

**CONSENT AGENDA  
DECEMBER 8, 2011**

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<b>TAB</b>	<b>DESCRIPTION</b>	<b>ACTION</b>
<b>1</b>	<b>IRSA</b> University of Utah School of Medicine Annual Report	Information Item
<b>2</b>	<b>PPGA</b> Alcohol Permits Issued by University Presidents	Information Item
<b>3</b>	<b>PPGA</b> Eastern Idaho Technical College (EITC) Advisory Council Appointment	Motion to approve
<b>4</b>	<b>PPGA</b> Morrison Center Resolution	Motion to approve

**BOARD ACTION**

I move to approve items three (3) and four (4) of the Consent Agenda.

Moved by \_\_\_\_\_ Seconded by \_\_\_\_\_ Carried Yes \_\_\_\_\_ No \_\_\_\_\_

**CONSENT AGENDA  
DECEMBER 8, 2011**

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**CONSENT**  
**DECEMBER 8, 2011**

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**SUBJECT**

University of Utah School of Medicine Annual Report

**REFERENCE**

September 2011      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 the cooperative agreement. A total of 32 Idaho students can be enrolled at one time in this four-year program.

**ATTACHMENTS**

Attachment 1 – University of Utah School of Medicine  
Annual Report

Page 3

**STAFF COMMENTS AND RECOMMENDATIONS**

As part of the contract, 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.

**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**

**2011**

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**Directory of Administrative Offices**

*\*accurate as of 9/1/2010*

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**Senior Vice President for Health Sciences**

**Dean, School of Medicine**

**CEO, University Health Care**

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- Stephen Warner - Associate VPHS, Development and Alumni
- Ron Harris - Associate VPHS, Inclusion and Global Equity
- Don McClain - Associate VPHS, Clinical Research
- David Entwistle – CEO UUHC
- David Bjorkman - Executive Medical Director UUMG
- James Bardsley - Associate VPHS Finance and Planning
- Kim Wirthlin - Associate VPHS Public Affairs & Marketing

**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.

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## Overview of Regional Activities

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The University of Utah School of Medicine has three major missions: **education**, **research**, and **clinical service**. The three missions are closely interrelated. Each supports and, in turn, benefits from the others. All are considered to be of equal importance.

### Education

The University of Utah School of Medicine is responsible for the predoctoral, graduate, and continuing education of physicians; the graduate and postdoctoral education of biomedical scientists; and the training of certain other health professionals. In determining the size and types of its educational programs, the school is guided primarily by the needs of the State of Utah. The school is also guided by the imperatives of affirmative action and by the needs of the surrounding states which lack their own medical schools. In addition, the school emphasizes high quality programs that address national priorities, such as the need for generalist and academic physicians, rural practitioners, basic biomedical scientists, and selected medical subspecialists.

The four years of formal medical education constitute but a brief introduction to a broad, deep, and rapidly changing discipline. The mastery of medical knowledge and technical skills requires lifelong self-education.

The curriculum is designed to provide students with the knowledge, skills and attitudes necessary to practice medicine. Students spend the first two years in the sciences basic to medicine, including anatomy, biochemistry, physiology, microbiology, genetics, pharmacology, pathology, and behavioral science. Concepts and skills necessary to manage clinical illness, to understand the social issues in medicine, and to be well grounded in the ethics of medical practice are introduced early and explored in depth as the curriculum progresses. Emphasis is placed on prevention, diagnosis, and management of disease states and in the systematic application of these concepts to organ specific diseases.

Curriculum revision is an ongoing process. Courses and their content may change periodically from year to year.

### Research

The University of Utah School of Medicine promotes research of such quality and quantity as to ensure national recognition of a scientifically excellent institution. Each department is expected to expand the frontiers of the discipline it represents. Active pursuit of peer-reviewed funding is encouraged. Research is conducted ethically according to established guidelines for the welfare of human volunteers and experimental animals. The school encourages active collaboration across university boundaries and fosters the development of young scientists. Investigators are encouraged to report their work in journals with high editorial standards or to respected scientific societies.



In addition to education, and the multitude of avenues and services that The University of Utah Health Sciences Center provides, our faculty and staff conduct, collaborate and initiate research. We advance knowledge through innovative, basic and clinical research and translate our discoveries into applications that help people.

