

**INSTRUCTION, RESEARCH, AND STUDENT AFFAIRS
DECEMBER 10, 2015**

TAB	DESCRIPTION	ACTION
1	MEMORANDA OF UNDERSTANDING WITH SOUTH DAKOTA STATE UNIVERSITY AND BRIGHAM YOUNG UNIVERSITY IDAHO	Information Item
2	UNIVERSITY OF UTAH SCHOOL OF MEDICINE ANNUAL REPORT	Information Item
3	PARTIAL WAIVER OF BOARD POLICY III.P.16. STUDENTS – STUDENT HEALTH INSURANCE	Motion to Approve

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INSTRUCTION, RESEARCH, AND STUDENT AFFIARS
DECEMBER 10, 2015

IDAHO STATE UNIVERSITY

SUBJECT

Memoranda of Understanding with South Dakota State University and Brigham Young University Idaho

BACKGROUND/DISCUSSION

Idaho State University (ISU) will be entering into agreements with South Dakota State University (SDSU) and Brigham Young University Idaho (BYUI). These agreements will promote greater educational and career opportunities for students and will develop further collaboration between ISU and the two universities.

The agreement between ISU and SDSU will support dual academic programs in an effort to better serve students desiring fundamental knowledge in physics as well as pursuing careers in nuclear engineering. This agreement would allow students to earn a Bachelor of Science (BS) degree in Physics from SDSU and a Master of Science (MS) degree in Nuclear Science and Engineering from ISU in five years.

Under the provisions of this agreement, students will matriculate at SDSU for a minimum 100 semester credits of course work leading toward the BS in Physics. The student then matriculates to ISU for a minimum of 44 semester credits of course work leading toward the MS in Nuclear Science and Engineering. While enrolled at SDSU or ISU, students will complete all required course work as outlined in the agreement. Upon completion of the first year of studies at ISU a minimum of 20 ISU semester credits must be transferred toward completion of the BS in Physics at SDSU. In order to be eligible for this program, students must provide all necessary application materials required by ISU no later than May 15th of the year they plan to matriculate to ISU. The SDSU Department of Physics will provide necessary assistance and documentation that is required by the ISU Department of Nuclear Engineering and Health Physics for admission and degree accreditation requirements. Students will be required to pay the appropriate tuition and fees to each institution for all course work taken at that institution.

The agreement between ISU and BYUI would allow students to complete ISU Master's degree programs in an accelerated manner, resulting in the potential for students to earn both a Master's degree from ISU and a Bachelor's degree from BYUI in five years. There are two possible arrangements for five-year Bachelor-Master degrees; those are 3 + 2 and 4 + 1 programs. In the 3 + 2 arrangement, the student is enrolled at BYUI for the first three years and ISU for the final two years resulting in a Bachelor's degree from BYUI and a Master's degree from ISU. In the 4 + 1 arrangement the student is enrolled at BYUI for four years with the option to take graduate classes from ISU during their senior year and then is

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admitted to graduate school at ISU in their fifth year resulting in a Bachelor's degree from BYU and a Master's degree from ISU.

Currently, degree plans have been developed in collaboration between the respective departments at both institutions in the Colleges of Arts and Letters, Business, and Science and Engineering. The specific programs that are planned for catalog listings in 2016 with enrollment beginning in 2017 are: MA's in English, Historical Resource Management, Political Science, Sociology, and Theater, a MS in Nuclear Science and Engineering, a Master's of Business Administration, and a Master's of Accountancy. The intention of the MOU is to provide an umbrella under which other existing Master's degree programs may be developed. The impetus for these streamlined degree options is to allow qualified students to capitalize on the significant savings resulting from obtaining a Bachelor's and Master's degree in five years, as compared to the traditional six years needed to obtain the degrees. ISU students will also have the five-year Bachelor-Master programs options available to them.

IMPACT

The agreement between ISU and SDSU supports alignment with ISU's Core Theme: Access and Opportunity, with the potential to increase the number of students who earn graduate degrees in Nuclear Engineering. As stated in the Agreement, there is no fiscal impact to ISU for this partnership; however, it is expected that ISU will receive increased tuition revenue through increased enrollment as a result of the cooperation between ISU and SDSU.

The agreement between ISU and BYU also supports alignment with our Core Theme: Access and Opportunity, and addresses the needs of graduate degree options for students in our service region. As stated in the MOU there will be no financial resources required by to ISU for this partnership; however, it is expected that ISU will receive increased tuition revenue through increased enrollment as a result of the cooperation between ISU and BYU.

ATTACHMENTS

Attachment 1 – SDSU MOU

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Attachment 2 – BYU MOU

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STAFF COMMENTS AND RECOMMENDATIONS

The collaborative partnership with South Dakota State University will enhance STEM training for students and provide them with an opportunity to complete a baccalaureate and Master's degree within a five-year period. Both parties are currently working on technical details of this partnership and minor edits may be necessary in the final written agreement. ISU and SDSU anticipate having students start in Fall 2016.

The partnership with Brigham Young University Idaho will promote accelerated educational opportunities for BYU undergraduate students and give them access

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to ISU graduate programs otherwise not offered at BYU. Both institutions anticipate having students also start in Fall 2016.

The partnerships involve academic programs for which ISU currently does not have a statewide or service region program responsibility for offering. As such, they do not fall within the approval requirements of Board Policy III.Z. and do not require Board approval.

The collaborative partnerships with SDSU and BYU were shared with the Instruction, Research, and Student Affairs (IRSA) committee at their November 19, 2015 meeting. IRSA recommended that these partnerships be shared with the entire Board.

BOARD ACTION

This item is for informational purposes only. Any action will be at the Board's discretion.

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Memorandum of Understanding
For An Articulated Physics/Nuclear Engineering Dual Program Between
South Dakota State University And Idaho State University

I. INTRODUCTION

Based upon a mutual respect for the integrity of dual academic programs and in an effort to better serve students desiring fundamental knowledge in physics as well as pursuing careers in Nuclear Engineering; South Dakota State University (SDSU) and Idaho State University (ISU) hereby enter into an agreement for an articulated Dual program that upon a student's successful completion in its entirety will result in a BS in Physics from SDSU and a MS in Nuclear Science and Engineering from ISU. Efficient completion of the program by students will encompass 3 years of attendance at SDSU followed by 2 years of attendance at ISU.

Objectives of the Agreement:

1. To attract qualified students to South Dakota State University and to Idaho State University for the purpose of providing enhanced STEM training in furtherance of student goals and for the purpose developing the national workforce of qualified Nuclear Engineers and Nuclear Scientists which will benefit the nation and the sovereign states of Idaho and South Dakota.
2. To facilitate the transition of students from SDSU to ISU.
3. To provide specific advisement for students of SDSU who intend to pursue the study of Nuclear Science and Engineering at ISU.
4. To encourage academic and administrative coordination between institutions, and the exchange of evaluative information on the outcomes of the program with the goal of continual improvement.
5. To provide qualified students the opportunity to complete the BS degree in Physics from SDSU and to complete the MS in Nuclear Science and Engineering in a total of five years (three at SDSU, two at ISU).

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II. PROCEDURES

1. Under the provisions of this agreement, students will matriculate at SDSU for a minimum 100 semester credits of course work leading toward the BS in Physics – Elective Group 3 (Flexible Emphasis). The student then matriculates to ISU for a minimum of 44 semester credits of course work leading toward the MS in Nuclear Science and Engineering. See Attachments I, II, and III for a detailed listing.
2. While enrolled at SDSU or ISU, students will complete all required course work as outlined in article (1) above and described in the pertinent sections SDSU and ISU catalogs excepting requirements stipulated in article (9).
3. Upon completion of the first year of studies at ISU a minimum of 20 ISU semester credits must be transferred toward completion of the B.S. in Physics at SDSU. An official transcript must be sent from ISU to the registrar of SDSU, and the student must request and submit application materials for graduation from SDSU. The courses that can serve as transferred credits from ISU are indicated in Attachment III.
4. Idaho State University shall accept, for fall semester admission, at least one student in the program who has successfully completed the course work and any pertinent stipulations outlined in articles (1) and (9) with a cumulative GPA of 3.0 or higher and meets all other criteria for admission. If more than one student in the program meets these criteria and if ISU desires to admit fewer than the totality of qualified candidates; ISU may choose which students to admit based upon appropriate academic criteria of their own choosing. Such decisions would ideally be made in consultation with the SDSU Coordinator of Nuclear Education.
5. The SDSU Coordinator of Nuclear Education may recommend students with GPAs between 2.6 and 3.0 for admission to ISU. ISU is under no obligation to admit such students.
6. In order to be eligible for this program, students must provide all necessary application materials required by ISU no later than May 15th of the year they plan to matriculate to ISU.
7. The SDSU Department of Physics will provide necessary assistance and documentation that is required by the ISU Department of Nuclear Engineering and Health Physics for admission and degree accreditation requirements.
8. Students shall pay the appropriate tuition and fees to each institution for all course work taken at that institution. During their first year of study at ISU, students shall register for SDSU EXCH 578; a 0 credit tracking course that will maintain their registration at SDSU and facilitate the transfer of ISU credits to SDSU.
9. Stipulations:
 - a. All South Dakota Board of Regents System Graduation Requirements and SDSU Institutional Graduation requirements as outline by the SDSU Matriculation Year catalog will be satisfied by the student either through coursework completed at SDSU, including transferred credits, or through transferred credits from ISU with the following clarifications/stipulations for students enrolled in this dual program:

