

# OSHPD of Statewide Health Planning and Development



## Healthcare Workforce Development Division

400 R Street, Suite 330  
Sacramento, California 95811-6213  
(916) 326-3700  
Fax (916) 322-2588  
www.oshpd.ca.gov

### Members of the Commission

V. Katherine Townsend, PhD, MSN, **Chair**  
William W. Henning, DO, **Vice Chair**  
Roslynn S. Byous, DPA, PA-C  
Elizabeth Dolezal  
Michael Farrell, DO  
Katherine Flores, MD  
Carol Jong, PhD, RD  
Karyn Karp, CRNA, MS  
Catherine Kennedy, RN  
Laura Lopez  
Ann MacKenzie, NP  
Kathyann Marsh, PhD  
Angelica Millan, RN, MSN, RNP, FAAN  
Cathryn Nation, MD  
Joseph Provenzano, DO

**August 24-25, 2016**  
**Meeting Minutes**

## CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION (CHWPC)

### Family Medicine (FM) Funding Meeting

Hilton Sacramento Arden West  
2200 Harvard St.  
Sacramento, CA 95815

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OSHPD Director  
Robert P. David

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*Action may be taken on any  
item listed on the agenda*

### **Commission Members Present:**

Roslynn Byous, DPA, PA-C  
Elizabeth Dolezal  
Michael Farrell, DO  
Katherine Flores, MD  
William Henning, DO  
Carol Jong, PhD, RD  
\*Catherine Kennedy, RN  
Kathyann Marsh, PhD, RN  
Cathryn Nation, MD  
Joseph Provenzano, DO  
Katherine Townsend, EdD, MSN – Chair  
**\*Did Not Attend 8/24/2016**

### **Commission Members Not in Attendance:**

Karyn Karp, CRNA, MS  
Laura Lopez  
Ann MacKenzie, NP  
Angelica Millan, RN, MSN, RNP, FAAN

### **Staff to Commission:**

Stacie Walker, Deputy Director  
Melissa Omand, Program Manager  
Tyfany Frazier, Program Coordinator  
John Ku, Program Administrator

### **Additional OSHPD Staff:**

Robert P. David, OSHPD Director  
Elizabeth Wied, Chief Legal Counsel

### **AGENDA ITEM 1: Call to Order**

Chair Townsend called the meeting to order.

### **AGENDA ITEM 2: Introduction of CHWPC Members and Statements of Recusals**

CHWPC members introduced themselves, indicated whom they represent and which government authority appointed them. Each Commissioner indicated from which FM training program they would recuse themselves.

Recusal:

Rosslyn Byous – Riverside University Health System

Elizabeth Dolezal – None

Michael Farrell – None

Katherine Flores – UCSF-Fresno

William Henning – None

Carol Jong – None

Kathyann Marsh – None

Cathryn Nation – None

Joseph Provenzano – Valley FM of Modesto

Katherine Townsend – None

**AGENDA ITEM 3: Chair’s Remarks**

Chair Townsend reminded Commissioners of policies and procedures for the meeting.

**AGENDA ITEM 4: OSHPD Director’s Report**

Robert P. David, OSHPD Director, reported that the Governor’s budget took effect July 1 with \$199 million total funds allocated to OSHPD. Song-Brown received a one-time augmentation of \$100 million contingent on federal approval of the Hospital Quality Assurance Fee in spring 2017. He also reported that the State Loan Repayment Program (SLRP) received \$3 million from the County Medical Services Program (CMSP). He also reported that OSHPD will be following three bills, AB 2048, AB 2024, and AB 2053, that will be on the Governor’s desk on August 31 for signature or veto.

**AGENDA ITEM 5: Executive Secretary’s Report**

Stacie Walker, Deputy Director, Healthcare Workforce Development Division (HWDD), reported on the CMSP grant to be administered through the SLRP and the advocates proposal that resulted in a one-time augmentation of \$100 million to be administered through Song-Brown. She explained that the funding was dependent on the extension of the Hospital Quality Assurance Fee expiring on December 31, 2016. Stacie further stated that Song-Brown and the CHWPC will move forward with the implementation strategy outlined in Attachment A to ensure the continuity of the program and fully implement the strategy upon federal approval of the fee. She also explained that new processes will be needed to expend the additional funding. These new processes will be discussed in upcoming CHWPC meetings.

*The 2016 Budget Act Implementation Strategy is hereby incorporated as Attachment A*

**AGENDA ITEM 6: Collection of Election Ballots for Chair and Vice Chair**

Rosslynn Byous, DPA, PA-C and William Henning, DO were nominated for Chair and Elizabeth Dolezal was nominated for Vice-Chair.

Rosslynn Byous withdrew her nomination.

**AGENDA ITEM 7: Approval of May 18, 2016 Minutes**

Commissioners reviewed and approved the meeting minutes as submitted.

**ACTION ITEMS:**

Motion to approve meeting minutes (Provenzano), Second (Jong), Motion Adopted.

*The May 18, 2016 Meeting Minutes are hereby incorporated as Attachment B*

**AGENDA ITEM 8: Presentation on Inter-Professional Education for Residency Programs**

Commissioner Marsh gave a presentation titled: Inter-Professional Education.