The University of Utah is ranked among the top 30 public research universities in the nation with particular distinctions in medicine and genetics. As a result of our benchmarking research, the university received over \$309 million in research and student aid funding from external sources and ranks 15th in the nation for significant awards to faculty for research efforts.

Research in the health sciences spans many fields of study. From genetics, to molecular biology – from biomedical engineering to drug and pharmaceutical research; University of Utah researchers are on the leading edge of the development and enhancement of knowledge in the medical and health sciences.

### **Clinical Service**

The University of Utah School of Medicine is committed to providing state-of-the-art clinical care to the patients it serves. The institution provides advanced and innovative medical procedures and practices to patients in this region. Faculty physicians are expected to provide effective role models for clinicians in training. This responsibility implies efficiency, humanity, cost-effectiveness, and scientific excellence. The school also provides model practice settings for training in primary care. Innovation and leadership are expected in the development of alternative systems of health care delivery, with a volume of clinical activity sufficient to sustain University Hospital teaching and research missions.



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## School of Medicine Educational Objectives

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### **Overview**

Our curriculum reflects a continuum of learning. This continuum spans the formal settings of undergraduate education, medical school, and postgraduate training and extends to lifelong learning once our graduates enter their careers. Students arrive with a broad and varied undergraduate experience including, but not limited to, the sciences. The medical school curriculum has enough flexibility to maximize the potential of students with highly diverse education and experiential backgrounds. Our educational objectives are designed to expose students to the variety of experiences necessary to make an informed career choice, and to ensure that they have the knowledge base, skills, and values to become competent physicians. The heart of the curriculum is a thorough education in basic and clinical science. Mastery in these two areas is essential for exemplary medical practice, and they comprise the bulk of our instruction and evaluation. Thus, the objectives are arranged in order of emphasis in the curriculum, with knowledge of basic and clinical sciences first. Subsequent objectives serve as valued educational threads woven into various courses and clinical rotations. We take diversity seriously. Consequently, we have incorporated objectives to ensure that our graduates understand and value diversity and can conduct themselves professionally and sensitively in multiple settings and with disparate populations.

Our goal is to train accomplished physicians. Thus, for almost every objective, an important assessment activity is the application of the specific knowledge, skill, or attitude in clinical practice. Assessments of application in clinical practice are performed by attending physicians and clinical preceptors, verbally and in writing, and are made apparent in both recommendations and grading.

### **Knowledge**

#### **BASIC SCIENCES**

**Objective:** The student will be able to:

1. Describe the normal functioning of the human organism on molecular, cellular and organ system levels.
2. Describe the pathophysiology of all major disease processes at the cellular and organ system levels.
3. Explain the mechanism and possible adverse effects of various therapeutic interventions.
4. Analyze the basic science issues presented by a clinical problem.
5. Apply significant principles of basic science as they relate to clinical medicine.

**Rationale:** The biological sciences are the foundation upon which our understanding of health and disease is built. The rapid advance of these sciences provides both a deepening knowledge of normal and pathological processes, as well as new tools for diagnosis and treatment.



**Assessment:** Standardized (USMLE) and courses specific tests, including multiple choice and short answer questions, case-based problem solving, and preceptor evaluation of clinical practice.

## CLINICAL SCIENCES

**Objective:** The student will be able to:

1. Describe the signs, symptoms and physical findings of all major disease entities.
2. Identify deviations from the expected course of a disease.
3. Identify and interpret diagnostic procedures appropriate to confirm or refute the diagnosis of particular clinical conditions.
4. Predict the expected results of a treatment plan for any given clinical condition.
5. Provide patient care in the areas of preventive, acute, chronic, continuing, rehabilitative, and end-of-life medicine.
6. Distinguish between primary and specialty care.

**Rationale:** The knowledge of clinical medicine is the *sine qua non* of clinical practice. A strong fund of knowledge in clinical medicine is essential for competent practice. Competence in a range of areas, and recognition of the scope of practice between primary and specialty care, leads directly to safe, effective clinical decisions.

**Assessment:** Standardized and course specific tests, including multiple choice and short answer questions, standardized patients, preceptor evaluation of clinical practice.

