



**Presentation to the Interim Health Services Committee
Bismarck, North Dakota
July 24, 2012**

**North Dakota Residency Positions
First Year (Entering Residents)**

Year	FM Bismarck	FM Minot	FM Grand Forks	Internal Medicine	Psychiatry	Surgery	Transitional
2012							
UND Grad	2	0	3	0	2	1	5
US Grad	2	0	0	2	1	7	3
US IMG	3	0	1	2	1	0	0
Non-US IMG	2	6	2	4	0	0	0

Source: Residency data

Year	FM Bismarck	FM Minot	FM Grand Forks	Internal Medicine	Psychiatry	Surgery	Transitional
2011							
UND Grad	1	0	3	0	1	1	6
US Grad	1	0	0	2	0	7	1
US IMG	0	1	1	0	1	0	1
Non-US IMG	2	5	2	6	3	0	0

Source: Residency data

Year	FM Bismarck	FM Minot	FM Grand Forks	Internal Medicine	Psychiatry	Surgery	Transitional
2010							
UND Grad	0	0	5	2	2	4	5
US Grad	0	0	0	1	0	2	3
US IMG	0	0	1	0	0	0	0
Non-US IMG	4	6	1	5	2	0	0

Source: Residency data

Year	FM Bismarck	FM Minot	FM Grand Forks	Internal Medicine	Psychiatry	Surgery	Transitional
2009							
UND Grad	0	2	n/a	1	1	3	4
US Grad	5	0	n/a	0	0	1	4
US IMG	1	0	n/a	0	1	1	0
Non-US IMG	4	4	n/a	7	2	0	0

Source: Residency data

Year	FM Bismarck	FM Minot	FM Grand Forks	Internal Medicine	Psychiatry	Surgery	Transitional
2008							
UND Grad	5	0	n/a	0	0	3	3
US Grad	0	0	n/a	1	0	2	5
US IMG	0	0	n/a	0	0	1	0
Non-US IMG	1	5	n/a	8	4	0	0

Source: Residency data

Summary

UND Graduates	30%
US Graduates	23%
US IMG	8%
Non-US IMG	39%

Percentage of US Medical School Graduates in Residency Positions

	UND	US (2012)
Family Medicine	46%	51%
Internal Medicine	36%	56%
Psychiatry	35%	55%
Surgery	94%	80%
Transitional	98%	83%
Overall	62%	65%

Source: Residency data and National Residency Matching Program (NRMP) published reports

Conclusions

- About 1 in 3 residency slots currently occupied by UND graduates, and about 60% by US graduates, which is close to the national average
- ND residencies are below the US average in percent of US graduates in Internal Medicine and Psychiatry, and above in Surgery and Transitional
- The added residency slots (current and future) generously funded by the Legislature are designed specifically with two goals in mind—to meet the health care provider needs of North Dakota, and to appeal to our graduating students. Thus, they should increase the selection of a North Dakota residency by graduating UND medical students even further.

Practice Choice of Graduating Residents

Year	FM Bismarck	FM Minot	FM Grand Forks	Internal Medicine	Psychiatry	Surgery	Transitional
2012							
North Dakota	4	4	3	6	1	2	0
Other state	1	2	3	0	2	1	0
Study	0	0	0	1	0	1	8
Other	1	0	0	1	4	0	0

Source: Residency data

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Other state	1	5	2	1	0	0	0
Study	0	0	0	1	0	1	8
Other	0	0	0	1	0	0	0

Source: Residency data

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2010							
North Dakota	1	2	4	3	2	2	0
Other state	3	3	2	4	1	1	0
Study	0	0	0	1	1	0	8
Other	0	1	0	0	0	0	0

Source: Residency data

Practice Choice of Graduating Residents

Year	FM Bismarck	FM Minot	FM Grand Forks	Internal Medicine	Psychiatry	Surgery	Transitional
2009							
North Dakota	1	3	2	4	1	1	0
Other state	2	0	2	5	3	0	0
Study	1	0	1	2	0	0	8
Other	0	3	0	0	0	0	0

