiple vehicle rollovers. This was one of the most challenging but penultimate experiences of my Emergency Medicine training."

"I took care of many COVID patients. I learned about effective communication with nursing staff. I also learned about some of the challenges that come along with working in a resource limited environment, including hospital capacity issues, transferring patients to other facilities, and finding follow-up for patients."

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ROTATIONS BY SPECIALTY

AY20

JULY

AUGUST
OBGYN

SEPTEMBER

OCTOBER
OBGYN

NOVEMBER

DECEMBER
OBGYN
OBGYN

JANUARY
Pediatrics

FEBRUARY
OBGYN

MARCH
Family Medicine
Emeregncy Medicine

APRIL

MAY

JUNE

AY21

JULY
OBGYN
Emergency Medicine

AUGUST
Emergency Medicine

SEPTEMBER
Pediatrics
Emergency Medicine

OCTOBER
Pediatrics
OBGYN

NOVEMBER
Pediatrics
Emergency Medicine

DECEMBER
OBGYN
OBGYN
Emergency Medicine

JANUARY
Emergency Medicine

FEBRUARY
Emergency Medicine
OBGYN

MARCH
Internal Medicine

APRIL
Emergency Medicine
OBGYN
Pediatrics

MAY
Pediatrics
Pediatrics

JUNE
OBGYN

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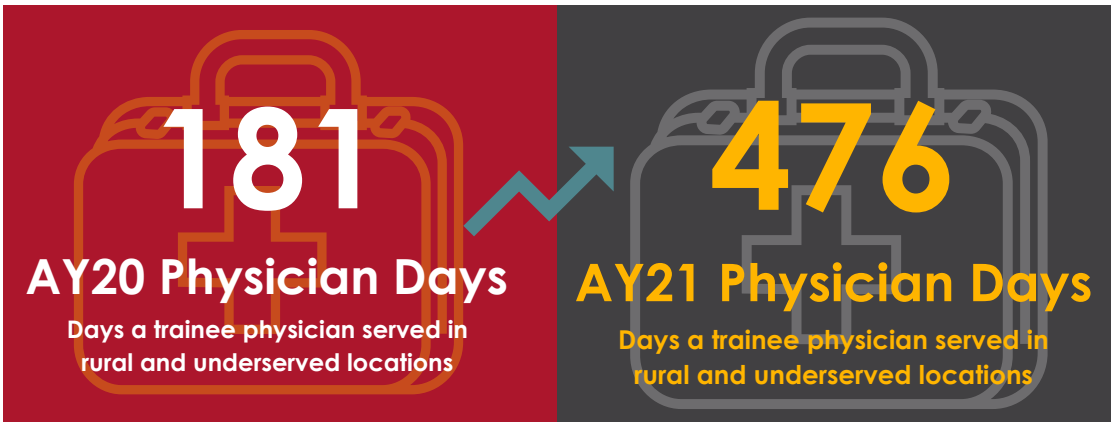
AY20 - AY21 PROGRAM GROWTH

RETURN rotations range from 1 to 30 days in length. Each day our trainee spends working in rural/underserved settings, makes a significant impact. This impact is measured in terms of physician access for the patients, in a rich cultural and clinical training experience for the trainees along with a chance to build connections with the community. From Academic Year 2020 to Academic Year 2021, the time GME trainees spent in rural and underserved Utah communities increased by 163 percent.

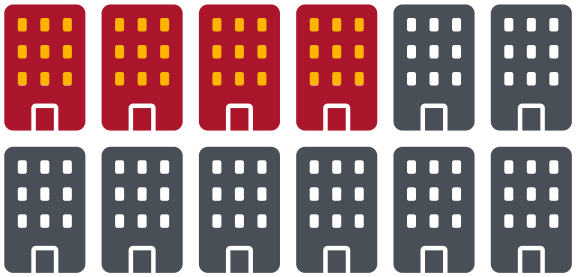


In AY21, the number of GME programs that have applied for RETURN funding for rural and underserved rotations has doubled. This growth demonstrates the RETURN team's efforts to increase awareness among GME programs, building partnerships with community partners and other rural initiatives across the University of Utah Health system (RUUTE, TRUE etc.). The RETURN team also focused on developing and growing relationships with community partner sites interested in having our trainees rotate at their clinical sites in AY22 and beyond.

GME Program Partners

In AY20 & AY21, five GME programs participated in RETURN rotations. In AY 22, we have seven new programs joining RETURN rotations.