## THE PATIENT CONTEXT

**Objective:** The student will be able to:

1. Demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.
2. Assess and describe the effects of factors influencing the health care status of individual patients beyond those of a biological nature, including social, cultural, economic, psychological, environmental, occupational, familial and spiritual factors.
3. Formulate a diagnosis and plan for treatment that incorporates these factors.
4. Employ these factors in communicating with patients to define clinical problems and agree on a treatment plan.

**Rationale:** Many disease processes are influenced by the patient's social, economic, and personal environment. The physician must be sensitive to the cultural, social, financial and environmental factors influencing the patient's perceptions, behavior and compliance.

**Assessment:** Standardized patients, essay, case discussions, and evaluation of history and physical techniques by clinical preceptor.

## HEALTH CARE DELIVERY SYSTEM

**Objective:** The student will be able to:

1. Describe the history of the United States' health care system.
2. Describe health care delivery and financing, including gender and cultural biases, and the role of the government and private payers.
3. Analyze a financing or delivery issue in writing.
4. Explain the theory and practice of managed care.
5. Compare health care systems of other major developed countries to the U.S. system.

**Rationale:** Information regarding how health care is delivered and paid for is critical on a number of levels. First, knowledge of the health insurance system can help a physician take care of a patient in the most efficient and effective way possible. Second, by understanding the way that health care is delivered and financed physicians can influence health care policy. Third, a working understanding of the health care system is required if a physician is to make rational decisions about career choice and practice type.

**Assessment:** Essay or research project, preceptor evaluation of clinical practice.

## LEGAL AND ETHICAL ISSUES

**Objective:** The student will be able to:

1. Describe selected ethical concepts, including informed consent, advanced directives, end-of-life care, and the role of the Institutional Review Board.
2. Identify the competing considerations involved in ethical issues.
3. Formulate an approach to particular ethical problems consistent with the moral responsibilities of a medical professional.
4. Describe legal principles of negligence, malpractice, and risk management.
5. Describe legal guidelines for contracting, employee rights and responsibilities, self-referral, and antitrust.

**Rationale:** Knowledge of informed consent and advanced directives allows physicians to promote the patient's right to personal autonomy and active participation in health care. Best practice requires that physicians know how the legal system works and be familiar with the principles of the law of negligence and the maxims of risk management. Finally, the advent of managed care has created a set of ethical issues involving the physician, the patient, and managed care companies. Exposure to these issues promotes the development of critical thinking skills.

**Assessment:** Short answer or essay questions; essay or research project on a legal or ethical issue, preceptor evaluation of clinical practice.

## HEALTH PROMOTION AND DISEASE PREVENTION

**Objective:** The student will be able to:

1. Describe preventive health care measures across the life span and across cultures.
2. Assess the patient for current health promotions and disease prevention activities and deficits.
3. Create, implement, and evaluate a treatment plan with the patient that includes attention to health promotion and disease prevention.
4. Describe selected complementary therapies.

**Rationale:** Preventing disease is less costly than treating it. Many consider complementary therapies to be important adjuncts to promoting health and preventing disease. Thus, physicians must know what keeps people healthy and help patients make the best choices to maintain or improve health.

**Assessment:** Written short essay examinations on health promotion, standardized patient sessions, essays, and preceptor evaluation of clinical practice.

## COMMUNITY HEALTH

**Objective:** The student will be able to:

1. Describe the basic principles of public health, epidemiology and biostatistics.
2. Analyze a community health problem in writing.
3. Use resources available in the community to help improve the overall quality of society's health, as well as the health of individual patients.
4. Advocate for better health for patients and the community.

**Rationale:** Every patient belongs to a community, which will have its own, special influence on the health of its members. Every aspect of life benefits from public health measures that provide clean air, land and water. Thus, all physicians must understand the tenets of public health.

**Assessment:** Multiple choice and short answer exams, research project, written essay, primary care preceptor evaluation. Skills

## CLINICAL SKILLS

**Objectives:** The student will be able to:

1. Take and record a clinical history in a variety of situations.
2. Perform a comprehensive and accurate physical examination.
3. Demonstrate ethical principals in caring for patients, and in relating to patients' families and to others involved in patient care.