*The Inter-Professional Education Presentation is hereby incorporated as Attachment C*

**AGENDA ITEM 9: Family Medicine Presentations**

Thirty-nine FM residency programs requested capitation funding. Representatives from the following institutions presented on August 24, 2016:

Kaiser–Orange, UCLA, Pomona Valley, Kaiser–Woodland Hills, Riverside University Health System, Kaiser – San Diego, San Joaquin General Hospital, Shasta Community Health Center, Marian Regional Medical Center, Mercy Medical Center – Redding, Northridge, Rio Bravo, O'Connor Hospital, Kaweah Delta, Family Health Centers of San Diego, UCSF Fresno, Adventist Health Community Care, Kaiser – Fontana, Long Beach Memorial, White Memorial Medical Center, UC Davis, Valley Family Medicine of Modesto

**ACTION ITEMS:**

**Kaiser Permanente – San Diego: Section 3 Criteria 5**

Motion to amend scoring from 0.75 to 3 points (Flores), Second (Nation). Motion Adopted.

**O'Conner Hospital: Section 2 Criteria 3**

Motion to amend scoring from zero to three points (Provenzano), Second (Marsh). Motion Adopted.

**MEETING RECESS**

**AGENDA ITEM 10: Call to Order**

Chair Townsend called the meeting to order.

**AGENDA ITEM 11: Introduction of CHWPC Members and Statements of Recusals**

CHWPC members introduced themselves, indicated whom they represent and which government authority appointed them. Each Commissioner indicated from which FM training program they would recuse themselves.

Recusal:

Rosslyn Byous – Riverside University Health System

Elizabeth Dolezal – None

Michael Farrell – None

Katherine Flores – UCSF-Fresno

William Henning – None

Carol Jong – None

Catherine Kennedy – None

Kathyann Marsh – None

Cathryn Nation – None  
Joseph Provenzano – Valley FM of Modesto  
Katherine Townsend – None

### **AGENDA ITEM 12: Chair’s Remarks**

Chair Townsend reminded Commissioners of policies and procedures for the meeting.

### **AGENDA ITEM 13: Family Medicine Presentations Continued**

Representatives from the following institutions presented on August 25, 2016:

Kaiser Permanente - Los Angeles, UCSF - San Francisco General Hospital, Scripps – Chula Vista, Ventura County Medical Center, Harbor - UCLA Medical Center, UC Irvine, Natividad, Community Memorial Health System, UCSD Combined Family Medicine/Psychiatry Residency, Glendale Adventist, PIH Health, Santa Rosa, Loma Linda University, Contra Costa, John Muir, CA Hospital Medical Center, Mercy Medical Center – Merced

### **ACTION ITEMS:**

#### **Natividad Family Medicine Residency: Section 1 Criteria 1a**

Motion to amend scoring from 6.75 to 8 points (Flores), Second (Henning). Motion Adopted.

### **AGENDA ITEM 15: Family Medicine Capitation Funding Decision**

Thirty-eight Family Medicine capitation proposals were funded at full or reduced levels.

### **ACTION ITEM:**

**Motion 1:** Motion to use \$961,481 in rollover funds from previous FM cycles to fund additional slots during this meeting. (Henning) Second (Farrell). Motion Adopted.

**Motion 2:** Motion to use \$50,690 in rollover funds from the Family Nurse Practitioner/Physician Assistant base funding category to fund one additional FM slot. (Henning) Second (Nation). Motion Adopted.

**Motion 3:** Motion to approve funding recommendations as presented. (Henning) Second (Farrell). Motion Adopted.

*Family Medicine Capitation Awards list is hereby incorporated as Attachment D*

### **AGENDA ITEM 16: Announcement of Election Results**

William Henning, DO and Elizabeth Dolezal were elected as Chair and Vice Chair respectively. Both terms will end August 2018. The current Chair, V. Katherine Townsend, announced her retirement from the CHWPC.

### **AGENDA ITEM 17: Public Comment**

- The CA Residency Network’s Co-Chair recommended that Song-Brown use the Family Medicine Program Directors as resources when deciding how to allocate the \$33 Million for Primary Care residencies

- A Program Director commented that the PRIME Program is a good way to expand Family Medicine residency slots
- A Program Director requested feedback on funding applications
- A representative from The California Primary Care Association commented that the advocates are excited to work with the Commission to expand Primary Care residencies through advocacy

### **AGENDA ITEM 18: Future Agenda Items**

No future agenda Items

### **Adjourn Meeting**

The meeting adjourned at 4:45 pm

All the attachments mentioned in these minutes can be found at:  
[http://oshpd.ca.gov/General\\_Info/Public\\_Meetings.html](http://oshpd.ca.gov/General_Info/Public_Meetings.html)

**Office of Statewide Health Planning and Development**  
**Song-Brown Primary Care Residency Program**  
 2016 Budget Act Implementation Strategy  
 July 2016

The Office of Statewide Health Planning and Development (OSHPD) received through the 2016 Budget Act a one-time General Fund augmentation of \$33.3 million to support primary care residencies in areas of unmet need throughout California. The state's spending plan assumes a total augmentation of \$100 million General Fund over three years pending available resources. This funding augmentation is contingent on federal approval of the Hospital Quality Assurance Fee. This implementation strategy assumes federal approval of the fee by January 1, 2017. If the fee is not approved by January 1, 2017, OSHPD will adjust its implementation strategy accordingly.