Community Partner Sites



In AY20 & AY21 RETURN rotations have rotated at four partner sites. RETURN has identified eight new partner sites for GME rotation in AY22.

RETURN

AY21 ROTATION SURVEY RESULTS

In an effort to assess impact and process flow, trainees are given the opportunity to complete a post-rotation survey. In AY21, 12 of the 22 trainees responded. We were pleased to see such positive responses and to receive vital feedback about RETURN rotations.

100%
well worth time spent

92%
increased interest in rural / underserved practice

85%
stress reduced after rotation

85%
open to another rural rotation

100%
would recommend to colleagues

> I enjoyed the challenge and opportunity of leading resuscitations of neonates in a more independent way. I also had the opportunity to perform several in office procedures I had not been exposed to previously. I felt very much appreciated by both patients and colleagues which was motivating.

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PROGRAM IMPROVEMENTS

Midway through RETURN's first year as a GME program, the COVID-19 pandemic created unexpected challenges and highlighted opportunities to improve. COVID shone a light on the needs of rural communities. GME faculty and trainees responded to rural/underserved needs, showing increased interest in RETURN rotations and other GME rural initiatives.

When faced with challenges to resident safety while on rotations, our program director Abby Watson, MD, stepped up and worked with the RETURN team to preserve these rotations. We developed new COVID rotation safety policies and protocols along with supplying our trainees with additional PPE when on rotations.

> I was very well supported by both my program and the rural doctors that I worked with. My program director made sure that I had plenty of PPE to work in a rural location. The preceptors that I worked with in Blanding were very supportive and helpful.

How does having rural rotations affect the clinical experience in your program?

> Whether or not you ever set one foot outside of Salt Lake City, you are still going to take care of patients who come from rural areas. And having a better understanding of what that patient might experience and the social determinants of health that influence what has happened to that patient while they're in Salt Lake, you'll have a better understanding of that. But perhaps even more importantly, once you go to send that patient back to their home in Blanding or Kanab...you have potentially a better sense of where they are going and what kind of access they might have to health care when they get back home... I've seen it in our program, it just increases the discussion of what it means to practice medicine in a rural area.

As an ongoing effort to improve, RETURN is conducting a qualitative research study to understand what successful rural and underserved clinical experiences look like to University of Utah GME Program Directors and to Community Administrators.

This study assesses factors that serve as barriers and facilitators to rural and underserved rotations and perceived best practices. We are working with the University of Utah Qualitative Research Core to interview key stakeholders at the University of Utah GME and leaders in Utah communities. We have successfully conducted 8 of the 20 interviews so far. We are on trajectory to complete all interviews by August 2021 and have final results and analysis by February 2022.

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WELLNESS INITIATIVE

Our Wellness initiative is connected to seven high-need residency programs in rural and underserved Utah communities. RETURN Wellness Clinical Coordinator, Katie Stiel, LCSW offers wellness 'check-ins' and other appropriate wellness resources to trainees going on RETURN rotations.

Through our wellness initiative, we aim to assess the impact of rural / underserved rotations on trainee burnout and wellness and provide wellness resources for clinical practice in different settings.

> "I felt refreshed after this rotation, even though I worked a decent amount of hours. I was able to see a wide scope of practice, including clinic, hospital medicine, and the emergency department. Whenever I had free time I was never far away from a hike or other outdoor adventure."

Participation in 1:1 Wellness check-ins

24.2%

of RETURN trainees opted in

AY21 Rotation Survey Results

85%

stress reduced after rotation

92%

better equipped to prevent burnout

In AY21, we offered optional 1:1 wellness 'check- ins' to trainees throughout their rotation. We also measured burnout before and after rotation.

In AY22, RETURN Wellness initiative will continue supporting trainees through continued therapeutic encounters, developing additional wellness resources, and being an ambassador for the value of rural rotations.

> "Prior to this rotation I was feeling really burnt out with the patients and families that I take care of in SLC. During this rotation I felt that the patient population I worked with was truly grateful for everything I was able to do for them. They were warm and welcoming despite very challenging situations."

RESIDENT AS TEACHER

TRAINEE AS TEACHER ELECTIVE COURSE

Community physicians who open their doors to trainees are tasked with educating the next generation of health care providers while simultaneously providing high quality and efficient patient care. To alleviate this burden, our vision is to equip residents with effective teaching and leadership skills so that they can assist in the instruction of undergraduate medical education learners at those clinical sites.