**Rationale:** Quality care begins by obtaining useful and accurate information from the patient, including those who are disoriented or otherwise un- or non-communicative. Skilled physicians adapt their interview, communication, and examination methods to each situation. This process works best if everyone involved is treated fairly and honestly.

**Assessment:** Preceptor assessment of history and physical during clinical rotations. Objective structured clinical examinations (OSCE).

## **PROBLEM SOLVING / PATIENT MANAGEMENT SKILLS**

**Objectives:** The student will be able to:

1. When presented with initial history, develop a preliminary problem list and initial plans for additional data collection, including further history, focused physical examination, and laboratory evaluation to refine the problem list.
2. Incorporate additional information to develop a formal differential diagnosis.
3. Develop plans for continued evaluation and/or treatment based on the above data and additional information obtained from textbooks, medical literature, colleagues, etc.
4. Develop plans that include cultural considerations and are sensitive to the health care needs and issues of non-dominant groups.
5. Integrate and apply knowledge derived from diverse domains and sources in the solution of clinical problems.

**Rationale:** The physician is primarily a problem-solver. The use of problem-solving techniques allows the physician to correctly identify a problem, devise a realistic, flexible, and accurate treatment plan with the patient, and to adjust the plan based on continuous evaluation. While the steps of problem solving may not be replicated for every problem, they are important for every physician to use in assessing and managing unfamiliar conditions. Best problem solving occurs when data is derived from multiple sources. Plans for care are most effective when they are culturally and socially sensitive.

**Assessment:** Evaluation and management plans in classroom and clinical settings. Objective structured clinical examinations (OSCE).

## **COMMUNICATION AND INTERVIEW SKILLS**

**Objectives:** The student will be able to:

1. Employ active listening skills, including nonverbal and verbal interaction.
2. Establish, maintain, and terminate an empathetic relationship.
3. Manage the phases of a clinical interview, including opening and closing, transitions, and the body of the interview.
4. Demonstrate effective communication with uncooperative, depressed, mentally ill, non-English speaking, or physically handicapped individuals.
5. Maintain professional behavior with colleagues and patients, demonstrating courtesy, respect, tact, and appropriate emotional control.
6. Negotiate with the patient as a partner in decisions about his/her health including agreeing on the definition of the patient's clinical problem and establishing mutually acceptable goals for treatment.

**Rationale:** Excellence in practice requires an ability to encourage and accurately hear patient communication, and to communicate effectively with colleagues.

**Assessment:** Standardized patient interviews, OSCE examination, and preceptor evaluation of clinical practice.

## INFORMATION MANAGEMENT

**Objective:** The student will be able to:

1. Retrieve information, demonstrating the ability to perform database searches using logical operators, controlled vocabulary, appropriate limits, and evidence-based filters.
2. Manage selected citations from a database search and organize them into a personal database for tracking literature in an area of interest.
3. Manage both handwritten and electronic medical records.
4. Protect confidentiality of private information obtained from patients, colleagues and others.
5. Make use of online and print resources to enhance presentation skills and answer a clinical question.
6. Conform to copyright and intellectual property regulations.

**Rationale:** Information management via computer is already a core skill for physicians, and will increase in importance over time. Evidence-based practice requires that physicians answer a clinical question using computerized reference databases of selected medical literature. Developing skills to manage and track literature in an area of interest is vital for staying current. Ethical principles and legal constraints demand patient confidentiality.

**Assessment:** Submission, in writing, of a clinical question and its answer with supporting documentation including a printout from the computerized literature search. Preceptor evaluation of clinical practice.

## APPLICATION OF RESEARCH FINDINGS

**Objective:** The student will be able to:

1. Critically analyze a selected research paper from the medical literature.
2. Find and apply multiple sources of information, including clinical trials, review articles, and practice guidelines, to a particular clinical situation.
3. Assess the quality and validity of these sources of evidence using literature analysis techniques.
4. Describe his/her responsibility to maintain information and skills over the length of practice.

**Rationale:** The short half-life of clinical information requires that physicians base their practice on current research findings.