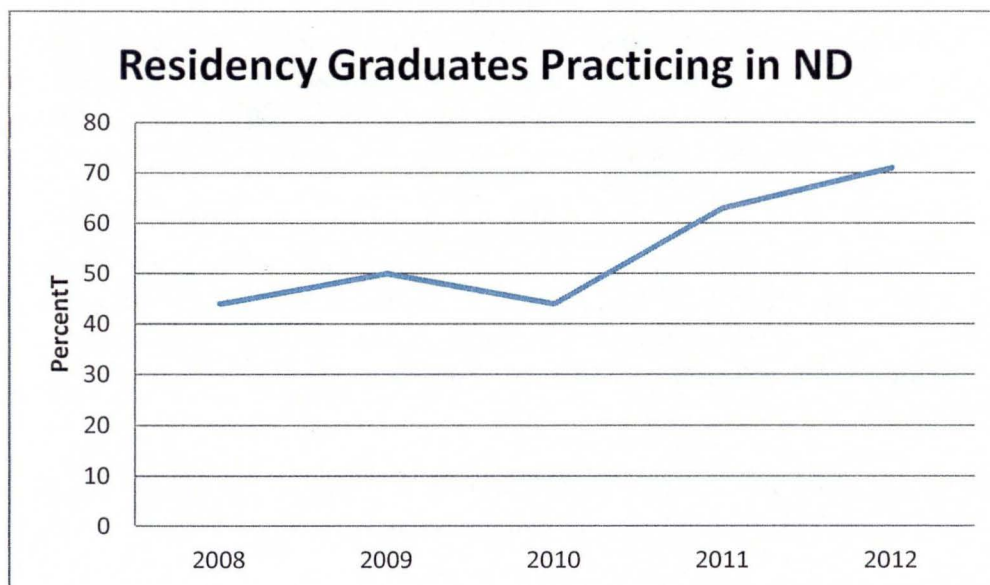
Source: Residency data

Practice Choice of Graduating Residents

Year	FM Bismarck	FM Minot	FM Grand Forks	Internal Medicine	Psychiatry	Surgery	Transitional
2008							
North Dakota	4	3	0	3	1	1	0
Other state	1	0	6	5	2	1	0
Study	0	0	0	3	1	0	8
Other	0	0	0	1	0	0	0

Source: Residency data

Summary



Note: Does not include residents doing additional training or not practicing

Medical Schools with the Highest Percentage of Graduates (1988-1997) Practicing in Rural Areas in 2005

Medical School	Percent
University of Minnesota-Duluth	36
University of Mississippi	32
University of South Dakota	31
Mercer University	31
University of North Dakota	28

Source: Chen et al: Academic Medicine 85:594, 2010

CONCLUSIONS

- Residencies are providing needed physicians for North Dakota, and are doing so at an increasing rate.
- Currently, more than 7 out of 10 graduating residents (other than those in the transitional program) are choosing to practice within North Dakota.

National Certification Pass Rates of Recent Medical School Graduates U.S. Medical Licensure Exam (USMLE)

USMLE Examination Program

Background

The USMLE examination program was designed in the late 1980s and introduced during the period 1992 to 1994. The program replaced the NBME Part Examination program and the Federation Licensing Examination (FLEX) program, which were the widely accepted medical licensing examination programs at that time.

Multiple Attempts

The USMLE Program is introducing a limit on the total number of times an examinee can take the same Step or Step Component. When this limit takes effect, an examinee will be ineligible to take a Step or Step Component if the examinee has made six or more prior attempts to pass that Step or Step Component, including incomplete attempts.

In North Dakota a student who does not pass any level of the board examination by the third try will not be allowed to be licensed as a physician within the state.

USMLE Step 1

Step 1 is taken after completion of the second year of medical school and is a broadly based, integrated examination. Test items commonly require one to perform one or more of the following tasks: interpret graphic and tabular material, identify gross and microscopic pathologic and normal specimens, and apply basic science knowledge to clinical problems.

USMLE STEP 2 CLINICAL KNOWLEDGE (CK)

Completed in the fourth year of medical school most Step 2 CK test items describe clinical situations and require that one provide one or more of the following: a diagnosis, a prognosis, an indication of underlying mechanisms of disease, the next step in medical care, including preventive measures.

USMLE STEP 2 CLINICAL SKILLS (CS)

Step 2 CS is also taken prior to graduation and is designed to assess whether one can demonstrate the fundamental clinical skills essential for safe and effective patient care under supervision. There are three subcomponents of Step 2 CS Integrated Clinical Encounter (ICE), Communication and Interpersonal Skills (CIS), and Spoken English Proficiency (SEP).

The cases cover common and important situations that a physician is likely to encounter in common medical practice in clinics, doctors' offices, emergency departments, and hospital settings in the United States.

The intent is to ensure that examinees encounter a broad spectrum of cases reflecting common and important symptoms and diagnoses.

USMLE Step 3

Step 3 is taken in the first year of residency and is organized along two principal dimensions: clinical encounter frame and physician task. Encounter frames capture the essential features of circumstances surrounding physicians' clinical activity with patients.