OSHPD's Healthcare Workforce Development Division (HWDD) will administer the funds through the Song-Brown Program. The 2016 Budget Act provides authority to use unspent funds over an additional five years. The 2016 Budget Act allocates \$33.3 million General Fund to the Song-Brown Program for the following purposes:

- Up to \$18.7 million to fund grant awards at existing primary care residency slots
- Up to \$5.7 million to fund primary care residency slots at existing Teaching Health Centers
- Up to \$3.3 million to fund new primary care residency slots at existing programs
- Up to \$3.3 million to fund newly accredited primary care residency programs
- Up to \$2.0 million to administer the program at OSHPD

The Song-Brown Program is well positioned to administer these funds. Over the past several years HWDD, the California Healthcare Workforce Policy Commission (CHWPC), and stakeholders have worked together to develop a program that supports primary care residencies. Once the Hospital Quality Assurance Fee receives federal approval, the Song-Brown Program anticipates releasing applications in April or May 2017. The Song-Brown Program has planned the following activities to ensure we are fully prepared to administer these funds:

Time Period	Activities
July and August 2016	Contact advocates, Teaching Health Centers, primary residency programs, and other stakeholders to assess needs
August 2016	Begin hiring staff to administer funding augmentation
October 2016	Make recommendations to the CHWPC about simplifying the application and review processes
October 2016	Begin outreach to stakeholders
January 2016	Make recommendations to the CHWPC about the level and structure of primary care residency awards
February and March 2017	Develop applications and modify information technology systems
March 2017	The National Resident Matching Program completes its residency matching process. The Song-Brown primary care residency applications require information from this process
May 2017	Begin releasing primary care residency applications
FY 2017-18	Award first round of funding for all four allocation components*

\*Depending on federal approval of the fee, OSHPD may release applications and award funds to newly accredited primary care residency programs prior to Fiscal Year 2017-18.

**OSHPD** Office of Statewide Health Planning and Development



**Healthcare Workforce Development Division**

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Attachment B

**Members of the Commission**

V. Katherine Townsend, EdD,  
MSN, **Chair**  
William W. Henning, DO, **Vice  
Chair**  
Rosslynn S. Byous, DPA, PA-C  
Elizabeth Dolezal  
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Laura Lopez  
Ann MacKenzie, NP  
Kathyann Marsh, PhD  
Angelica Millan, DNP, RN, FAAN  
Cathryn Nation, MD  
Joseph Provenzano, DO

**May 18, 2016  
Meeting Minutes**

**CALIFORNIA HEALTHCARE WORKFORCE  
POLICY COMMISSION  
(CHWPC)**

**Policy Meeting**

**The California Endowment  
1414 K Street  
Suite 500  
Sacramento, CA 95814**

OSHPD Director  
Robert P. David

Executive Secretary  
Stacie S. Walker

**Commission Members Present:**

Roslynn Byous, DPA, PA-C  
Elizabeth Dolezal  
Michael Farrell, DO  
Katherine Flores, MD  
William Henning, DO  
Carol Jong, PhD, RD  
Karyn Karp, CRNA, MS  
Catherine Kennedy, RN  
Laura Lopez  
Ann MacKenzie, NP  
Angelica Millan, DNP, RN, FAAN  
Cathryn Nation, MD  
Joseph Provenzano, DO  
Katherine Townsend, EdD, MSN

**Commission Members Absent:**

Kathyann Marsh, PhD, RN

**OSHPD Staff to Commission:**

Stacie S. Walker, Deputy Director-HWDD  
Caryn Rizell, Operations Manager  
Melissa Omand, Program Staff Manager  
Jeannine Farrelly, Program Administrator  
Tyfany Frazier, Program Coordinator  
John Ku, Program Administrator  
Douglas Truong, Program Administrator

**Additional OSHPD Staff:**

Robert David, OSHPD Director  
Elizabeth Wied, Chief Legal Counsel

**AGENDA ITEM 1: Call to Order**

Chair Townsend called the meeting to order.

**AGENDA ITEM 2: Introduction of CHWPC Members**

CHWPC members introduced themselves and indicated whom they represent and which government authority appointed them.

### **AGENDA ITEM 3: Chair's Remarks**

Dr. Townsend reminded Commissioners of several policies and procedures for the meeting and that each Commissioner was required to serve on one Subject Matter Expert application review panel. It is also required that Commissioners attend all meetings and review all applications. She also noted that nominations were now being accepted for Commission Chair and Vice-Chair and that voting would take place at the Family Medicine Funding meeting in August 2016. All nominations should be sent to Melissa Omand, Program Staff Manager.

### **AGENDA ITEM 4: OSHPD Director's Report**

Robert David, OSHPD Director, reported that the OSHPD lease for the new headquarters in Sacramento, CA had been finalized with a tentative move date in early 2017. He also reported the heavy interest from the legislature in healthcare workforce and that the Governor's budget revisions included increases to Medi-Cal and the minimum wage, while continuing to decrease the deficit. He also spoke about multiple stakeholder proposals, specifically AB 2216 and SB 22, that would impact Song-Brown, and AB 2048 that would impact the State Loan Repayment Program.

### **AGENDA ITEM 5: Executive Secretary's Report**

Stacie Walker, Deputy Director, reported on HWDD program activities. She also spoke about providing the Commission with information to support decisions related to streamlining funding decisions.