**Assessment:** Formal oral presentation, multiple choice tests, preceptor evaluation of clinical practice.

## PATIENT EDUCATION

**Objectives:** The student will be able to:

1. Identify the need and opportunity for educating patients in a clinical setting.
2. Form a teaching plan for a variety of persons and situations.
3. Implement and evaluate a teaching plan sensitive to developmental, gender, cultural and individual differences.

**Rationale:** All physicians teach patients and their families regarding disease treatment and progression, health maintenance, and disease prevention. Formal and informal teaching occurs in all clinical settings, requiring that the physician understand basic information about assessment of the need for teaching, multiple strategies for teaching, and how to assess the efficacy of teaching.

**Assessment:** Standardized patients, preceptor evaluation of clinical practice.

## Attitudes

### RESPECT

**Objective:** The student will be able to:

1. Identify patient needs and priorities, particularly when in conflict with the student's.
2. Protect the patient's rights to privacy and autonomy at all times.
3. Identify the effects of intolerance and discrimination on the health care of non-dominant ethnic and social groups.

**Rationale:** Physicians are dedicated to their patient's wellbeing and best interest, as defined by the patient. Every patient has a right to privacy and a right to have input into their care. Every patient also has a right to biasfree access and care, delivered by a physician conscious of the effects of social and ethnic discrimination on health access and care.

**Assessment:** Standardized patient model and short answer patient management problems, preceptor evaluation of clinical practice.

### COOPERATION

**Objective:** The student will be able to:

1. Work constructively with other health care providers in interdisciplinary teams.
2. Display the professional ethics of physicians.
3. Demonstrate professional behavior in individual patient encounters and as a member of the health care team.

**Rationale:** All physicians work with others in the health care team and should value the input/contribution of other team members. Part of a physician's role is how to

conduct oneself in a professional manner; This includes showing respect for all members of the health care team, all patients and their families.

**Assessment:** Ward evaluations from attending physicians, preceptor evaluation of clinical practice.

## SELF AWARENESS

**Objective:** The student will be able to:

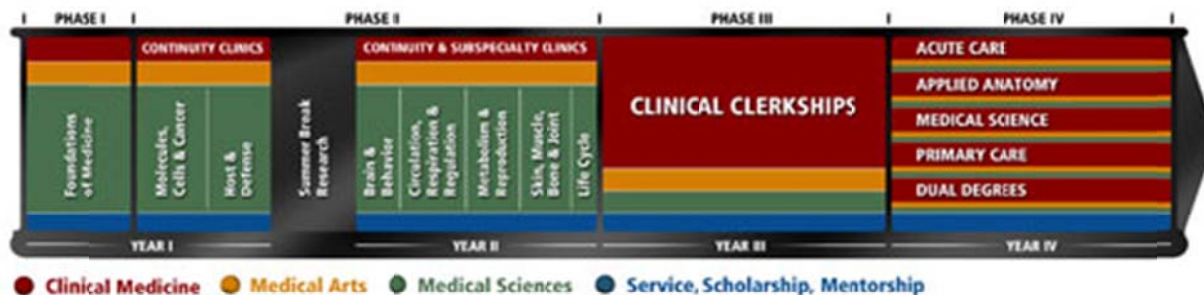
1. Evaluate one's own performance, skills, and attitudes realistically and objectively.
2. Recognize one's own personal limitations.
3. Protect and promote one's own mental and physical health to the extent that it impacts patient care.
4. Recognize and address gender and cultural biases in themselves and others, and in the process of health care delivery.

**Rationale:** Awareness of one's shortcomings, including personal philosophy, physical limitations, and personal social and ethnic biases, is essential to making an appropriate response to the great variety of individuals the physician will work with. This awareness comes from self-evaluation. Attention to the maintenance of one's own physical and mental health is fundamental to being able to provide the best care possible to the patient.

**Assessment:** Preceptor evaluation of clinical practice.



## 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, pharmacology, data analysis, metabolism and nutrition will be taught in relation to the weekly themes. The medical science components of the curriculum will heavily depend upon an integrated textbook: Human Anatomy & Physiology, 8th edition by Marieb and Hoehn. Students will be expected to thoroughly understand the content of this textbook, as well as others used in the phase, at the completion of Phase 1. Students will develop patient interviewing and physical examination skills over the course of Phase 1 to prepare them for their Longitudinal Clinical Experience which begins in Phase 2. 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.