We spent AY20 developing curriculum, featuring high-yield multimedia and experiential opportunities. In AY21, three GME trainees completed this training. In AY22, we aim to (a) engage more GME trainees in RaT certification and (b) send the trainees who have completed RaT certification with medical students to rural/underserved sites for rotations.

> Through this course and my teaching experiences, I've learned that you cannot judge someone's health literacy by their appearance, education level, etc. and that 1/3 of US adults have limited health literacy, so it's important to use 'universal health literacy precautions' and the teach back method.

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> Before this elective, I tended to teach in a didactic format... now with the tools I've gained from this elective, I plan to do more of a discussion approach as it is a better way to not only gauge where my learner is in terms of their knowledge but also build upon their weaknesses in a topic.

AY21 pre/post self-assessment results indicate increased:

- Self-efficacy
- Confidence in ability to teach patients
- Capability to give effective feedback
- Skills to educate junior learners

Program Lead:
Dr. Kathleen Timme

CONCEPT TO COMMUNITY

The Concept to Community (C2C) contest provides an opportunity for GME trainees to engage with interdisciplinary teams. These teams create and implement concepts to address rural and underserved health issues in Utah. This contest aims to increase awareness of rural and underserved health needs among GME trainees and other University of Utah health students and faculty. Winning proposals were required to address one or more of the contest goals to: Increase awareness, educate, involve, or innovate.

17 APPLICATIONS

10 WINNING TEAMS

$50K AWARDED

In its first year, C2C garnered large interest. We received 17 complete submissions, with teams including 28 GME trainees, 9 public health students, 2 medical students. This response demonstrates a truly inter-professional approach bringing innovative solutions to the state's most vulnerable populations. The review committee selected 10 winning project proposals who will receive funding to implement their projects in Utah.

C2C
10 WINNING PROJECTS

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Funded by RETURN, the following award-winning projects will be implemented by GME trainee-led teams across Utah, fulfilling part of RETURN's mission for trainee engagement in rural and underserved needs.

- ***Improving Bystander CPR in Rural/Underserved Communities***
- ***Mental Health Access in Rural Utah***
- ***Regionalization of Colorectal Surgical Care in the Mountain West***
- ***Increasing Capacity of Navajo Nation Eye Care***
- ***Early Childhood Literacy Program at Redwood Health Center***
- ***Race/Ethnicity and Socioeconomic Status Predictors of EOL Care Experience***
- ***Understanding the Prevalence of Chronic Rhinosinusitis in Underrepresented Minorities in Utah***
- ***The Street Outreach Program***
- ***Racial/Ethnic & Economic Disparities in Diabetes Technology Use in Children With Type 1 Diabetes***

COMMUNITY CHOICE WINNER:

Food Insecurity at South Main Clinic

SCHOLARS PROGRAM

GLOBAL AND RURAL HEALTH

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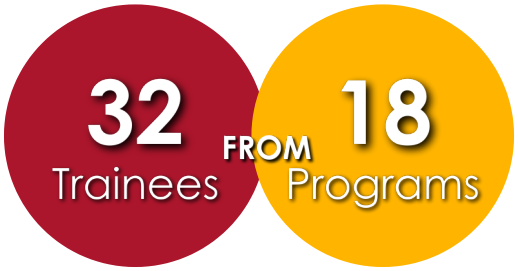
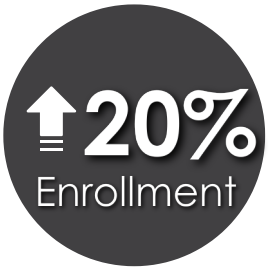
Launched in January 2021, the Global and Rural Health Scholars Program, brings together a multi-specialty group of residents and fellows to learn principles of health care delivery in rural and underserved areas across the globe, including Utah.

The Scholars program aligns with RETURN by encouraging the enrolled trainees to participate in elective rural rotations throughout the year, creating longitudinal exposure to issues related to care in rural areas. Continued exposure such as this, combined with credentials, leads to retention in areas of need.