*The Executive Secretary Report for May 2016 is hereby incorporated as Attachment A*

### **AGENDA ITEM 6: Approval of January 13-14, 2016 Minutes**

Commissioners reviewed and approved the meeting minutes as presented.

#### **Action Item:**

Motion to approve meeting minutes (Henning), Second (Flores). Motion Adopted.

*The February 17-18, 2016 Meeting Minutes are hereby incorporated as Attachment B*

### **AGENDA ITEM 7: Glossary of Song-Brown Terms**

Song-Brown staff presented the Glossary of Song-Brown Terms that is available on the Song-Brown website at: <http://www.oshpd.ca.gov/hwdd/song-brown-program.html>. It was discussed that many of these terms may not always be legal definitions but definitions commonly used by the Song-Brown Program.

#### **Action Item:**

Motion to approve Glossary of Terms (Byous), Second (Nation). Motion Adopted.

*The Glossary of Song-Brown Terms are hereby incorporated as Attachment C*

### **AGENDA ITEM 8: Commission Meeting Materials**

Staff presented the CHWPC SharePoint page and explained how Commissioners will access future meeting materials.

**AGENDA ITEM 9: 2016 Family Nurse Practitioner/Physician Assistant Base Application and Evaluation Criteria**

Commissioners considered staff's recommendation to remove the Program Evaluation form from the application and the associated evaluation criteria, Section II (5 and 5a). FNP programs would still include the Board of Registered Nursing's Report of Findings.

**Action Item:**

Motion to accept recommendations as presented (Flores), Second (Henning). Motion Adopted.

*2016 Family Nurse Practitioner/Physician Assistant Base Application and Evaluation Criteria agenda item paper is hereby incorporated as Attachment D*

**AGENDA ITEM 10: 2016 Registered Nurse Capitation and Special Programs Application and Evaluation Criteria**

Commissioners considered staff's recommendation to remove the Program Evaluation form from each application. Staff also recommended the removal of the associated Capitation evaluation criteria Section II (7) and Special Programs evaluation criteria Section II (4a and 9).

**Action Item:**

Motion to accept recommendations as presented (Henning), Second (Karp). Motion Adopted.

*2016 Registered Nurse Capitation and Special Programs Application and Evaluation Criteria agenda item paper is hereby incorporated as Attachment E*

**AGENDA ITEM 11: Use of Primary Care Residency (PCR) Surplus Funds**

Commissioners considered staff's recommendation to continue to use the PCR surplus funds for capitation funding. The Commission would like to see more policy discussion around future funding.

**Action Item:**

Motion to accept recommendation as presented (Henning), Second (Dolezal). Motion Adopted.

*2016 Primary Care Residency Surplus Funds agenda item paper is hereby incorporated as Attachment F*

**AGENDA ITEM 12: Application Review Processes**

Commissioners considered staff's recommendation for the continued use of review panels for all Song-Brown applications.

**Action Item:**

Motion to accept recommendation as presented (Flores), Second (Nation). Motion Adopted.

*2016 Application review process agenda item paper is hereby incorporated as Attachment G*

**AGENDA ITEM 13: Song-Brown Funded Programs**

Commissioners considered staff's recommendation to exclude nurse midwifery programs from applying for Song-Brown RN or FNP funding. The Commission asked staff for more information on Advanced Practice Nurse training and curriculum to make a more informed

decision.

*2016 Nurse Midwifery Programs agenda item paper is hereby incorporated as Attachment H*

**AGENDA ITEM 14: Correspondence**

The Commission received a letter from California Academy of Family Physicians (CAFP) with concerns regarding proposal and process requests.

*The April 29, 2016 letter from CAFP is hereby incorporated as Attachment I*

**AGENDA ITEM 15: General Public Comment**

- A comment was made regarding CAFP continuing to be a resource for the Commission and the appreciation for the consideration of their concerns.

**AGENDA ITEM 16: Future Agenda Items**

- The Commission requested a future agenda item regarding how the Commission should score RN programs with multiple accreditations.

**Adjourn Meeting**

The meeting adjourned at 5:00 pm

All the attachments mentioned in these minutes can be found at:  
[http://oshpd.ca.gov/General\\_Info/Public\\_Meetings.html](http://oshpd.ca.gov/General_Info/Public_Meetings.html)

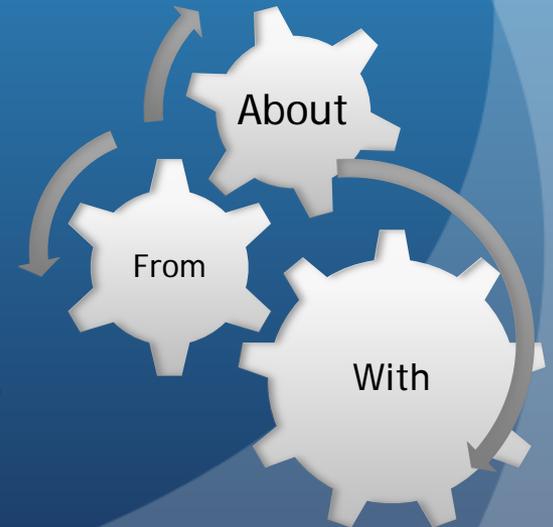
Attachment C

# Interprofessional Education

Kathy K. Marsh, PhD RN

# IPE Definition:

- IPE occurs when learners from the health professions and related disciplines learn together about the concepts of health care and the provision of healthcare services toward improving the effectiveness and quality of patient care
- Essential Elements:
  - Collaboration
  - Respectful communication
  - Application of knowledge and skills
  - Experience in interprofessional teams
  - Reflection