USMLE Pass Rates

Year	Step 1	Step 2 (CK)	Step 2 (CS)	Step 3
2012	97%	100%	100%	n/a
2011	93%	98%	100%	100%
2010	90%	98%	100%	98%
2009	90%	98%	100%	100%
2008	95%	92%	100%	100%

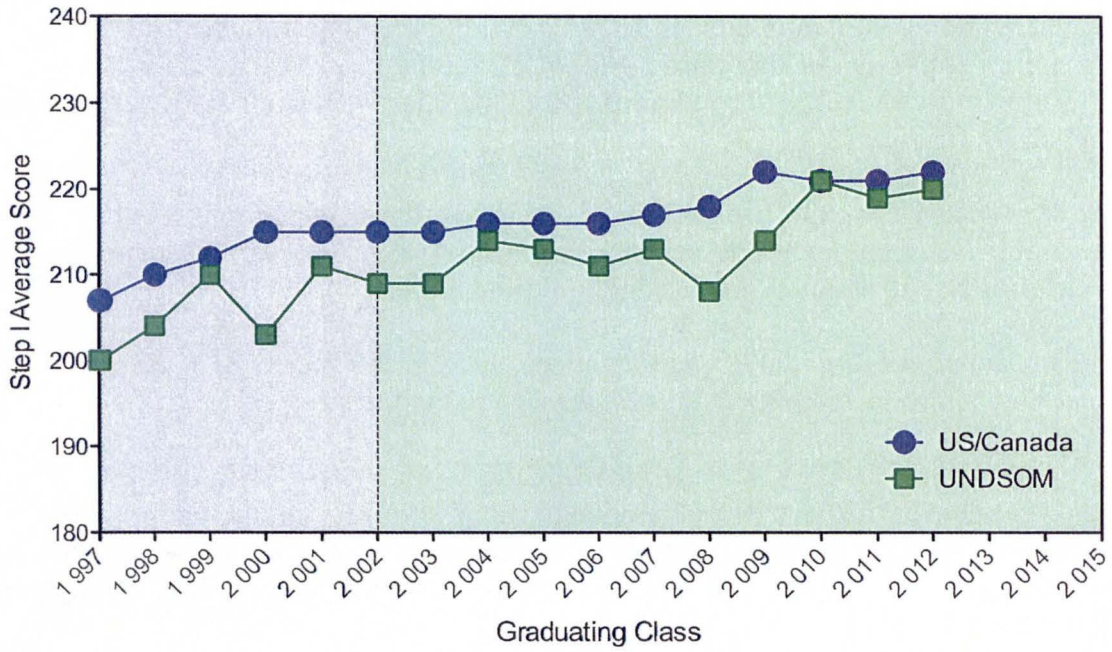
Source: UND Student Affairs Office. Some of the reported data are not yet official

USMLE Pass Rates

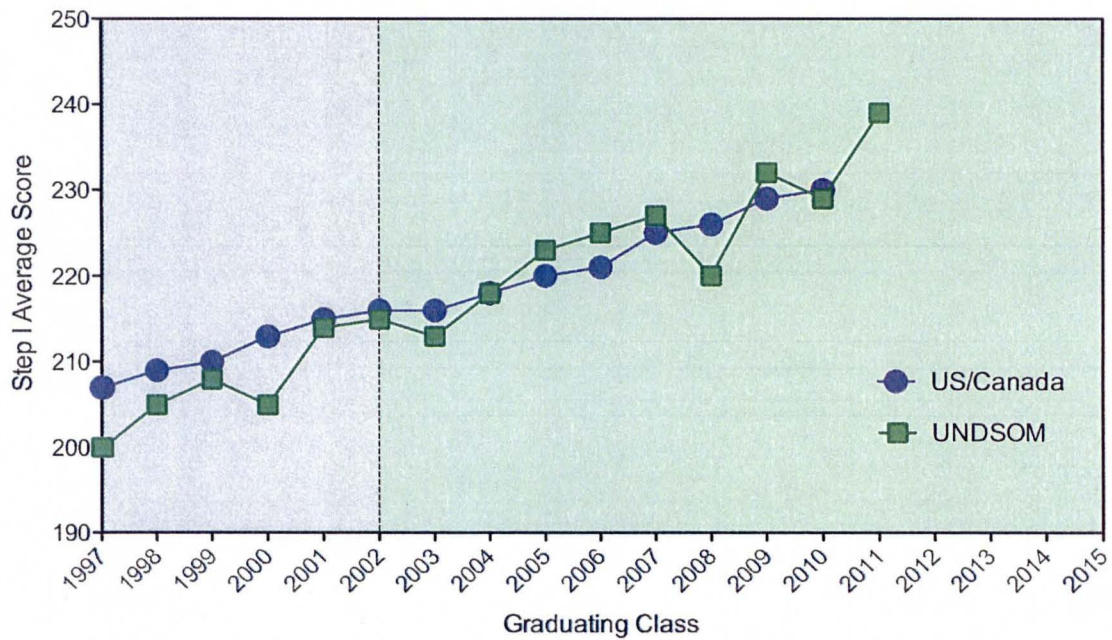
	UND (2008-2012)	USMLE
Step 1	93%	93%
Step 2 (CK)	97%	97%
Step 2 (CS)	100%	99%
Step 3	100%	96%