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- i. The required SDSU passing score on the Collegiate Assessment of Academic Proficiency exam or its SDSU approved alternative shall be achieved by the students prior to matriculation to ISU.
 - ii. Upper division and/or graduate transferred credits from ISU will be viewed by SDSU as satisfying the “15 of the last 30 credits” institution requirement. These courses are considered as having “institutional credit” in a similar manner to how courses are treated in collaborative agreements between South Dakota Board of Regents’ Institutions.
 - iii. Students in this program will be exempted from the requirement that all 30 credits of the System General Education Requirements must be completed within the first 64 hours. They must be completed prior to matriculation to ISU.
- b. The BS in Physics at SDSU is conferred through the College of Arts and Sciences. The nature of this dual degree program is multidisciplinary and integrative; the College of Arts and Sciences (CAS) at SDSU will consider the transferred credits from ISU as equivalent to a Minor and therefore as satisfying the graduation requirement of a Minor which is necessary for degree completion of the BS in Physics at SDSU.
 - c. *During the first year at ISU, semesters I and II at ISU, students in this program will be considered as undergraduates at ISU with permission to take graduate level (5000 and 6000) courses. During the second year at ISU, semesters III and IV, students in this program will have graduate status at ISU upon conferral of the BS in Physics at SDSU.*

III. MUTUAL PROMOTION OF THE PROGRAM

South Dakota State University and Idaho State University both agree to encourage qualified students to participate in this dual degree program through advisement and dissemination of information. The Coordinator of Nuclear Education at SDSU will make every effort to maintain a list of students actively pursuing the program with the intent to enroll at ISU and will periodically inform appropriate liaison within the Department of Nuclear Engineering and Health Physics at ISU who will facilitate necessary communication with the ISU admissions office.

IV. STUDENT ADVISEMENT

The Coordinator of Nuclear Education at SDSU will be responsible for advising students regarding their academic preparation for admission to ISU while in attendance at SDSU. The Coordinator will provide liaison between the Department of Physics at SDSU and a similarly designated faculty member liaison in the Department of Nuclear Engineering and Health Physics at ISU. This advisement and liaison shall include attention to the special requirements and needs of the MS in Nuclear Science and Engineering at ISU.

V. CONTINUATION AND TERMINATION OF THE AGREEMENT

This agreement shall be in force until either institution makes a decision in writing to terminate the agreement. It is agreed that if terminated, both institutions will honor the terms of the agreement until all students already admitted are given the opportunity to complete the program in a timely manner. Termination becomes effective on the first day of July following the written notice of termination; this will enable any qualified SDSU student who completes the SDSU portion of the requirements of this agreement prior to the effective date of termination, July 1, to be admitted into the ISU program in the fall semester immediately following the effective termination date.

VI. PROGRAM CHANGES

As program graduation requirements change at either institution, this agreement will be updated by communicating the changes in the form of revision of the attachments to this agreement and will not, in and of itself, require revision of the agreement. The communication of curricular changes will occur in a timely fashion to enable either institution a chance to review the changes and decide if they are significant enough to warrant revising or terminating the agreement.

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Attachment I: General Education Requirements* completed at SDSU prior to the MS in Nuclear Science and Engineering at ISU.

SGR #1: Written Communication

ENGL 101 – Composition I	3 credits
ENGL 201 OR 277 – Composition II OR Technical Writing	3 credits

SGR #2: Oral Communication

SPCM 101 – Fundamentals of Speech	3 credits
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SGR #3: Social Sciences / Diversity

(6 hours in 2 disciplines)

6 credits

SGR #4: Humanities and Arts / Diversity

(6 hours in 2 disciplines OR a foreign language sequence)

6 credits

SGR #5: Mathematics

MATH 123 – Calculus I	4 credits
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SGR #6: Natural Sciences

PHYS 211 and 211L – University Physics I and Laboratory	4 credits
PHYS 213 and 213L – University Physics II and Laboratory	4 credits

IGR #1: First Year Seminar

UC 109 – First Year Seminar	2 credits
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IGR #2: Cultural Awareness and Social and Environmental Responsibility

3 credits

Total

38 credits

*Consult the SDSU Undergraduate Catalog for all courses that satisfy SGR or IGR requirements. Students in this program are exempted from the requirement that all System General Education Requirements must be completed within the first 64 hours.

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Attachment II: Requirements for the BS in Physics at SDSU completed prior to the MS in Nuclear Science and Engineering at ISU.

General Education Requirements (See Attachment I)	38 credits
 <i>Major Requirements (46 credit hours)</i>	
CHEM 112 and 112L – General Chemistry I and Laboratory	4 credits
CHEM 114 and 114L – General Chemistry II and Laboratory	4 credits
MATH 125 – Calculus II	4 credits
MATH 225 – Calculus III	4 credits
MATH 321 – Differential Equations	3 credits
CSC 150 – Computer Science I	3 credits
PHYS 316 and 316L – Measurement Theory and Experiment Design and Laboratory	2 credits
PHYS 318 – Advanced Laboratory I	1 credit
PHYS 331 – Introduction to Modern Physics	3 credits
PHYS 421 – Electromagnetism	4 credits
PHYS 451 – Classical Mechanics	4 credits
PHYS 490 – Seminar (Capstone)	2 credits
EE 220 and 220L – Circuits I and Laboratory	4 credits
ME 311 – Thermodynamics ¹	3 credits
 <i>Electives (36 credit hours):</i>	
<i>Technical Electives (7 credit hours)</i>	
NE 435 – Introduction to Nuclear Engineering	3 credits
PHYS 418 – Advanced Laboratory II	1 credit
PHYS 471 – Quantum Mechanics	4 credits
<i>Free Electives (9 credit hours)</i>	
EM 331 – Fluid Mechanics	3 credits
ME 415 – Heat Transfer	3 credits
Elective	3 credits
<i>Directed Electives (20 credit hours)</i>	
EXCH XXX – Zero-credit tracking course	0 credits
Coursework transferred to SDSU from Idaho State University	20 credits
 Total -----	 120 credits

¹ ME 311 (3c) and 1 credit of ME 415 will substitute for the SDSU PHYS341/343 (4c) requirement of the BS in Physics at SDSU

Attachment III: Plan of Study for the MS in Nuclear Science and Engineering at Idaho State University under this agreement.

At ISU, During Year 1 (Semesters 1 and 2), the 3-2 student will be considered an undergraduate with permission to take graduate level (5000 and 6000) courses. Undergraduates must maintain a minimum 12-credit load to be considered full time. Any of the listed semester 1 and semester 2 coursework may be transferred to South Dakota State University in order to complete the BS in Physics at SDSU.

Required courses for 3-2 BS/MS program²:

Semester 1 (Fall)

MATH 2240 – Linear Algebra	3 credits*
CE 3361 - Engineering Economics and Management	3 credits*
NSEN 6684 – Nuclear Engineering Basics I (F)	3 credits**
MATH 5521 – Advanced Engineering Math I (F)	3 credits
NE 5551 – Seminar (F/S)	1 credit**
	13 credits total

Semester 2 (Spring)

NSEN 6685 – Nuclear Engineering Basics II (S)	3 credits**
HPHY 5516 – Radiation Detection and Measurement (S)	3 credits**
MATH 5522 – Advanced Engineering Math II (S)	3 credits
NE 5519 – Energy Systems and Nuclear Power (S)	3 credits**
NE 5551 – Seminar (F/S)	1 credit**
	13 credits total

During Year 2 (Semesters 3 and 4) the 3-2 student will be considered a graduate student and therefore must maintain a minimum 9-credit load of 5000 and 6000 level courses to be considered full time.