AY21 Achievements



AY22 Goal



Program Goals:

- Better serve patients living in rural areas, immigrants and those living in poverty
- Improve the health of patients and populations worldwide by training physicians to engage in partnerships and capacity development
- Better understand structural and historical causes of health inequity
- Meet GME trainee demand for global, rural and underserved education and training
- Foster a culture of globally minded physicians who are trained to recognize health inequities, human rights issues, and opportunities in both high- and low-income settings
- Promote an interdisciplinary approach to global and rural health

Program Lead:

Dr. Jeff Robison

GRANT CONSULTING

Many rural and underserved initiatives are supported through grants. The GME Strategic Initiatives team supports our program directors with pre- and post-grant consulting to build program infrastructure for sustained rural training. Two grants of note:

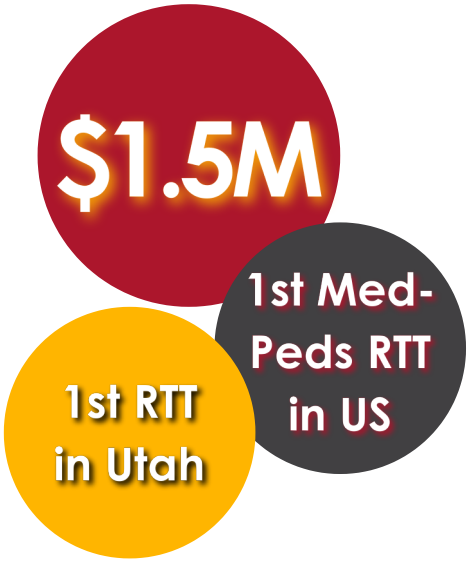
INTERNAL MEDICINE -PEDIATRICS HRSA GRANT

FY 2021 - FY 2025

Principal Investigator: Dr. Casey Gradick

Goals:

- Increase the number of rural Internal Medicine-Pediatric physicians
- Improve health of patients in rural Utah and surrounding states



ADDICTION MEDICINE & ADDICTION PSYCHIATRY HRSA GRANT

Principal Investigator: Dr. Elizabeth Howell

Goals:

- Increase the number of Addiction Medicine and Addiction Psychiatry sub-specialists
- Collaborate with community treatment sites in underserved areas
- Enhance training for faculty on opioid and substance use disorder prevention and treatment

We serve as consultants to help program directors, who are the grant principal investigators, to navigate the different regulatory requirements for GME financing and administration.

MEET THE TEAM

GME Strategic Initiatives

MARK HARRIS, MD, MPH
Associate Dean for GME

Sri Koduri
Director, Strategy and Workforce Planning

Heather Marshall
Senior Business Analyst

Jenn Coffey
Communications & Rural Program Coordinator

Heather Madsen
Grant & Operations Coordinator

GME Faculty Partners

Kathleen Timme, MD
GME, Director of Educational Development

Jeff Robison, MD
Director, Global, Rural & Underserved Child Health Program

GME Wellness

Katie Stiel, LCSW
Clinical Wellness Coordinator

ACKNOWLEDGEMENTS

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University of Utah Leadership

President Ruth Watkins
Former President, University of Utah

Michael Good, MD
Interim President, University of Utah
Senior Vice-President, University of Utah Health Sciences
CEO, University of Utah Health
Dean, University of Utah School of Medicine

University of Utah Government Relations

Jason Perry, JD
Vice President, University of Utah Government Relations

Natalie Tippets, MS
Special Assistant to the Vice President

University of Utah School of Medicine

Wayne Samuelson, MD
Vice Dean of Education

Ben Chan, MD
Director of RUUTE
Associate Dean of Admissions & Idaho Affairs

Cynthia Best, MBA
Associate Dean of Finance

Ty Dickerson, MD, MPH
Assistant Dean, Global Health Education

Kylie Christensen, MPH
Associate Director of RUUTE and Regional Affairs

Marian Brady
Manager of Accounting and Finance

University of Utah RETURN

Brad Poss, MD
Former, Chief Medical Education Officer & Associate Dean for GME

Christopher Oler
Associate Director Accounting & Finance
University of Utah Medical Group

Halley Jones, MPH
Former, Program Coordinator

April Thacker
Former, Strategy & Workforce Planning Coordinator

Other University of Utah Teams

University Marketing and Communications

Aaron Lovell
Associate Director of Marketing

Steve Dolbinski
Sr. Account Executive/Copy Writer

College of Nursing

Gwen Latendresse, PhD CNM
Associate Dean for Academic Programs
Director, HRSA Advanced Nursing Education Workforce (ANEW) Project

Somer Aly
Program Manager

Print & Mail Services

Roger King
Customer Services Estimator

Santiago Garcia
Administrative Manager

Division of Public Health

Steven Lacey, PhD, CIH, CSP, FAIHA
Division Chief, Division of Public Health

Sharon Talboys, PhD, MPH
Family & Preventive Medicine - Assistant Professor (Lecturer)