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

This 9-week unit, beginning in early January, 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 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.

### Phase 2: (2.2) Host and Defense

This 9-week unit begins in March and 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

Students begin their Longitudinal Clinical Experience (two half days per month in a primary care clinic) during Phase 2 of Year 1.



## Year 2

### Phase 2: (2.3) Brain and Behavior

This 9-week unit begins in August 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: (2.4) Circulation, Respiration and Regulation

This is a 12-week unit that runs from mid-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 hematologic, circulatory, respiratory, and renal organ systems.

### Phase 2: (2.5) Metabolism and Reproduction

This 9-week unit runs from early January to late March. 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: (2.6) Skin, Muscle, Bone and Joint

Upon completion of this 8-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 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 and Phases III and IV.

### Phase 2: (2.7) Life Cycle

This 2 week unit teaches students to apply knowledge of the normal life cycle emphasizing on transitions within the life span according to its place in clinical medicine, medical science, and medical arts.

### Clinical Experience

Students continue their Longitudinal Clinical Experience (two half days per month in a primary care clinic) and begin their Subspecialty Clinic Experience (one half day per month in a variety of subspecialty clinics) during Phase 2 of Year 2.

## 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.

#### **Family Medicine Clinical Clerkship**

Four weeks with a community based of 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**

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. The second rotation consists of 3 weeks of inpatient responsibilities and 3 weeks in an ambulatory clinic. Inpatient clerkships consist of case work and rounds on wards of the University of Utah Medical Center, LDS Hospital, or the VA Medical Center.

#### **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 spend 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, V A 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 V A Medical Center. Students spend six weeks on general surgery and two weeks in specialty areas.

## Year 4

Seniors must complete a minimum of 36 weeks of credit. Included in the 36 weeks are a two-week half-day medical ethics course, a two week half-day Health Care Delivery course, a required hospital-based subinternship (4 weeks), a four week required Public Health course, and a four-week clinical neurology clerkship between the end of the sophomore year and the end of the senior year. A minimum of 24 weeks must be spent at the University of Utah School of Medicine or its approved sites unless specific prior approval to do otherwise is obtained from the dean of student affairs. A minimum of 12 weeks must be spent in clinical electives except when specific approval to do otherwise is obtained from the dean of student affairs who has authority to define what qualifies as a clinical elective.

Students interested in exploring or pursuing research experiences, including obtaining graduate degrees, are encouraged to do so through individualized programs designed in consultation with research mentors in the various departments.

Senior credit hours can only be earned by electives completed in the 3rd and 4th years.

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## Idaho Student Affairs Update

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### Introduction

#### **Program Leadership**

**Dr. DeVon C. Hale** is a Board Certified physician in Internal Medicine, Infectious Diseases, and Microbiology. Upon completion of his residency in 1978 and until 1984, he was in private practice in Idaho Falls and held the positions of Medical Director of the Microbiology Laboratory and a Consult in Epidemiology at the Idaho Falls Consolidated Hospitals. He moved to Utah in 1984, accepting a faculty appointment with the University of Utah School of Medicine. In addition to his faculty appointment in Internal Medicine and Pathology, since 1995 Dr. Hale has been the Assistant Dean for Idaho Student Education.

**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 8 specific areas. Applicants must achieve at least the minimum level of performance in all 8 areas and be average or above in 5 out of the 8 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 3.0. Applicants with a science, non-science or overall GPA below 3.0 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: Applications for the class entering medical

school in 2012, scores will be accepted from tests taken in 2011, 2010 and 2009. Tests taken after September will not be considered for the current application year.

The minimum acceptable score for each section, (physical science, biological science and verbal reasoning) of the MCAT examination is 7. The average score for entering freshmen is 10 in each section. If the test is taken more than once within 3 years of application, the best score for each section will be considered.

## **Required Activities**

**Extracurricular:** Extracurricular activities are defined as activities outside the usual duties of a full-time job and/or school. The committee is interested in how applicants deal with the demands of their lives outside of the classroom in activities such as work, athletics, family, church, clubs, hobbies, volunteering and other special interests. This is a strong indicator of how well an applicant will handle responsibilities and deal with stressful situations. It also predicts how well they will handle the difficult demands of medical school.