Semester 3 (Fall)

NE 5546 – Reactor Physics	3 credits**
NSEN 6601 – Nuclear Engineering Experiments (F)	3 credits**
Course choice from optional list or 3 research credits (ENGR 6650)	3 credits
	9 credits total

² It is expected that students will work on their research during the summer between Years 1 and 2 and, if necessary for completion, the summer after Year 2.

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Semester 4 (Spring)

NE 5546 – Nuclear Fuel Cycle (S)	3 credits**
ENGR 6650 – Thesis Research (F/S/Su)	3 credits**
Course choice from optional list or add 3 research credits (ENGR 6650)	3 credits
	9 credits total

Summer Semester

ENGR 6650 – Thesis Research (F/S/Su)	at least 1 credit**
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Total credits = at least 44

* These courses will not count toward the MS degree but will be transferrable to SDSU.

**These courses are required for MS NSEN students with undergraduate degree not in nuclear engineering. A total of 6 research credits are required; however, more may be taken to meet the requirements for full time credit load and for continuous enrollment (including summer semesters) until completion of thesis.

All required 3-credit and lab courses are offered once a year, in the semesters indicated in parentheses (F=Fall, S=Spring).

Optional courses (not necessarily offered every year)

NE 5558- Monte Carlo Methods	3 credits
NE 5578 – Reliability and Risk Assessment	3 credits
NE 5588 - Nonproliferation and Nuclear Safeguards	3 credits
NE 5599 - Methods and Practice in Criticality Safety	3 credits
NE 5599 – Introduction to Nuclear Security	3 credits
NE 5599 – Introduction to Plasma Physics	3 credits
NSEN 6603 – Thermal Hydraulics	3 credits
NSEN 6604 – Dynamic Behavior of Nuclear Systems	3 credits
NSEN 6608 – Radiation Transport	3 credits
NSEN 6618 – Radioactive Waste Management	3 credits
NSEN 6631 – Advanced Reactor Physics	3 credits

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MEMORANDUM OF UNDERSTANDING
BETWEEN
BRIGHAM YOUNG UNIVERSITY-IDAHO (BYUI)
AND
IDAHO STATE UNIVERSITY (ISU)

PURPOSE: In order to promote greater educational and career opportunities for students and to develop further collaboration between the two universities, ISU and BYUI agree to cooperate in promoting expedited opportunities for BYUI undergraduate students to gain early admission to graduate programs at ISU. This MOU is comprehensive for all of ISU allowing for collaborative programs from all of the universities colleges and divisions to be developed under this agreement. There are two possible arrangements for five-year Bachelor-Master degrees; those are 3 + 2 and 4 + 1 programs, both of which are covered in this MOU. In the 3 + 2 arrangement, the students is enrolled at BYUI for the first three years and ISU for the final two years resulting in a Bachelor's degree from BYUI and a Master's degree from ISU. In the 4 + 1 arrangement the student is enrolled at BYUI for four years with the option to take graduate classes from ISU during their senior year and then is admitted to graduate school at ISU in their fifth year resulting in a Bachelor's degree from BYUI and a Master's degree from ISU.

Representatives from both schools agree to maintain communication with each other to provide consistent information to students interested in these programs and to remain abreast of any needed changes to this agreement. No capital or financial resources are expected to be exchanged or shared as part of this program.

Both schools will make an effort to clearly promote programs to students on websites, in catalogs, or on brochures. All and decisions on accepting students for admission to the graduate program rests with the Graduate School and relevant academic departments at ISU. ISU will, at all times, maintain complete control over all admission decisions.

FEES: Students are responsible for all course and program fees. Revenues from those fees remain with the university that assessed them.

Laura Woodworth-Ney, Ph.D., Provost and Academic Vice President
Idaho State University

Date

Henry Eyring, Ph.D., Academic Vice President
Brigham Young University Idaho

Date

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SUBJECT

University of Utah, School of Medicine Annual Report

REFERENCE

June 2008 The Board approved a revised three-year contract between the University of Utah School of Medicine and the State Board of Education.

December 2013 The Board approved a revised three-year contract between the University of Utah School of Medicine and the State Board of Education.

APPLICABLE STATUTE, RULE, OR POLICY

Idaho Code §33-3720

BACKGROUND/DISCUSSION

Since July 1976, the State Board of Education has held an agreement with the University of Utah School of Medicine (UUSOM) to reserve a specific number of seats for Idaho residents at the in-state tuition and fee rate established by UUSOM for residents of Utah. The Board makes annual fee payments in support of such Idaho resident students enrolled under this agreement. This cooperative agreement provides opportunities for eight Idaho students annually to attend medical school through a cooperative agreement. A total of 32 Idaho students can be enrolled in this four-year program.

As part of this agreement, UUSOM provides the Board an annual report which includes information regarding the established tuition and fees for Utah residents for the upcoming academic year, the names of students accepted for the upcoming school year, and a summary of the academic progress of continuing students enrolled.

ATTACHMENTS

Attachment 1 – University of Utah School of Medicine
Annual Report

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STAFF COMMENTS AND RECOMMENDATIONS

As part of the Board's contract with UUSOM, the Board receives an annual report which includes program information including curriculum, clerkships, budget, and names and home towns of first year Idaho-sponsored students. The UUSOM contract is up for renewal at the end of the 2016-2017 academic year.

BOARD ACTION

This item is for informational purposes only. Any action will be at the Board's discretion.

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University of Utah, School of Medicine
Idaho State Board of Education Annual Report
2015

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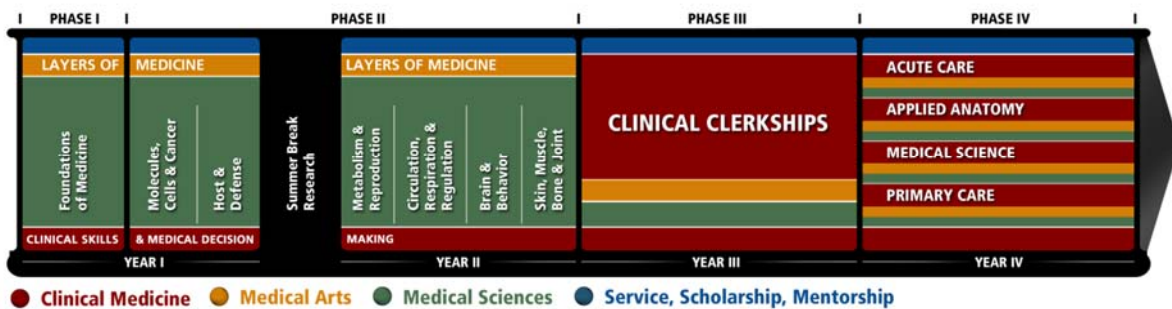
30 North 1900 East, Room 1C209

Salt Lake City, UT 84132

Mission Statement

The University of Utah School of Medicine serves the people of Utah and beyond by continually improving individual and community health and quality of life. This is achieved through excellence in patient care, education, and research. Each is vital to our mission and each makes the others stronger.

Overview of the Four Year Curriculum



Year 1

Phase 1: Foundations of Medicine

This 17-week phase includes the medical science, medical arts and clinical skills that students will require before beginning in clinics and Phase 2 units. Each week of Phase 1 will have a predominant theme. Anatomy (embryonic, microscopic and gross, including cadaver dissection), physiology, genetics, pharmacology, data analysis, metabolism and nutrition will be taught in relation to the weekly themes. Students will engage in professional development through self-exploration and self-assessment activities across Phase 1 as they examine the different psycho-social and technical dimensions of patient care.

Clinical Experience: CMC I

The 4-year Clinical Method Curriculum (CMC) partners groups of students and core clinical faculty for the longitudinal development of clinical skills in a mentored learning community environment. Each student is assigned to a learning community with approximately 10 students and 1-2 core faculty members. Students will work within their learning communities throughout their medical school career to ensure they possess the core foundational clinical method knowledge, skills, attitudes and behaviors necessary to provide optimal patient care in a dynamic healthcare environment. Instructional methods include didactic presentation, small group discussion, simulation, authentic clinical experiences, and mentoring.