# IPE Definition: cont.

## Multiprofessional

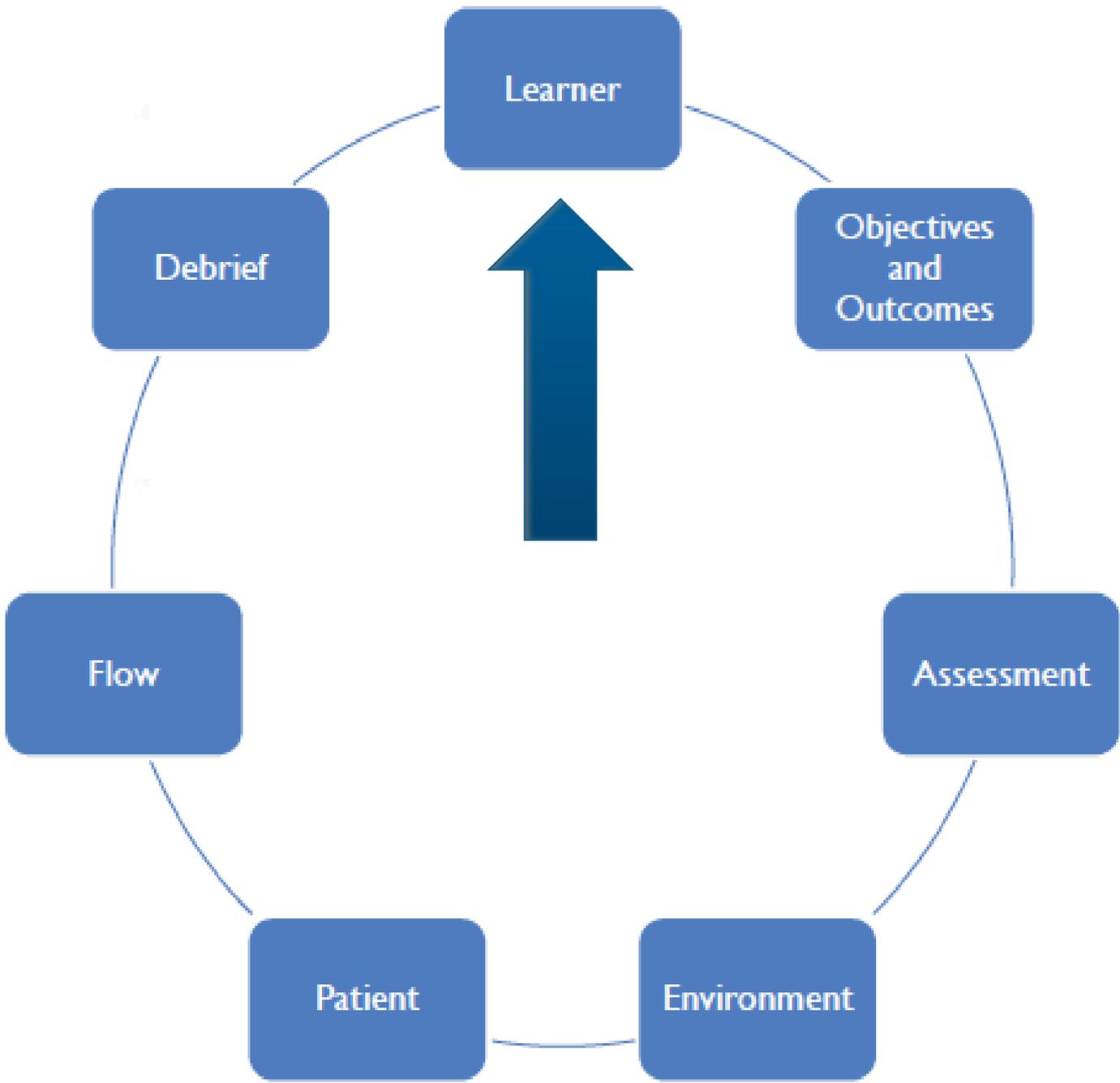
- Shared experiences
- No expectation of interaction or participative decision-making

## Interprofessional

- Shared experiences
- Interaction/joint decision making
- Shared responsibility/accountability for decisions



# INTER PROFESSIONAL EDUCATION



# Welcome To



UC San Diego  
SCHOOL OF MEDICINE

UC San Diego  
SKAGGS SCHOOL OF PHARMACY  
AND PHARMACEUTICAL SCIENCES



## Interprofessional Education (IPE)

# Learners/Group:

2 to 4 Medical Students -  
Entering their 3<sup>rd</sup> Year  
clerkships this month

**UC San Diego**  
SCHOOL OF MEDICINE

2 to 4 Nursing Students -  
In Clinic - 1<sup>st</sup> Year  
In ED - 2<sup>nd</sup> Year