Source: UND Student Affairs Office and USMLE data

Step 1 Scores



Step II Scores



Conclusions

- Based on national licensure examination data, UND medical students currently perform at or above the national norms, and the trend is toward improving performance

Students/Residents' Experience in Community Health Programs

Presentation by Gwen Wagstrom Halaas, M.D., M.B.A.
Senior Associate Dean for Academic and Faculty Affairs
Associate Professor of Family Medicine

The primary community health program at SMHS has been the Student/Resident Experiences & Rotations in Community Health (SEARCH), which has prepared students and residents in medicine, nursing, social work, physician assistant, psychology, and dentistry for primary care practice in health professional shortage areas. This program was started by the Center for Rural Health in 1995 as the Fellowship of Primary Health Care Professionals Program, which became SEARCH in 1998 and has been continuously funded since then by the U.S. Department of Health and Human Services.

60 communities have been involved in the SEARCH program

Types of Community Sites:

- Rural Health Clinics – 36
- Indian Health Service Sites – 5
- Federally Qualified Health Centers – 8
- National Health Service Corps Sites – 32
- Dental Sites – 9

Participating communities include:

Belcourt, Beulah, Bottineau, Bowman, Butte, MT, Cando, Carrington, Cavalier, Center, Cooperstown, Crosby, Cutbank, MT, Devils Lake, Dickinson, Elgin, Ellendale, Fargo, Fort Totten, Fort Yates, Garrison, Glen Ullin, Grafton, Grand Forks, Harvey, Hazen, Hettinger, Hillsboro, Jamestown, Kenmare, Langdon, Linton, Lisbon, Mayville, McClusky, McVile, Minot, Morton County, Mott, New Rockford, New Town, Northwood, Oakes, Park River, Richardton, Rolla, Rugby, Stanley, Steele, Tioga, Towner, Trenton, Turtle Lake, Underwood, Velva, Wahpeton, Washburn, Watford City, Williston, Wishek

Student Participants – 403

- Nurse Practitioners (NP)
- Physician Assistants (PA)
- Medical Students (MS)
- Psychology Students (Psy, also include counseling psychology students)
- Dental Students (DDS)
- Family Practice Residents (Res)

The table below provides a breakdown of participants by year and discipline.

Year	MS	NP	PA	Psy	SW	DDS	Res	Total
1994	17	10	0	0	1	0	0	28
1995	0	7	1	0	5	0	0	13
1996	0	8	0	0	6	0	0	14
1997	33	7	0	0	2	0	0	42
1998	28	14	0	0	2	0	0	44
1999	22	8	0	0	3	0	0	33
2000	10	3	0	0	3	3	0	19
2001	2	4	0	0	2	5	5	18
2002	6	2	0	0	2	0	0	10
2003	10	3	0	0	6	3	0	22
2004	7	4	2	1	0	3	0	17
2005	7	2	0	0	1	2	0	12
2006	18	2	4	2	2	0	0	28
2007	12	3	2	1	0	0	0	18
2008	6	0	0	2	3	0	0	11
2009*								
2010	11	6	0	3	0	1	0	21
2011	12	9	0	3	0	0	0	24
2012	5	14	0	4	6	0	0	29
Total	206	106	9	16	44	17	5	403

* No program funding in 2009

A previous program, Project CRISTAL (Collaborative Rural Interdisciplinary Service Training and Learning), engaged 46 students from several disciplines in a summer internship experience on North Dakota reservations (six years on the Turtle Mountain Reservation and three years on Fort Berthold Reservation) learning about American Indian culture and the importance of interprofessional team work. National funding for this program was discontinued and the funding for the SEARCH program is likely to be discontinued. In addition to funding, formal education in community health centers and other sites requires consistently available clinical preceptors. Medical students also do service learning projects in community health that vary on each campus.