Phase 2: (2.1) Molecules, Cells and Cancer:

This 8-week unit integrates molecular and cell biology with genetics, hematology, cancer biology and basic oncology. It includes a strong component of translational research as we explore how

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we know what we know about the molecular basis of cancer and other genetic diseases. Students begin their longitudinal clinical experience at the start of this unit. The clinical skills taught include breast, pelvic and male genital exams. Students also begin the Subspecialty Clinical Experience, where they spend one afternoon per month in a specialty clinic related to topics being learned in the classroom

Phase 2: (2.2) Host and Defense:

This 9-week unit introduces infectious disease, the biology of the immune system, the body's response to pathogens, and antimicrobial therapy. Instruction centers on common clinical presentations, beginning with fever and then moving through major body systems while addressing increasingly complicated diseases, from sore throat to AIDS.

Clinical Experience: CMC II

CMC II focuses on expanding history-taking skills, advanced physical examination in specific areas, professional communication skills, introduction of lab and imaging selection and interpretation, and beginning skills in diagnostic reasoning. This will be taught through a combination of lecture sessions, small group activities, independent study and Experiential Learning Opportunities (ELO). ELO activities are a component of CMC II and provide students with real patient interactions in which they will apply knowledge learned in all components of the medical school curriculum. These experiences will also introduce them to the clinical environment and help them understand how to integrate into the clinical team. Core Faculty and/or practicing clinician attendings will oversee the ELO activities.

Year 2

Phase 2: (2.3) Metabolism and Reproduction:

This 9-week unit runs from late July or early August. It begins with the pathophysiology of the gastrointestinal tract and the digestion/absorption of nutrients. The basic metabolism covered in phase 1 is reviewed and built upon as we focus on the liver. Obesity, metabolic syndrome and insulin resistance lead into endocrinology. From the sex hormones, we transition to reproduction. Clinical reasoning skills, with a particular focus on causes and treatment of abdominal pain, will be emphasized throughout the unit.

Phase 2: (2.4) Circulation, Respiration and Regulation:

This 11-week unit runs from October to mid-December. This unit is designed to help students develop the clinical medicine skills and medical science knowledge to be able to propose rational differential diagnoses and diagnostic and treatment strategies for clinical problems affecting the circulatory, respiratory, and renal organ systems.

Phase 2: (2.5) Brain and Behavior:

This 9-week unit begins early January through February of the second calendar year. The unit integrates basic neuroanatomy and neurophysiology with the clinical disciplines of neurology, psychiatry, pathology and pharmacology. The unit provides the students with the conceptual framework necessary to recognize common neurological and mental health issues.

Phase 2: (2.6) Skin, Muscle, Bone and Joint:

Upon completion of this 6-week unit, students will be able to name, recognize and describe common dermatologic and musculoskeletal diseases, including the basic science foundations of each condition. In addition, they will describe diseases, clinical presentation and pathophysiology and define terms used on physical, microscopic and radiologic examinations. Students will be able to gather essential information from clinic patients presenting with

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dermatologic and musculoskeletal complaints and produce accurate, clear and organized documentation of patient encounters in the form of SOAP notes and complete H&P's. This unit provides students with the knowledge and skills necessary to reason through case-based vignettes as seen in USMLE in order to prepare them for USMLE Step I licensing exam and Phases III and IV.

Layers of Medicine:

The Layers of Medicine course is a longitudinal, 2-year course in the pre-clerkship curriculum. The overarching goals of the Layers of Medicine course are to provide students with the knowledge, skills and attitudes necessary to: Provide compassionate care to a diverse patient population, understand the complexities of a changing health care system and how access to health care impacts patient outcomes, practice medicine informed by ethical principles, analyze the impact of social, economic, gender, and cultural factors on health care outcomes, develop a positive professional attitude, appreciate and manage the influence of personal values and attitudes on relationships with patients, and find and utilize resources and information required for optimal patient care.

Year 3

In the third year, emphasis is on the integration of basic science knowledge with clinical, ethical, diagnostic, and problem solving skills. Clinical clerkships, during which students learn patient management as members of the health care team, include family practice, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery. Students also take a Topics of Medicine course, which reviews a series of simulated patients with common medical problems seen in ambulatory medicine. The student is also required to complete a four-week clinical neurology clerkship between the end of the sophomore year and the end of the senior year. Each student must also satisfactorily complete an objective standardized clinical examination (OSCE) administered at the end of the 3rd year prior to being promoted to the 4th year.

Clinical Experience: CMC V

The 4-year Clinical Method Curriculum partners groups of students and core clinical faculty for the longitudinal development of clinical skills in a mentored learning community environment. CMC V includes a transition to clerkship course aimed at preparing students for their clerkships. Additionally students will work with Core Faculty intermittently during the year to apply and further develop skills in clinical method with an intense focus on advanced communication skill development and developing tools for challenging clinical encounters to prepare students for the more autonomous role they will assume during their 4th year.

Family Medicine Clinical Clerkship

Six weeks with a community based faculty family medicine preceptor. The majority of the time is spent with the preceptor in the hospital, office, nursing homes, and on house calls. Time is also spent learning about and experiencing other elements of the health care system in the community served by the preceptor.

Internal Medicine Clinical Clerkship

Eight week rotation that consists of inpatient responsibilities, ambulatory clinic, case work and rounds on wards of the University of Utah Medical Center, LDS Hospital, or the VA Medical Center.

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Neurology Clinical Clerkship

Four weeks divided into two weeks inpatient and two weeks outpatient experiences. The inpatient rotation at the University of Utah Medical Center, Primary Children's Medical Center, or VA Medical Center consists of direct patient care, daily ward rounds, brain cutting sessions, procedures such as lumbar puncture, participation in clinical conferences, and attendance at specialty clinics. The outpatient experience occurs in the multiple sclerosis, muscle, and neurology outpatient clinics.

Obstetrics and Gynecology Clinical Clerkship

Six weeks of inpatient and outpatient experience at the University of Utah Medical Center and LDS Hospital. Time is also spent in lectures, seminars, and review of gynecological pathology.

Pediatrics Clinical Clerkship

Six weeks divided into two three-week blocks. Three weeks are spent on the inpatient wards at Primary Children's Medical Center (PCMC). The other three-week block includes one week on a pediatric subspecialty service and the other two weeks at the General Pediatric Clinic at the University of Utah Medical Center, and the newborn nursery at the University of Utah Medical Center.

Psychiatry Clinical Clerkship

Six weeks emphasizing inpatient care at the University of Utah Medical Center, VA Medical Center, Primary Children's Medical Center, and the University of Utah Neuropsychiatric Institute. Students attend civil commitment proceedings, electroconvulsive therapy, outpatient clinics, and consultation/liaison rounds. One day each week is devoted to a core lecture series and case conferences. Each student spends one week on the consultation/liaison service and one half day per week in the office of an outpatient therapist.

Surgery Clinical Clerkship

Eight weeks of ward work, operating room experience, lectures, case presentations, and rounds at the University Medical Center, LDS Hospital and VA Medical Center. Students spend six weeks on general surgery and two weeks in specialty areas.

Year 4

The University Of Utah School Of Medicine utilizes a learning community model to deliver medical education and career mentoring necessary to prepare fourth year medical students for their internship. (12 months): Students develop advanced skills through sub-internship, critical care, advanced internal medicine and elective courses. They prepare for entry into residency by selecting curriculum specific to their career specialty interests.

Specialty specific mentors are designated for each specialty and are available to help with course scheduling and career mentoring.

All students graduating from the University of Utah School of Medicine must meet a core set of requirements for graduation as determined by the Curriculum Committee – such as completion of Phases I-III, a local Sub-Internship rotation during the fourth year, 32 weeks of total credits in the fourth year and a minimum number of ambulatory and clinical credits. Additionally all student must participate in two required courses in the fourth year – the Longitudinal Preparation for Internship (LPIC) course and the Transition to Internship Course (TIC). Each course has its own faculty Course Director who is responsible for the content of the LPIC and TIC.

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The LPIC is a longitudinal 2 credit course that runs July through March and meets for one afternoon every other week. Students are excused from their clinical duties to attend the LPIC. The curriculum emphasizes career mentoring, preparation for the Match, and the delivery of curriculum thread content. Students participating in away rotations or residency interviews are excused from the LPIC for that afternoon. Shared portions of the curriculum are delivered to the entire class.