  
University  
of San Diego®  
HAHN SCHOOL OF NURSING  
AND HEALTH SCIENCE

1 to 2 Pharm Students -  
3<sup>rd</sup> Year



**UC San Diego**  
SKAGGS SCHOOL OF PHARMACY  
AND PHARMACEUTICAL SCIENCES

# The Big Picture . . .

REPORT BRIEF  APRIL 2015



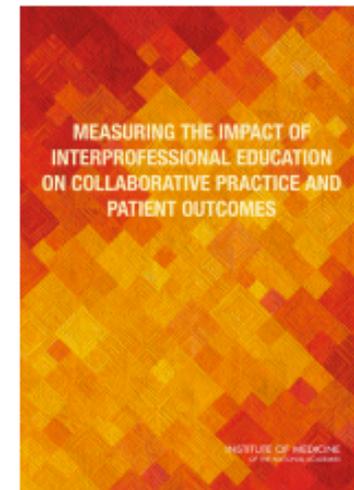
**INSTITUTE OF MEDICINE**

OF THE NATIONAL ACADEMIES

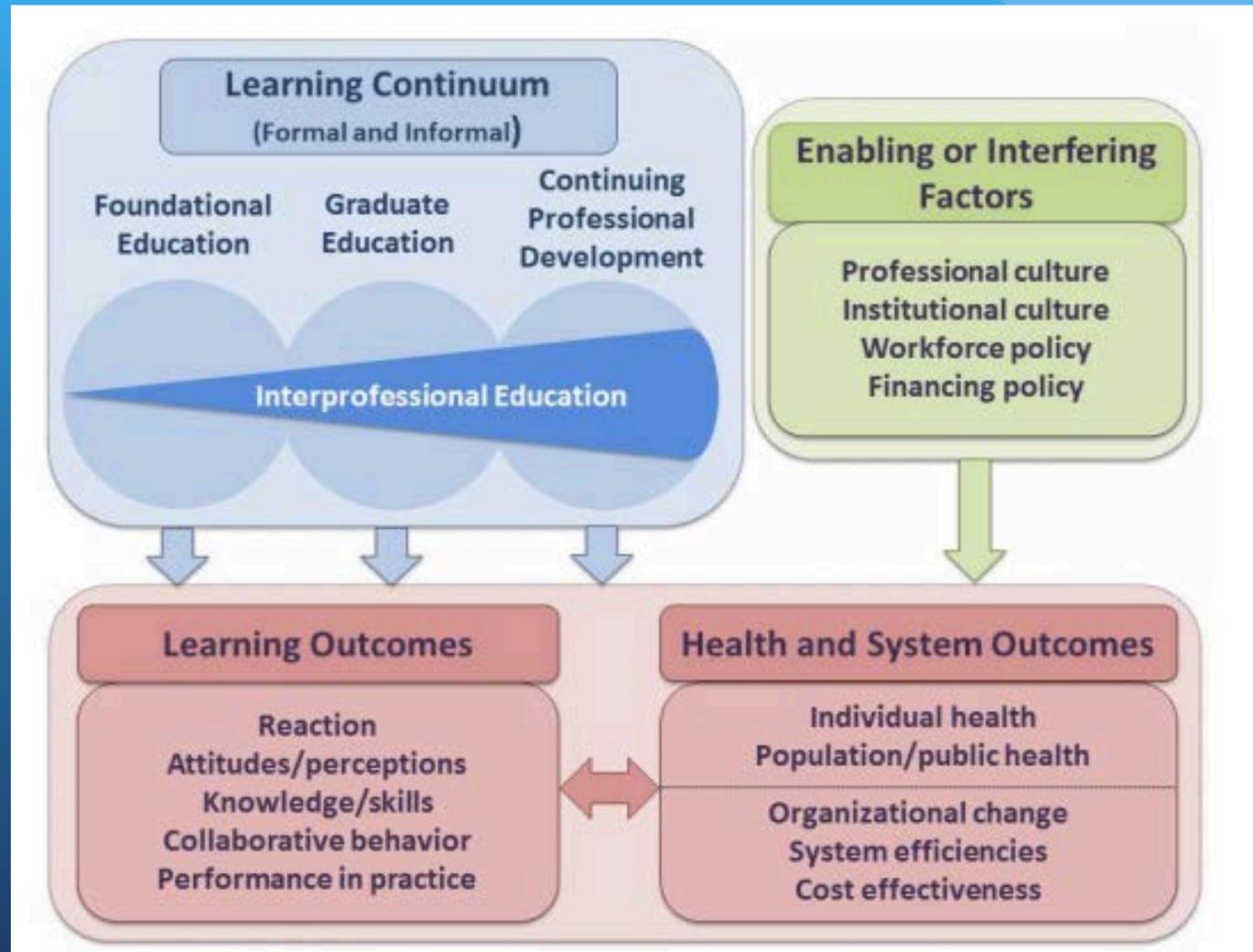
**Advising the nation • Improving health**

For more information visit [www.iom.edu/IPE](http://www.iom.edu/IPE)

## **Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes**



# The Big Picture . . .



Objectives & Outcomes:

**TEAMWORK:**  
Turning a team of experts  
into an Expert Team!

# IPE Environment:

- Students have received a handout and video links on the tools for healthcare teamwork prior to the inter-professional education (IPE) simulation.
- *For many of these students, this will be the first time they will have clinically talked to a nurse, pharmacist or physician as part of a healthcare team.*

# SBAR Handoff/Reporting Tool

Answer Here for This Patient:

