



Participant Update

Special Edition

M-SEARCH Coordinators' Meeting Summary - April 13, 2012

Welcome and Introductions:

Anne Rosewarne, Michigan Health Council (MHC) President and CEO, welcomed the attendees and defined the purpose of M-SEARCH which is to create a pipeline of primary care providers interested in working in Michigan Health Professional Shortage Areas (HPSA's). She explained that the program is managed by the Michigan Department of Community Health (MDCH) with assistance from four partner organizations: Michigan Primary Care Association (MPCA), Michigan Health Council (MHC), Michigan Center for Rural Health (MCRH), and the Michigan Area Health Education Center (MI-AHEC).

Program Update:

Program Status:

Dave Miller, MHC, presented the student, clinical site, and school program statistics. As of April 9, 2012 a total of 350 students have utilized ACE-MAPP (the M-SEARCH online system). The 350 students range from having created a profile in ACE-MAPP but not yet approved by their school coordinator to having submitted all materials required to complete an M-SEARCH rotation. As of April 9, 2012 there are a total of 94 enrolled clinical sites and 26 enrolled academic programs.

Program Directions:

Amber Myers, MDCH, spoke about program successes and sustainability of program activities. The Health Resources and Services Administration (HRSA) lauded the M-SEARCH program in four key areas; high student volume, student tracking procedure, comprehensive student pre- and post-rotation questionnaire data and extensive networking efforts. While celebrating the accomplishments of the program thus far, the M-SEARCH Project Team recognizes that work remains and is committed to continuing to build the pipeline of primary care providers in rural and urban underserved communities. All program activities, with the exception of student stipends, will continue after the SEARCH contract expires in September 2012. Sustainable components related to M-SEARCH include access to ACE-MAPP, Education 2 Practice (E2P) projects, loan repayment programs and continued support by all partner organizations. These valuable aspects of the program will continue to assist sites in their recruitment and retention efforts and schools in their mission to adequately prepare students for the workforce.

Michigan AHEC (MI-AHEC):

Dr. Roe, Wayne State University (WSU), gave an overview of the MI-AHEC. The goals of the MI-AHEC are to increase recruitment of underrepresented minorities and disadvantaged students in Michigan to the health professions, improve access to clinical education in underserved primary care urban and rural settings, and to improve the knowledge, skills and retention of health professionals in rural and urban underserved areas. The organizational structure of the MI-AHEC is comprised of administration, the program office, and five regional centers (one of which - Southeast MI-AHEC - is functioning, and another - Mid-Central MI-AHEC - just starting).

Rotation Approval Process:

Please contact Dave Miller at 517-853-3945 or msearch@michigan.gov to receive an explanation of the M-SEARCH rotation approval process or of ACE-MAPP.

Highlights of Two Successful Rotations:

John Vanderlaan and JoAnn Haderer, both from the University of Michigan – Flint Doctor of Nursing Practice program, described their M-SEARCH rotations. John is doing his M-SEARCH rotation at Hamilton Community Health – North Pointe, and JoAnn is completing her M-SEARCH rotation at Mackinac Straits Hospital. Both students described positive experiences during their M-SEARCH rotation and expressed strong interest in serving Michigan's underserved communities.

Break Out Sessions and Group Feedback:

The focus during the break out sessions was on successful implementation of E2P projects, and strategies that may be used to enroll more sites in M-SEARCH. To date, many community projects have been short term interventions, such as creating an educational brochure for the site on a health issue. E2P projects are intended to encourage students to engage with the community where they are completing a clinical rotation while participating in a valuable long term community project, as part of an interprofessional team. An international expert from the University of Toronto (U of T) Centre for Interprofessional Education visited Michigan to explore realistic ways interprofessional teams can allow current and future health professionals to learn about, from, and with one another in clinical settings. A comprehensive, interprofessional, community based clinical rotation model for E2P projects will be developed by the end of the SEARCH contract period. Grant funds will be sought after the SEARCH contract period ends in order to implement pilot projects utilizing the E2P model.

The coordinators identified benefits for schools to participate in E2P projects. There was a general consensus among coordinators that it was beneficial for students to participate in a team based setting. One coordinator thought that E2P projects may increase access to additional rotation opportunities for student placement. It was noted that some students are more mature than others and would be the preferable choice for the pilot E2P projects. The coordinators then identified potential barriers for schools in implementing the E2P projects. One barrier echoed by many coordinators was that some students do not see value in completing a community project and with M-SEARCH funding ending there will be no incentive in participating in an E2P project. The pilot clinical site, school and student must be carefully chosen in order for this to be a success.

Coordinators discussed benefits for sites to host an E2P project. The benefits include providing an interprofessional team based environment for the student to rotate in, which may increase recruitment efforts. Some coordinators thought students who participate in an E2P project would be more productive at the clinical site. Challenges identified for sites to host an E2P project include lack of funding and personnel needed for E2P implementation. One coordinator stated that the projects need to prove a good return on investment in order for additional sites to adopt the E2P model. Rural communities may have a difficult time implementing E2P as some sites can only rotate one student at a time. One school coordinator mentioned that holding a community panel on a monthly basis, bringing together students from multiple sites in the community, would be one way to implement E2P projects in rural settings.

Potential strategies that may be used to enroll new sites and barriers to site enrollment were discussed. Coordinators agreed that more education is needed targeted towards site coordinators about M-SEARCH and how to enroll in ACE-MAPP. A few coordinators mentioned that once a student is interested in doing an M-SEARCH rotation at a site, the clinical site is more likely to enroll in M-SEARCH. Barriers of clinical site enrollment, as identified by the coordinators, include some sites may lack personnel proficient enough in computer skills to complete the online profile, and sites do not have time to enroll. Coordinators thought that the M-SEARCH process may be confusing for site coordinators that oversee multiple locations.

'To Do' Item:

All school and clinical site coordinators are tasked with educating one un-enrolled clinical site on the benefits of becoming an M-SEARCH enrolled site and providing information on how to enroll.

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