The TIC is a 4 credit course that runs Monday through Friday for four weeks in April after the students have matched. The course is intended to be a capstone course for their medical school career. The curriculum emphasizes clinical reasoning skills, psychomotor task training, team communication, and the delivery of curriculum thread content needed for the student to be successful in their matched internship. Hands-on task trainers, high fidelity simulation models, inter-professional education, role playing, small group discussions and formal didactic lectures are used to deliver content. Similar to the LPIC, shared portions of the curriculum are delivered to the entire class and some portions are delivered to specialty specific groups.

[Clinical Experience: CMC VI](#)

The 4-year Clinical Method Curriculum partners groups of students and core clinical faculty for the longitudinal development of clinical skills in a mentored learning community environment. The fourth year of this curriculum is under development.

[Threads](#)

The medical arts curriculum is focused on the integration of 10 threads into the core curriculum. The threads are: interprofessional education, nutrition, women's and gender health, geriatrics, health care systems, public and global health, medical ethics and humanities, translational research, biomedical informatics, and cultural diversity.

Idaho Student Affairs Update

Introduction

Program Leadership

Dr. Benjamin Chan is a Board Certified physician in General Psychiatry and Child & Adolescent Psychiatry. He attended medical school at the University of Utah School of Medicine until 2004, residency at George Washington University in Washington DC and Fellowship at University of Maryland in Baltimore, MD. He moved back to Utah in 2010 and joined the faculty in the Department of Psychiatry. He works as an inpatient hospitalist at the University Neuropsychiatric Institute (UNI) treating children and adolescents with a wide variety of acute psychiatric conditions. He was appointed Assistant Dean of Admissions in March of 2012 and Assistant Dean of Idaho Student Affairs in July 2014.

Dr. Ilana Shumsky is a Board Certified Internal Medicine physician. She earned her M.D. degree from UCLA and completed her Internal Medicine Residency at the University of Utah. She was a member of the University of Utah faculty as Clerkship Director for Internal Medicine for three years before moving to Boise, Idaho. She currently is on staff at the Boise VAMC and has a clinical faculty appointment at the University of Washington. Additionally, she is the Director of Idaho Student Programs for the University of Utah. In this capacity, she coordinates the placement of Idaho students from the University of Utah medical school into clinical practices within the state of Idaho.

Admissions

Our goal is to select the most capable students to attend our school and to have a balanced, but heterogeneous group that will excel in both the art and science of medicine. We recognize that a diverse student body promotes an atmosphere of creativity, experimentation and discussion that is conducive to learning. Exposure to a variety of perspectives and experiences prepares students to care for patients in all walks of life and in every segment of society.

Considered individually, age, color, gender, sexual orientation, race, national origin, religion, status as a person with a disability, status as a veteran or disabled veteran are not determinants of diversity and are not identified as unique characteristics during the admissions process.

MCAT scores and grades are carefully scrutinized and are an important part of the application process. All grades received for college credit are included in the AMCAS GPA calculation. If a course is repeated, both grades received for that course are calculated into the GPA. Pass/Fail grades received for college credit are not included in the AMCAS GPA calculation.

As important as grades and test scores are, by themselves they do not predict who will be successful in medical school. The demands of medical education and life as a physician are not

for everyone. We consider how the applicant balances outside activities and responsibilities with schoolwork to be an indicator of ability to deal with the rigors of life as a physician. The committee is interested in the applicant's motivation for attending medical school and his/her understanding of the medical profession. Commitment to community service, ethical behavior, compassion, leadership ability and communication skills are important characteristics of physicians. Applications and interviews assist us in evaluating these qualities. We expect applicants to be courteous, respectful and professional at all times.

We evaluate applications against minimum and average standards in 7 specific areas. Applicants must achieve at least the minimum level of performance in all 7 areas and be average or above in 5 out of the 7 areas in order to proceed in the admissions process. Successful applicants distinguish themselves with outstanding performance in one or more of these areas. The 8 areas are listed below.

Academic Requirements

Grade Point Average (GPA): The minimum acceptable GPA is 3.2. Applicants with a science, non-science or overall GPA below 3.2 will not be considered. All grades received for college credit are included in the AMCAS GPA calculation. If a course is repeated, both grades received for that course are calculated into the GPA.

To determine average criteria, the applicant's GPA is compared to the average GPA of students who have gone on to attend medical school from the institution granting the applicant's highest degree.

Medical College Admission Test (MCAT): All applicants are required to take the MCAT within 3 years of their application. Example: For applications for the class entering medical school in 2015, scores will be accepted from tests taken in 2014, 2013 and 2012. Tests taken after September will not be considered for the current application year.

The minimum acceptable score of the MCAT examination is 492. The average score for entering freshmen was 30 in each section (physical science, biological science and verbal reasoning). If the test is taken more than once within 3 years of application, the best score for each section will be considered.

Required Activities

Community/Volunteer Service: Community/Volunteer service is defined as involvement in a service activity without constraint or guarantee of reward or compensation. The medical profession is strongly oriented to service in the community. Applicants should demonstrate a commitment to the community by involving themselves in service and volunteer activities. Work performed in service learning courses and community service performed as part of employment does not satisfy this requirement.

- The minimum requirement is 36 hours completed in the last 4 years.

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- The average applicant devotes 100 hours during the 4 years prior to entering medical school.

Leadership: Leadership is defined as a position of responsibility for others, with a purpose to guide or direct others. Dedication, determination, ability to make decisions and a willingness to contribute to the welfare of others are indicators of one's ability to succeed in medicine.

Individuals with these characteristics readily accept positions of leadership and are an asset to their community and profession. Leadership capacity can be demonstrated in a variety of ways. Positions in employment, church, community and school organizations including coaching, tutoring and mentoring will satisfy this requirement.

- The minimum leadership requirement is 1 leadership experience lasting 3 months during the 4 years prior to matriculation.
- The average applicant has 3 different leadership experiences each lasting 3 months during the 4 years prior to matriculation.

Research: Research is defined as involvement in a scholarly or scientific hypothesis investigation that is supervised by an individual with verifiable research credentials. Research may be in any discipline and performed at any site.

Research is the foundation of medical knowledge. We consider participation in research activities to be an important part of the preparation for medical school. Physicians depend on medical literature to remain current in their fields. Most physicians participate in research at some point in their careers. Research experience may be in any discipline and performed at any site. However, it must involve the testing of a hypothesis.

Research performed as part of a class is not acceptable, unless the course was in independent research and the applicant completed independent, hypothesis-based research under the supervision of the professor. Research completed for a graduate thesis is acceptable. Applicants should be able to describe their project, the hypothesis investigated, and their role in the conduct of the research.

- The minimum requirement is 4 hours per week for 2 months or the equivalent of 32 hours.
- The average experience is 4 hours per week for 3 months or the equivalent of 48 hours.

Physician Shadowing: Physician shadowing is defined as the observation of a physician as s/he cares for and treats patients and carries out the other responsibilities of medical practice.

Applicants should spend enough time directly shadowing physicians to understand the challenges, demands and lifestyle of a medical doctor. Shadowing must be done with allopathic (M.D.) or osteopathic (D.O.) physicians in their practice in the United States. Time spent shadowing residents, physician assistants, podiatrists, veterinarians, nurses, EMT's, PhD's etc., will not be considered. It is our recommendation that applicants shadow several physicians in varied specialties.

- The minimum requirement is 8 hours shadowing a physician(s) through all the activities of an average day.
- The average applicant spends 24 hours with a physician(s).

Patient Exposure: Patient exposure is defined as direct interaction with patients and hands-on involvement in the care of conscious people in a health care related environment, attending to their health maintenance/progression or end of life needs. It is important that the applicant be comfortable working with and around people who are ill.

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Direct patient exposure can be gained in a variety of ways. Patient contact must include patients other than family members and friends and does not include indirect patient care such as housekeeping (cleaning operating rooms or patient rooms) working at the hospital information desk, or working in a pharmacy.

- The minimum patient exposure requirement is 4 hours per week for a period of 2 months or the equivalent of 32 hours.
- The average applicant spends 4 hours per week in patient exposure for 3 months or the equivalent of 48 hours.

Note: Physician shadowing and caring for friends and family members cannot be used to meet this requirement.