		Things To Consider:	Answer Here for This Patient:
<b>Situation</b>	<b>S</b>	<ul style="list-style-type: none"> <li>• What is happening at the present time?</li> <li>• ID self and patient, age</li> <li>• Chief complaint or Diagnosis</li> <li>• I am concerned about.....</li> </ul>	
<b>Background</b>	<b>B</b>	<ul style="list-style-type: none"> <li>• What circumstances leading up to this situation?</li> <li>• Hx of present illness</li> <li>• Pertinent Medical HX</li> <li>• Allergies</li> <li>• Medications</li> </ul>	
<b>Assessment</b>	<b>A</b>	<ul style="list-style-type: none"> <li>• What do you think the problem is?</li> <li>• Pertinent Physical Exam findings:                             <ul style="list-style-type: none"> <li>○ Skin</li> <li>○ Neuro</li> <li>○ Cardiovascular</li> <li>○ Respiratory</li> <li>○ Abdomen</li> <li>○ Muscle/Skeletal</li> </ul> </li> <li>• Pain Assessment</li> <li>• Significant diagnostics completed</li> <li>• State differential diagnosis</li> </ul>	
<b>Recommendation</b>	<b>R</b>	<ul style="list-style-type: none"> <li>• What would you recommend going forward?</li> <li>• Treatment Plan:</li> <li>• Meds, IVs</li> <li>• Further diagnostic tests needed?</li> <li>• Questions/clarifications?</li> </ul>	

# Debrief: Heart and Soul of the Day!

- What was GOOD?
- What OPPORTUNITIES did you need to consider?
- What did you learn that you didn't EXPECT?



"GOE"

# Performance Checklists:

- Checklists to record the students' performance clinically and as a team, along with faculty observations:

CLINIC TEAM EPA and PACT Checklists				Discipline: <input type="checkbox"/> Med <input type="checkbox"/> Nursing <input type="checkbox"/> Pharm	
	Critical Deficiencies	Heavy Supervision	Light Supervision	No Supervision	Aspirational/Role Model
<b>Subjective:</b> obtains a focused and pertinent history: 1. History of Present Illness 2. Past Medical History 3. Medications/Allergies 4. Family History 5. Social History <b>Clinic Group Rating:</b>	Does not collect adequate or accurate historical data	Inconsistently collects adequate or accurate historical data.	Consistently collects adequate, accurate, and relevant histories in an organized fashion	Prioritizes and collects accurate historical data efficiently	Can teach how to obtain relevant historical subtleties with sensitive information that informs the differential diagnosis.
<b>Objective:</b> Performs appropriate and focused physical exam (PE): 1. Pulmonary 2. Cardiac with pulses, JVD 3. Abdomen 5. Skin: chest, extremities <b>Clinic Group Rating:</b>	Does not perform PE to confirm history.	Does not perform PE on all pertinent systems to confirm history.	Performs accurate and thorough PE but not focused on the chief complaint.	Performs accurate and thorough PE targeted at patient's complaint to confirm history.	Can teach how to obtain a complete & accurate PE - Identifies subtle or unusual PE findings while confirming history.
<b>Assessment:</b> Develop differential diagnosis: 1. Myocardial Infarction 2. Pulmonary Embolism 3. Pneumonia 4. Heart Failure 5. GERD 6. Musculoskeletal disease Diagnose life threatening condition <b>Clinic Group Rating:</b>	Fails to: - Develop differential diagnosis - Recognize patient's condition - Discuss the differential with the patient.	Inconsistently: - Develops a limited differential diagnosis - Recognizes patient's condition - Discusses limited differential diagnosis with patient.	Effectively: - Uses collected data to develop an accurate differential diagnosis - Recognizes patient's condition - Discusses differential diagnosis with patient.	Able to: - Generate a prioritized differential diagnosis - Thoroughly discuss differential with patient and assess understanding	Can teach effective use of history and PE skills to determine prioritized differential diagnosis including the patient's - Appropriately discusses differential with patient and effectively assesses patient understanding.
<b>Plan:</b> Stabilize and treat patient. Communicate plan with patient and accepting team <b>Clinic:</b> EKG, O <sub>2</sub> , ASA, SL NTG Transfer to ED <b>Clinic Group Rating:</b>	Fails to: - Treat MI - Discuss treatment with patient - Communicate SBAR.	Partially: - Treats MI - Discusses treatment plan with patient - Communicates SBAR.	Appropriately: - Treats MI - Discusses treatment plan with patient - Communicates SBAR.	Appropriately and thoroughly: - Treats MI - Discusses treatment plan with patient - Communicates SBAR.	Can teach appropriate/thorough MI treatment - Effectively communicate plan to the patient and assesses understanding - Communicates SBAR effectively/succinctly.
<b>Comments/Notes:</b>					
<b>Performance as a team</b> <b>Excellent:</b> All critical behaviors present and adequately performed <b>Average:</b> Most behaviors present and adequately performed <b>Poor:</b> Multiple critical behaviors absent or not performed well					
1	<b>Team structure:</b> - Assigns leader, group roles/responsibilities - Identifies goals, holds members accountable <b>Leadership</b> - Conducts briefs/huddles to organize/plan - Utilizes resources, empowers members - Delegates tasks and balances workload <b>Situation monitoring</b> - Recognizes urgency/need for higher care level - Includes patient/fosters team communication - Cross monitors members <b>Mutual support</b> - Communicate concerns - Advocate for patient, work collaboratively <b>Communication</b> - Communicates hand-off info using SBAR - Provides brief, clear, specific, timely info - Seeks/communicates info from all sources	Clinic team	Clinic team	Clinic team	Clinic team
2					
3					
4					
5					

# Performance Checklists:

- The Standardized Patient will also be completing a Patient Satisfaction Checklist for both his experiences in the Clinic and the ED.
- NOTE: These are given to faculty before you entering the debriefing as additional feedback for the students.