- The minimum requirement is some involvement in outside activities.
- The average applicant devotes 20 hours per week during each of the 4 years prior to entering medical school

**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.
- The average applicant devotes 48 hours during each of 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 an allopathic (M.D.) or osteopathic (D.O.) physician 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.

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
2010 - 2011	95	49	12	8	0
2009 - 2010	84	45	14	8	2
2008-2009	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

## Freshman

Last Name	First Name	City at Time of Application	State at Time of Application	Birth City	Birth State
Braden	Samuel	Boise	ID	Boise	ID
De La Presa Pothier	Martin	Twin Falls	ID	Santander	
Denney	Brandon	Twin Falls	ID	Boise	ID
Hanson	Joey	Boise	ID	Idaho Falls	ID
Orb	Quinn	Salt Lake City	UT	Sun Valley	ID
Straubhar	Alli	Boise	ID	Boise	ID
Taggart	Michael	Rexburg	ID	Ogden	UT
West	Jeremy	Boise	ID	BOISE	ID

## Sophomores

Curtis	Heather	Rigby	ID	Bountiful	UT
Doble	Justin	Twin Falls	ID	Greenville	PA
Elsensohn	Ashley	Moscow	ID	Lewiston	ID
Eshenroder	Nathan	Orem	UT	Boise	ID
Grimm	Nathan	SLC	UT	Lewiston	ID
Jones	Benjamin	Provo	UT	Idaho Falls	ID
Padilla	Maximilian	Boise	ID	Albuquerque	NM
Strunk	Joseph	Deer Park	WA	Portland	OR

## Juniors

Bingham	Colby	Logan	UT	Pocatello	ID
Blickenstaff	Nicholas	Eagle	ID	Salt Lake City	UT
Cheyne	Bryan	Boise	ID	St. Anthony	ID
Coman	Garrett	Boise	ID	Fort Worth	TX
Ellefson	Christina	Moscow	ID	Coeurd' Alene	ID
Fink	Laura	Boise	ID	Minneapolis	MN
Iyer	Varsha	Meridian	ID	Fort Collins	CO
Oakey	Zackery	Salt Lake	UT	Rexburg	ID

## Seniors

Chandler	Justin	Cedar City	UT	St. Anthony	ID
Hansen	Trenton	Salt Lake	UT	Ludington	MI
McInturff	Alison	Salt Lake City	UT	Rockford	IL
Meier	Alexandra	Eagle	ID	Boise	ID
Thacker	Christopher	Salt Lake	UT	Vernal	UT
Turner	Casey	SLC	UT	Twin Falls	ID
Wark	Heather	Ketchum	ID	Reno	NV
Wilson	Sara	Boise	ID	Twin Falls	ID
Winchester	Daniel	Idaho Falls	ID	Idaho Falls	ID