Admissions Report

Academic Year	Idaho Med Stud Applicant Pool	Selected for Interviews	Accepted for Admission	Sponsored Students	Non- Sponsored Students
2014-2015	100	45	12	8	0
2013 - 2014	115	51	11	8	0
2012 - 2013	104	50	16	8	0
2011 - 2012	89	40	14	8	0
2010 - 2011	95	49	12	8	0
2009-2010	84	45	14	8	2
2008-009	108	64	12	8	1
2007-2008	116	61	13	8	0
2006-2007	93	43	9	8	1
2005-2006	112	57	13	8	0
2004-2005	86	47	11	8	1
2003-2004	84	33	14	8	4
2002-2003	99	53	17	8	0
2001-2002	88	50	13	8	4
2000-2001	96	50	13	8	1
1999-2000	88	42	9	6	0
1998-1999	87	52	13	6	0



Hometowns

Freshmen

Last Name	First Name	City at Time of Application	State at Time of Application	Birth City	Birth State
Allen	Kara	Nampa	ID	Twin Falls	ID
Bengston	Erika	Boise	ID	Lewiston	ID
Indart	Caitlin	Caldwell	ID	Caldwell	ID
Pope	Michael	Idaho Falls	ID	Webster	TX
Rowberry	Tyson	Idaho Falls	ID	Idaho Falls	ID
Wiench	Cody	Moscow	ID	Spirit Lake	ID
Wright	Dannen	Boise	ID	Boise	ID
Wright	Shea	Boise	ID	Santa Rosa	CA

Rural Observational Experience

A four to eight week non-credit observational experience for students is offered between their first and second year of medical school. Students can shadow a rural doctor for up to 8 weeks. Students receive a stipend and travel expenses.

Students who have completed this optional experience in the past have noted the following benefits and recommendations:

I went into this experience hoping to gain some insight into the everyday life of an orthopedic surgeon and to learn how to be a better student during my clinical rotations. I was very pleased with my time that I spent working [my preceptor]. I think that he taught me valuable things about being a good student and also gave me an accurate representation of an orthopedist's life style. I also brushed up on some of my knowledge and clinical skills along the way.

--B. Denney, 2012

Of particular interest to me was [my preceptor's] work with the local refugee population. He was able to overcome language barriers with the use of telephone-interpreters to provide them the same quality care that he gives to the rest of his patients. This experience has contributed to my medial education by allowing me to develop my ability to conduct patient interviews and increase my physical examination skills. It was also inspiring to see the relationships that these doctors have developed with their patients over time. This has further increased my desire and motivation to practice in a rural setting.

--M. de la Presa, 2013

Most students in medical school have had brief shadowing experiences that consist of several days here and there. It was a great opportunity to see the daily rhythm of a private practice primary care facility because the time will come when I will have to consider the type of environment in which I would like to practice. This was a valuable opportunity to gain skills in clinical medicine, gain knowledge about longitudinal care and to gain experience in both a specific field and practice type that may be a career interest.

--G. Josten, 2014

UUSOM will continue to support students who wish to participate in this opportunity by educating them on this option, assisting them in finding a rewarding rural placement in a specialty they are interested in and providing access to a stipend to offset costs.

Idaho Rural Outreach Program (IROP)

Idaho has a notable demand for health care providers in its rural communities. The Idaho Rural Outreach Program (IROP) revolves around the concept of medical students inspiring the youth of rural Idaho to pursue a career in the medical field with the long-term goal being to alleviate the shortage of health care providers in Idaho. The goal is to have a significant impact on the youth in rural areas of Idaho that will motivate them towards a productive career in medicine. As 1st and 2nd year medical students we have a unique perspective with regards to the admissions process and what medical school is really like. Our experiences the last several years have been overwhelmingly positive. The educators we have worked with have expressed their gratitude and noted how beneficial the program has been to the students. They appreciate the opportunity it gave the students to gain exposure to a career in medicine and expressed how difficult it is to find such opportunities.

Since its creation in 2007, medical students taking part in IROP have traveled to high schools in various rural areas of Idaho including: Malad, Marsh Valley, Soda Springs, Bear Lake, Burley, Preston, the Boise area, Twin Falls, McCall and the surrounding area, Idaho Falls and Rexburg. They present a PowerPoint that discusses the different career options in the health profession: medical assistant, pharmacist, dentist, doctor, nurse practitioner, physician assistant, etc. They then split the classes up into small groups and taught students about the heart, using plastic models and elk/deer hearts as teaching aides. They also had kidneys, a liver and spleen which they incorporated into the teaching.

The following is one student's account of his experience:

I participated in an Idaho Rural Outreach Program (IROP) volunteering program at McCall-Donnelly High School over spring break last year. I was able to spend a little over half of the school day with three separate classes. For each class, I was able to give their cardiology lecture and then lead the class in a dissection of elk/deer hearts. Towards the end of each class period I took some time to discuss the path to medical school, how students can get the most out of their college experience, and how students can work towards developing effective study habits. I was very impressed with how interactive the students were and the level of questions that they asked throughout my time with them. I had already planned on going up to McCall to spend time with my family and I had a great time spending a day with the students at McCall-Donnelly High School. I would love to go back to work with the students again.

--Wylie Foss

Clinical Medical Education in Idaho

During an Idaho medical student's third year, two of the required rotations, the Family Medicine Clinical Clerkship and the Internal Medicine Clinical Clerkship, are completed in Idaho. While the Family Medicine Clinical Clerkship is six weeks with a community based family medicine preceptor, the Internal Medicine Clinical Clerkship is twelve weeks divided into one six-week inpatient rotation taken in the first half of the year and a second six-week rotation in the second half of the year. It is during the second six-week rotation that the student travels to Idaho for two weeks to work in an ambulatory clinic.

Family Practice Clinical Clerkship

Brief Description of Clerkship

During the clerkship, all students develop competencies in patient care, systems-based practice, lifelong-learning, and professionalism. Students assess and manage acute, chronic, and preventive medical issues in the outpatient family medicine setting. Students also engage in reflective and interactive activities throughout the month, designed to develop awareness and hone skills for physician-patient relationships. These relationships are an essential and powerful tool for good care of patients.

The majority of time is spent in direct patient care, most of which occurs in the outpatient family medicine clinic. The patient care is under the direction of a board-certified family physician member of the clerkship faculty team. Settings are diverse and include inner city, rural, urban, and suburban. This range of choices, as well as the opportunity to conduct patient care in the community, where the majority of Americans seek care, makes the Family Medicine Clerkship unique. In addition to clinical work there is time dedicated to reading, completing projects and assignments, and attending educational sessions.

Clerkship Goals

As a result of completing the Family Medicine Clerkship:

1. Students will be able to integrate their clinical reasoning skills with their scientific background through broad-spectrum hands-on patient care in the primary care setting.
2. Students will be able to see patients collaboratively with their preceptor, managing the full spectrum of acute, chronic, and preventive care needs that are addressed in the primary care setting.
3. Students will be able to develop therapeutic relationships with patients, families and communities.
4. Students will be able to understand how the principles of Family Medicine can help create a more efficient and effective health care system.

5. Students will be able to be more prepared to serve their community, by taking an active learning role in patient care, navigation of complex health systems, lifelong learning, and professional commitment.

Timeline

The clerkship is six weeks in duration. Students will be expected to be active in clinical duties for the majority of the days, however there is built in dedicated study time for the shelf and the various assignments. Students will be working in the preceptor model, which means the student will work similar hours to the physician each day.

Preceptors/Site Requirements

The preceptor must be board certified in family medicine, and hold a University of Utah Volunteer Clinical Faculty appointment with the Department of Family and Preventative Medicine.

Formative Clinical Performance Assessment

All Phase III Clerkships employ a common formative feedback form that includes both a Student Self-Assessment and Faculty Evaluation of Student section (*Formative Clerkship Feedback Form*). This self-assessment and feedback is intended to be formative in nature and will not be used in the calculation of Preceptor Evaluation data for final grade determination.

Preceptor Evaluations

All Phase III Clerkships employ a common preceptor evaluation form that instructs evaluators to select performance based behaviors along multiple dimensions that best represent the student's highest sustained performance during the preceptor's period of observation.