# IPE Evaluation

- Students and faculty receive a Survey Monkey evaluation of the IPE experience via email one day after the event.

# The Debriefing: *Total 60 minutes*

- Debriefing is as critical to student learning as the simulation itself. It is the key time to consolidate knowledge and reflect on what the students have learned and what they will take forward into their clinical experiences.
- It happens in 3 phases:
  1. Reactions
  2. Analysis of Performance
  3. Conclusions/Summary

# Phase 2 - Analysis of Performance:

- Open with anything the students want to discuss: (10 minutes)
  - What was GOOD?
  - What OPPORTUNITIES were missed?
  - What happened that you didn't EXPECT?
- Review checklist for key points about the anticipated medical plan of care, correct any significant errors. (10 minutes)
- Review patient satisfaction results. (10 minutes)

# Phase 3 - Conclusions/Summary

- Ask each student to say one (1) thing he or she is taking forward from this experience for the next time.  
(10 minutes)
- You may stay and debrief as long as you want.
- Each school will be doing a clinical debrief with their groups after the IPE sessions are over.
- Please end on a positive note of encouragement.
- Leave all clipboards, checklists, patient satisfaction ratings and SBAR tools in the Debriefing Room folder.

# Q & A



Remember the IPE Goal:

**TEAMWORK:**

Turning a team of experts  
into an Expert Team!

*Thank You!*



# OSHPD of Statewide Health Planning and Development

**Healthcare Workforce Development Division**  
 400 R Street, Suite 330  
 Sacramento, California 95811-6213  
 (916) 326-3700 Main Line  
 (916) 322-2588 Fax  
[www.oshpd.ca.gov](http://www.oshpd.ca.gov)



Attachment D

## Family Medicine Residency Programs Capitation Awards August 2016

Training Program	Award	County
California Hospital Medical Center	\$ 206,460.00	Los Angeles
Community Memorial Health System	\$ 103,230.00	Ventura
Contra Costa Family Medicine	\$ 51,615.00	Contra Costa
Family Health Centers of San Diego	\$ 103,230.00	San Diego
Glendale Adventist Family Medicine	\$ 206,460.00	Los Angeles
Hanford - Adventist Health	\$ 51,615.00	Kings
Harbor - UCLA	\$ 103,230.00	Los Angeles
John Muir Health	\$ -	Contra Costa
Kaiser Permanente - Fontana	\$ 51,615.00	San Bernadino
Kaiser Permanente - LA	\$ 103,230.00	Los Angeles
Kaiser Permanente - Orange	\$ 103,230.00	Orange
Kaiser Permanente - San Diego	\$ 206,460.00	San Diego
Kaiser Permanente - Woodland Hills	\$ 206,460.00	Los Angeles
Kaweah Delta Health Care District	\$ 103,230.00	Tulare
Loma Linda University	\$ 51,615.00	San Bernadino
Long Beach Memorial	\$ 103,230.00	Los Angeles
Marian Regional Medical Center	\$ 103,230.00	Santa Barbara
Mercy Medical Center, Merced	\$ 206,460.00	Merced
Mercy Redding Family Practice	\$ 51,615.00	Shasta
Natividad Family Medicine	\$ 206,460.00	Monterey
Northridge Family Medicine	\$ 51,615.00	Los Angeles
O'Connor Hospital Family Medicine	\$ 103,230.00	Santa Clara
PIH Health Family Medicine	\$ 51,615.00	Los Angeles
Pomona Valley	\$ 103,230.00	Los Angeles
Rio Bravo - Bakersfield	\$ 206,460.00	Kern
San Joaquin General Hospital FM Residency Program	\$ 103,230.00	San Joaquin
Santa Rosa Family Medicine	\$ 206,460.00	Sonoma
Scripps Memorial, Chula Vista	\$ 206,460.00	San Diego
Shasta Community Health Center	\$ 103,230.00	Shasta
UC Davis	\$ 103,230.00	Sacramento

# OSHPD of Statewide Health Planning and Development



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### Family Medicine Residency Programs Capitation Awards August 2016

Training Program	Award	County
UC Irvine	\$ 206,460.00	Orange
UC Riverside/ Riverside County Regional Medical Center (RUHS)	\$ 206,460.00	Riverside
UCLA - Family Medicine	\$ 206,460.00	Los Angeles
UCSD Combined FM/Psychiatry	\$ 51,615.00	San Diego
UCSF - Fresno	\$ 206,460.00	Fresno
UCSF - SFGH	\$ 206,460.00	San Francisco
Valley Family Medicine Residency	\$ 103,230.00	Stanislaus
Ventura County	\$ 103,230.00	Ventura
White Memorial Medical Center	\$ 206,460.00	Los Angeles
<b>Totals</b>	<b>\$ 5,058,270.00</b>	