Since 2006, SMHS has taught the Interprofessional Health Care Course to over 1900 health professions students. This course teaches students the importance of working in effective teams and trains them in specific team-based skills. It is a required course for students in medicine, nursing, occupational and physical therapy, and communication sciences and disorders. Students from music therapy, social work and nutrition and dietetics also take this course. This interprofessional faculty is currently developing clinical sites throughout North Dakota for elective interprofessional team-based learning.

**Rural Opportunities in Medical Education (ROME) Program
Outcome Results**

Year	Number students	ND residency	Practice in ND	FM	IM	OB/GYN	Peds	Surg	Other
2012	6	2	n/a	3	1	0	1	0	1
2011	8	1	n/a	2	1	3	0	1	1
2010	8	0	n/a	2	0	1	1	2	2
2009	10	1	n/a	1	1	1	2	5	0
2008	5	1	2	3	0	0	0	1	1
2007	6	1	3	3	0	1	1	1	0
2006	7	0	1	2	1	0	0	1	3
2005	5	0	2	1	0	2	0	0	2
2004	5	1	1	2	1	0	0	0	2
2003	5	1	2	2	2	1	0	1	1
2002	8	0	3	2	2	0	0	3	1
2001	4	1	1	1	2	1	0	0	0
2000	2	0	0	0	0	1	2	0	0

Source: ROME Program

Summary

Year	Number	ND residency	Practice in ND	FM	IM	OB/GYN	Peds	Surg	Other
2000-2012	79	11%	32%	30%	13%	13%	8%	19%	18%

Selection of Residency Positions by ROME Graduates

	UND ROME (2000-2012)	US (2012)
Family Medicine	30%	8%
Internal Medicine	13%	19%
OB/GYN	13%	6%
Pediatrics	8%	11%
Surgery	19%	15%
Other	18%	41%
Primary Care	51%	38%
Primary Care (including OB/GYN)	64%	44%

Source: Residency data and National Residency Matching Program (NRMP) published reports

Conclusions

- ROME graduates much more likely to go into Family Medicine and the other primary care areas than the national average
- On the other hand, the ROME graduates paradoxically are less likely to select a ND residency

RuralMed Program

Outcome Results

Year (Graduating Class)	Number	Outcome
2016	4 (1 more likely)	n/a
2015	2	n/a
2014	1	n/a
2013	1	n/a
2012	1	Altru FM Residency
2011	2	Altru/Bismarck FM Residencies

Source: UND Student Affairs Office

Conclusions

- Too early to draw any meaningful conclusions, although trends are positive

Bismarck Center for Family Medicine Update and Overview

Status Report as of July 16, 2012

Report Prepared by the UND SMHS Associate Dean for Administration and Finance

The construction of the new UND Bismarck Center for Family Medicine (CFM) facility has been completed and opened its doors for patient care on July 5, 2012. The UND Bismarck CFM occupies the 1st and 2nd floors of the new four-story facility.

The facility, built in three-way partnership of UND, Bismarck Partners, LLP and Medcenter One, Inc., is located at 701 East Rosser Avenue, Bismarck, North Dakota. The four-story facility will be managed through a condominium agreement (each floor given a 25% share), which will manage the general expenses associated with the building maintenance.

The following is a description of the occupants of each floor of the facility:

1st Floor: UND: Bismarck Center for Family Medicine Clinic and Pharmacy.

2nd Floor: UND: Offices, meeting rooms and classrooms for the Bismarck Center for Family Medicine and the SMHS Southwest Campus Offices.

3rd Floor: Medcenter One Administrative Offices (construction to be completed soon).

4th Floor: Ritterbush Auditorium and Medcenter One Education Offices (construction to be completed soon).

The ND Legislature appropriated \$5.4 million for the capital expenses related to the construction of the UND Bismarck CFM. The construction budget is anticipated to be fully spent to within \$5,000 when all bills are finalized and paid.

The ND State Board of Higher Education authorized \$750,000 for FFE (furniture, fixtures and equipment) for the UND Bismarck CFM. The FFE budget is anticipated to be spent to within \$5,000 when all bills are finalized and paid.

In summary, the building is open and operational, and final construction costs (all inclusive) will come in on budget.

Public Policy Implications Of Today's Presentation

- The UND SMHS and North Dakota's residency programs performance in educating an excellent health care work force for service in North Dakota and to North Dakotas is solid, at or above national benchmarks, and the trend is toward even higher levels of achievement
- The proposed Health Care Work Force Initiative (HWI) is likely to augment and accelerate those positive trends
- The support of the Interim Health Services Committee will be essential in the upcoming ND Legislative Assembly. **Accordingly, we would ask for the Committee's strong endorsement of the full HWI as has been endorsed by the SBHE, and strong endorsement of one of the three capital construction options that form an integral and essential component of the HWI.**