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**Family Medicine Volunteer Clinical Faculty in Idaho
11-14**

Physician	Location	Phone
Thomas S. Call, DO	Bingham Memorial Hospital 98 Poplar MOB 1 st floor Blackfoot, ID 83221	208-782-3700
Julie Gunther, MD	St Luke's Family Medicine Park Center 701 East Parkcenter Blvd Boise, ID 83706	208-381-6500
Jason Ludwig, DO	Pioneer Family Medicine 13150 West Persimmon Lane Boise, ID 83713	208-938-3663
Michael Maier, MD	Saint Luke's Medical Center 3301 North Sawgrass Way Boise, ID 83704	208-376-9592
Waj E. Nasser, MD	St Luke's Capital City Family Medicine 1520 W State St Boise, ID 83702	208-947-7700
R. Bret Campbell, DO	1501 Hiland Ave. Suite A Burley, ID 83318	208-878-9432
Leanne L. LeBlanc, MD	610 North West 2nd Street Grangeville, ID 83530	208-983-5120
Richard F. Paris, MD	Hailey Medical Clinic 706 South Main Street Hailey, ID 83333	208-788-3434
Terrance A Riske, MD	Hayden Lake Family Physicians 8181 Cornerstone Drive Hayden Lake, ID 83835	208-772-0785
Barry F. Bennett, MD	South East Family Medicine 2775 Channing Way Idaho Falls, ID 83404	208-524-0133
David A. Hall, MD	St Luke's Payette Lakes Medical Clinic 211 Forest Street Box 1047 McCall, ID 83638	208-634-6443
Dan Ostermiller, MD	St Luke's Payette Lakes Medical Clinic 211 Forest Street, Box 1047 McCall, ID 83638	208-634-6443
William Crump, MD	St Lukes Family Health 3090 Gentry Way Ste 200 Meridian, ID 83642	208-887-6813
Andrew Holtz, DO	Praxis Medical Group 3080 East Gentry Way Ste 200 Meridian, ID 83642	208-884-3770
Peter Crane, MD	Bear Lake Family Care & OBGYN 465 Washington Street Montpelier, ID 83254	208-847-4495
Michael Packer	Rexburg Family Medicine Center 37 South 2nd East Rexburg, ID 83440	208- 356-0234

Internal Medicine Clinical Clerkship

The third year internal medicine curriculum requires a two week ambulatory care rotation in internal medicine for all students. Since 2007, the contract requires part of this rotation to be done in Idaho. These rotations are currently 2weeks in duration in the state of Idaho and are scheduled for the second half of the third year so that students going have had at least six months of patient contact.

Internal Medicine Volunteer Clinical Faculty in Idaho 11-14

Physician	Office Address	Phone
Sky Blue	125 South Idaho, Suite 203 Boise, ID 83712	(208) 338-0148
Julie Foote	900 North Liberty, Suite 201 Boise, ID 83704	(208) 367-6740
Christopher Goulet	6259 W Emerald Boise, ID 83704	(208) 489-1900
Nicholas Hunt	5610 West Gage, Suite A Boise, ID 83706	(208) 367-3370
Ilana "Lonnie" Shumsky	VA Medical Center 500 West Fort Street Boise, ID 83702	(208) 422-1000
Emily Petersen	700 Ironwood, Suite 334 Coeur d' Alene, ID 83814	(208) 666-9541
Alan Avondet	2001 S. Woodruff Avenue, Suite 15 Idaho Falls, ID 83404 -6372	(208) 522-7310
Scott Taylor	Medical Office Building 3200 Channing Way Idaho Falls, ID 83404	(208) 535-4300
James Gallafent	St. Luke's Internal Medicine, Meridian Clinic 520 S. Eagle Road, Suite 3102 Meridian, ID 83642	(208) 796-5100
Michael Hedemark	St. Luke's Internal Medicine, Meridian Clinic 520 S. Eagle Road, Suite 3102 Meridian, ID 83642	(208) 706-5100
Anne Poinier	St. Luke's Internal Medicine, Meridian Clinic 520 S. Eagle Road, Suite 3102 Meridian, ID 83642	(208) 706-5100
Sherwin D'Souza	Diabetes & Internal Medicine Associates 2302 E Terry Street, Suite A Pocatello, ID 83204	(208) 235-5910
Steven Lofgran	37 South 2 nd East, Suite 301 Rexburg, ID 83440	(208) 356-0234
Dan Fairman	Wood River Internal Medicine 100 Hospital Drive, Suite 201 Ketchum, ID 83340	(208) 727-8888

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Brian Berk	St. Luke's Magic Valley Med Center 801 Pole Line Road W Twin Falls, ID 83301	(208) 814-1000
Matthew Dopp	2550 Addison Ave Twin Falls, ID 83301	(208) 814-7780



Financial Report 2014-2015

The Idaho State Board of Education subsidizes eight seats at the University of Utah so these students are able to pay in-state tuition. For academic year 2013-2014, Idaho students paid \$33,836.66, with student fees of \$952.10, for a total of \$34,788.76. Idaho students also paid a surcharge of \$1668, which was returned to Idaho (to the Idaho Rural Physician Incentive Program). The State of Idaho paid \$40,800/per student.

A portion of the subsidy that the University of Utah receives from the ISBOE went towards:

Direct student support:

Administrator Travel	\$2,077.27
Student Rotation Expenses*	
First-Year Job Shadowing Stipend	\$ 1924.79
Third/Fourth-Year Rotation Expenses	\$ 8,535.82
Idaho Rural Outreach Program	\$ 530.65
Idaho Medical Association U of U Student Rep Expenses	\$952.62
Boise Physician Support Salary	\$12,772.00
Administrative Support Salary	\$57,394.95

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Total

\$82,263.39

The remainder of the funds was used for educational advancement of Idaho Medical Students.

* **Covered expenses for rotations:**

First-Year Job Shadowing Stipend: \$1100/4 week block

Mileage: One round trip between SLC and rotation site (\$0.575/mile) and mileage if distance between housing and rotation sites is ≥ 15 miles (\$0.575/mile)

Housing: If renting apt/motel \leq \$125 per week or if staying with family or friends a nice dinner/gift basket as a thank you \leq \$75

Preceptor: nice dinner/gift basket as a thank you \leq \$75

(Physicians that mentor students in Idaho do so as volunteers. We have been impressed with the willingness of physicians to volunteer to teach medical students and have appreciated the time and effort that it takes for these physicians to give students an opportunity for an Idaho experience. These physicians are required to be credentialed as volunteer faculty at the University of Utah in order to teach in the 3rd year clerkship rotations.)

School of Medicine Graduate Report

Following is the medical student graduate report of Idaho sponsored and non-sponsored from the Office of Student Affairs:

Academic Year	Sponsored	Non-sponsored
2014-2015	8	0
2013-2014	8	1
2012 - 2013	8	2
2011 - 2012	8	4
2010 - 2011	9	3
2009-2010	6	4
2008-2009	7	1
2007-2008	8	0
2006-2007	8	1
2005-2006	8	4
2004-2005	8	0
2003-2004	8	4
2002-2003	9	1
2001-2002	5	0
2000-2001	6	0
1999-2000	6	7
1998-1999	6	2
1997-1998	6	1
1996-1997	6	3
1995-1996	6	3

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As of November 2014, the Alumni Office reported the following estimated numbers for graduates practicing medicine in Idaho:

Idaho Sponsored Students, 1977-2015:	249
Medical School Graduates practicing in Idaho	<i>218*</i>
Resident Graduates practicing in Idaho	<i>62*</i>
Total	280

* These numbers were generated by the University of Utah Alumni Office. They reflect U of U graduates who are currently living in Idaho. It includes only those who graduated after 1969, based on the assumption that those who graduated prior would likely be retired. If a U of U resident was also a U of U graduate, they were only counted once.

Please note that attempts were made to find sources for more accurate information through the Idaho Medical Association and the Idaho Board of Medicine. However, at this time this data is not being tracked.