ACKNOWLEDGEMENTS

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COMMUNITY PARTNERS

Utah Department of Health Office of Primary Care & Rural Health

Ashley Moretz
Director

Mason Payne
Workforce Development Specialist

Association for Utah Community Health (AUCH)

Alan Pruhs
Executive Director

Natalie Stubbs
Training and Technical Assistance Program Manager

Utah Area Health Education Center

Ivette Lopez,
Director, Utah AHEC

Rita Osborn,
Director, Southern Utah AHEC

Carrie Torgersen
Senior Program Manager, Southern Utah AHEC

Ashley Regional Medical Center

Wesley Taylor
Chief Executive Officer

Thomas Buchanan, MD
Chief of Staff

Stormy Colton
Director of Physician Services

Ft. Duchesne Health Center

Lawrence Zubel, MD
Acting Chief Executive Officer

Intermountain Healthcare

McKay-Dee Hospital

Shannon Phillips, MD, MPH
Vice President & Chief Medical Officer

St. George Regional Hospital

Brian Chadaz
Chair

Kanab Family Medicine - Revere Health

Jonathon Bowman, MD
Site Training Director

Mountain West Medical Center

Philip Eaton
Chief Executive Officer

People's Health Clinic

Mairi Leining, MD
Clinical Medical Director

Uintah Basin Medical Center

Jim Marshall, MBA
President & Chief Executive Officer

Roger Marett
VP of Physician Services

Karli Morris
Administrative Assistant

Utah Navajo Health System, Inc.

Blanding Family Practice

Montezuma Creek Community Health Clinic

Monument Valley Community Health Clinic

Michael Jensen
Chief Executive Officer

Byron Clarke
Chief Operating Officer

L. Val Jones,MD
Chief Medical Officer

Utah State University Behavioral Health Clinic

Wesley Hill, MD
Site Training Director

ACKNOWLEDGEMENTS

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GME RURAL STAKEHOLDERS

Christine Carlson
Associate Director of Education
Emergency Medicine

Pamela Carpenter, MEd, C-TAGME
Associate Program Director
Pediatrics

Jaime Christensen, C-TAGME
Director, Education
Psychiatry

Susan Cochella, MD, MPH
Associate Program Director
Family Medicine

Ty Dickerson, MD, MPH
Clinical Professor of Pediatrics
Assistant Dean of Global Health Education

Laneta Fitisemanu, MPA, MSC
Medicine- Pediatrics Residency Program Coordinator
General Internal Medicine

Brian Good, MD
Associate Professor (Clinical)
Pediatric Hospital Medicine

Casey Gradick, MD, MPH
Residency Program Director
Internal Medicine-Pediatrics

Mark Harris, MD, MPH
Associate Dean for Graduate Medical Education
Associate Chief Medical Officer Graduate Medical Education
ACGME Designated Institutional Official

Bruce Herman, MD
Residency Program Director
Pediatrics

Elizabeth Howell, MD,MS, DLFAPA, DFASAM
Training Director
Addiction Psychiatry and Addiction Medicine Fellowship Programs

Connie Kitchens, PhD
PARCKA Director, Community Advocacy
Division of Epidemiology

Caroline Milne, MD
Residency Program Director
Internal Medicine

Natalie Moore
Associate Director Education
Obstetrics & Gynecology

Sonja Raaum, MD, FACP
Assistant Professor and Hospitalist
Internal Medicine

Jeff Robison, MD
Associate Professor, Pediatrics Director, Global, Rural & Underserved Child Health Program

Clinton Sheffield, MD
Assistant Residency Program Director
Internal Medicine-Pediatrics

Karen Stenehjem, MD
Assistant Professor
General Internal Medicine

Kirsten Stoesser, MD
Residency Program Director
Family Medicine

Susan Stroud, MD
Residency Program Director
Emergency Medicine

Reena Tam, MD
Director of Education, Global, Rural, & Underserved Program
Pediatric Hospital Medicine

Kathleen Timme, MD
Assistant Professor, Pediatric Endocrinology
GME, Director of Educational Development

Carol Wall
Residency Program Manager
Neurology

Megan Warren
Fellowship Program Manager
Pediatrics Emergency Medicine

Abby Watson, MD
Residency Program Director
Obstetrics & Gynecology

Jana Wold, MD
Residency Program Director
Neurology

Josephine Wright, MD
Adjunct Assistant Professor
General Internal Medicine