Following is the resident graduate report from the Office of Graduate Medical Education of those who chose to practice medicine in Idaho:

Academic Year	Number of Graduates	Specialty
2014 - 2015	6 : 289	1 - Family Medicine - OB 1 - Interventional Cardiology 1 - Sports Medicine Fellowship 2 - Internal Medicine 1 - Nephrology Fellowship
2013 - 2014	9 : 291	1 - Internal Med 2 - Pain Med 1 - Dermatology 1 - Nephrology 1 - Pathology 1 - Pediatric Gastroenterology 1 - Plastic Surgery 1 - Vascular Surgery
2012 - 2013	8 : 305	1 - Pediatrics 1 - Anesthesiology 2 - Cardiology 1 - Hematology/Oncology 1 - Pathology 1 - PM&R 1 - Internal Medicine

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Academic Year	Number of Graduates	Specialty	
2011 - 2012	8 : 297	1 – Neurology 1 – Family Medicine 1 - Pediatrics	3 – Internal Medicine 1 – Emergency Medicine 1 - Dermatology
2010 – 2011	9 : 292	4 – Family Medicine 1 – Radiation Oncology 1 – Internal Medicine	1 – General Surgery 1 – Emergency Medicine 1 - Peds-Anesthesiology
2009 – 2010	7 : 266	1 – Medicine – Psychiatry 3 – Family Medicine 3 – Internal Medicine	1 – Pediatrics 1 – Emergency Medicine
2008 – 2009	7 : 287	1 – Anesthesiology 3 – Internal Medicine 1 – Family Medicine	1 – Pediatrics 1 – General Surgery
2007 – 2008	7 : 265	4 – Family Medicine 1 – Internal Medicine 2 - Anesthesiology	
2006 - 2007	4 : 228	1 – Internal Medicine 2 – Pediatrics 1 – Pediatric Hemy/Onc	
2005 - 2006	8 : 214	2 – Sports Medicine 1 – Dental 1 – Pulmonary	1 – Pediatric Psychiatry 2 – Pediatrics 1 – Pathology
2004 - 2005	7: 222	1 – Internal Medicine 1 – Anesthesiology 2 – Dental	1 – Cardiology 1 – Gastroenterology 1 – Physical Medicine

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SUBJECT

Board Policy III.P. Students – Student Health Insurance – Waiver Request

REFERENCE

April 2012	State Board of Education (Board) consideration of several options for SHIP policy waiver. Motion failed.
September 2012	Board considered first reading of amendments to SHIP policy. Motion failed.
April 2013	Board consideration of SHIP policy one-year waiver for Lewis-Clark State College only with respect to mandatory student health insurance coverage. Returned to committee for further consideration.
December 2013	Board returned SHIP policy to committee for further consideration.
January 2015	Board approved first reading of proposed changes to Board Policy III.P.16 student health insurance.
February 2015	Board approved second reading of III.P.16.
August 2015	Board approved the first reading of proposed changes to Board Policy III.P.16.
October 2015	Board approved second reading of proposed changes to Board Policy III.P.16

APPLICABLE STATUTES, RULE OR POLICY

Idaho State Board of Education Governing Policies & Procedures, Section III.P.16.

BACKGROUND / DISCUSSION

In October 2015, the Board approved an amendment to the Board’s policy on student health insurance. Among the changes to the policy was the addition of a definition of “Affordable Care Act (ACA) compliant” plans (which cited a list of ten minimum coverage “essential health benefits” areas drawn from the federal ACA website). The revised policy also included a “temporary insurance coverage” provision which permitted full-time students with non-ACA compliant insurance policies to register for their first semester, after signing affidavits that they would obtain ACA-compliant insurance by the end of the first available health insurance exchange open enrollment period.

Two significant issues have emerged since the revised policy went into effect during the 2015 fall semester. First, the institutions and Board staff discovered that the definition of ACA-compliant insurance plans provided in the revised Board policy is technically inaccurate, and does not reflect the actual provisions of the ACA. The ten “essential health benefits” described are applicable for most individual plans, but may not apply to ACA-compliant group plans. Second, many students with limited financial means have fallen into the “coverage gap”—their income is too high to qualify for Medicaid as currently configured in Idaho, but too low to qualify for federal subsidies (which were established under the assumption that all states would have expanded Medicaid coverage). Students and their

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families are also facing steep increases in prices for policies offered on the state exchange, with average prices for a minimal coverage “bronze” plan exceeding \$200 per month. It is estimated that there are at least 70,000 limited-income individuals who fall in the coverage gap in Idaho.

We are also receiving requests for relief from low income students whose annual incomes in relationship to federal poverty levels are so low that it is recognized that they could not afford insurance plans offered on individual exchanges, and they have been exempted under ACA from having to acquire insurance. Some of these students have established arrangements through clinics and other charitable organizations to provide for medical care while attending college on extremely tight budgets. These students are in full compliance with the ACA, but the current Board policy prohibits them from attending one of the four year institutions on a full-time basis beyond their first semester.

Administrators at the four year institutions and Board staff members have been besieged by students and families who, under the current wording of the Board’s policy, may not be able to continue with their planned studies. Hundreds of students are affected by the scenarios described above.

After consultations with experts in the field and with the staff at the institutions, Board staff is proposing that the provisions of two paragraphs within Board policy III.P.16 be waived immediately to permit students affected by the technical errors and gaps described above to continue to enroll full-time in the spring 2016 semester, provided that they are otherwise in good academic standing. The requested waivers would apply to:

- Paragraph 16.b.i. which (inaccurately) states that all ACA-compliant insurance plans must include services in the ten listed categories.
- Paragraph 16.b.iv. which mandates that students found to be out of compliance with the policy shall be ineligible for full-time enrollment, or may be mandatorily enrolled in the institution’s student health insurance plan, if offered, with the cost thereof charged to the students’ accounts.

The requested waivers would go into effect immediately, and would terminate by September 1, 2016 or upon Board approval (second reading) of a revised Student Health Insurance policy, whichever occurs first.

IMPACT

The proposed waivers would prevent disruption to the academic plans of hundreds of students at the four year institutions potentially affected in the spring 2016 semester by the technical inaccuracies in the current policy and/or by the “gaps” between the current policy and the current landscape of the ACA. The proposed waiver of paragraph 16.b.i. will enable institutions to disregard the incorrect technical information with respect to minimal coverage criteria and allow recognition of ACA-compliant group plans under which many students are

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covered. The proposed waiver of paragraph 16.b.iv. would delegate enforcement of full-time attendance restrictions related to student health insurance to the four-year institution presidents and their student affairs staff experts, who are best equipped to deal with case-by-case student needs--including the needs of those students in the "coverage gap" who are exempt under federal guidelines from having to procure health insurance.

ATTACHMENTS

Attachment 1 – Section III.P.16. Student Health Insurance

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STAFF COMMENTS AND RECOMMENDATIONS

Staff recommends approval of the proposed waivers to the current student health insurance policy. This will address the immediate needs of hundreds of students at the four year institutions who are now grappling with their plans for the upcoming spring semester, and it will provide a window in which a revised policy can be drafted, coordinated, and approved.

BOARD ACTION

I move to waive paragraph 16.b.i. and paragraph 16.b.iv. of Board policy Section III.P. Students, as presented, until September 1, 2016 or approval of a revised Board policy on Student Health Insurance, whichever shall occur first.

Moved by _____ Seconded by _____ Carried Yes _____ No _____

**Idaho State Board of Education
GOVERNING POLICIES AND PROCEDURES
SECTION: III. POSTSECONDARY AFFAIRS
SUBSECTION: P. STUDENTS**

October 2015

16. Student Health Insurance

The Board's student health insurance policy is a minimum requirement. Each institution, at its discretion, may adopt policies and procedures more stringent than those provided herein.

a. Health Insurance Coverage Offered through the Institution

Each institution may provide the opportunity for students to purchase health insurance. Health insurance offered through the institution shall be Affordable Care Act (ACA) compliant.

b. Mandatory Student Health Insurance

Every full-fee paying full-time student (for purposes of federal financial aid) attending classes in Idaho shall be covered by an ACA compliant health insurance policy. Students without proof of health insurance coverage shall be ineligible to enroll full-time at an institution. Each institution shall monitor and enforce student compliance with this policy.

i. "ACA compliant" means a health insurance policy which meets the minimum coverage requirements classified by the ACA as "essential health benefits." Essential health benefits include items and services within at least the following 10 general categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services (including oral and vision care).

ii. Proof of Insurance. All full-time students shall provide proof of ACA compliant health insurance coverage. Proof of health insurance coverage shall include at least the following information:

- 1) Name of health insurance carrier
- 2) Policy number
- 3) Contact information for employer, insurance company or agent who can verify coverage
- 4) Attestation by the student, parent or guardian that health insurance policy is ACA compliant

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Along with proof of insurance, students shall certify they will maintain active and continuous ACA compliant insurance coverage for the duration of their time enrolled as a full-time student.

- iii. Temporary Insurance Coverage. A full-time student may have a non-ACA compliant policy before registration for their first semester of attendance, but such a student shall sign an affidavit that they will enroll in ACA compliant insurance by the end of the first available health insurance exchange open-enrollment period. At no other time may a full-time student be enrolled without ACA compliant insurance.
- iv. Non-compliance. A student found to be out of compliance with this policy while enrolled at an institution, shall be ineligible for full-time enrollment in future terms (fall, or spring) until insurance is obtained and proof thereof is certified; provided however, that if health insurance is offered through an institution and a student is found in non-compliance, the institution may default enroll the student into the institution's student health insurance plan and charge the student's account.

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