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## Freshmen

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Samuel Braden



Martin De La Presa  
Pothier



Brandon Denney



Joey Hanson



Quinn Orb



Alli Straubhar



Michael Taggart



Jeremy West

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## Sophomores

---



Heather Curtis



Justin Doble



Ashley Elsensohn



Nathan Eshenroder



Nathan Grimm



Benjamin Jones



Maximilian Padilla



Joseph Strunk

---

## Juniors

---



Colby Bingham



Nicholas Blickenstaff



Bryan Cheyne



Garrett Coman



Christina Ellefson



Laura Fink



Varsha Iyer



Zackery Oakey

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## Seniors

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Justin Chandler



Trenton Hansen



Alison McIntuff



Alexandra Meier



Christopher Thacker



Casey Turner



Sara Wilson



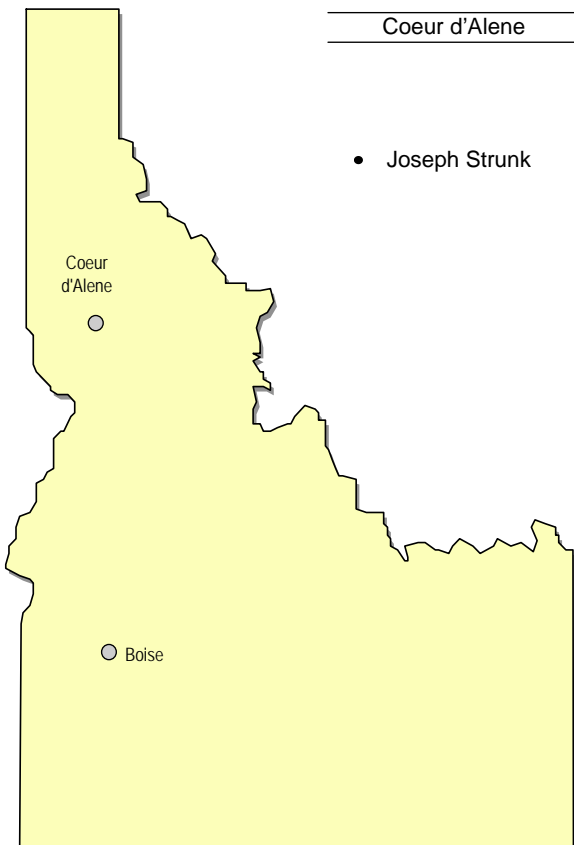
Daniel Winchester

## 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 receive a stipend and travel expenses.

The following student completed the observational experience from mid-June through early-August 2011:



## **Summer observational experience**

**By**

**Joseph Strunk – MS 2014**

This summer I spent a month of my vacation in Coeur d'Alene, ID working with Dr. Barbara Daugharty. She graciously agreed to allow me to follow her for 4 weeks while she cared for patients both in the hospital and in her clinic. At our first meeting we decided to treat the month as much like a 3<sup>rd</sup> year rotation as possible instead of strictly shadowing. She gave me several of her hospital patients each day and instructed me to pre-round on them before we came through together. I would present those patients to her and provide as much of an assessment and plan as possible. Then she would guide me through writing the orders for each patient.

At the clinic I worked with both Dr. Daugharty and her nurse practitioner. Each day I would begin by interviewing patients prior to their arrival, and then I would present each patient when they joined me in the exam room. I was also able to assist and perform physical exams on most patients. Throughout my experience I was supervised by Dr. Daugharty or her staff to begin with and then as I gained confidence I began to work on my own.

It was an excellent educational experience and I would highly recommend it to other students. In the end, I felt I was able to continue honing my clinical skills in preparation for my third year clerkships and my future clinical practice.

Joseph Strunk

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## Clinical Medical Education in Idaho

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During an Idaho medical students third year, two of the required rotations, the Family Practice Clinical Clerkship and the Internal Medicine Clinical Clerkship, are completed in Idaho. While the Family Practice Clinical Clerkship is four weeks with a community based or faculty family practice 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 three weeks to work in an ambulatory clinic. Additionally, during an Idaho medical student's fourth year, the student completes a four-week Public/Community Project. This project can be completed in Utah or Idaho.

### **Family Practice Clinical Clerkship**

**Overview:** The required, four-week Family Practice Clinical Clerkship exposes the medical student to the role and capabilities of family physicians as primary care doctors in their local settings. They are also introduced to other elements of the health care delivery system in the community which supports and compliments the services provided by the primary care physician.

**Educational Objectives:** The student will:

1. Demonstrate basic competency in history taking, physical examinations, procedural skills, and clinical decision making as applied to the wide range of problems seen in family medicine.
2. Be able to discuss the diagnosis of common acute undifferentiated problems while taking into account disease prevalence, geographic factors, the socioeconomic structure of the community, and the psycho-social factors surrounding the patient.
3. Be able to implement a reasonable health maintenance plan for patients of various ages and of either sex.
4. Be able to describe the family physician's role as the coordinator of health care for individuals and families in the overall community, and in the care of chronic and complicated problems.
5. Be able to use the problem oriented medical record, discuss the cost effectiveness in primary care, and show some understanding of risk management quality assurance and ethical issues in family practice.

**Activities:** The student will spend approximately 70% of their time in clinical activities, including office, hospital, nursing home, and home visits with their preceptor. The remaining 30% will consist of time spent learning and experiencing other elements of the health care system in the preceptor's community (hospital and medical staff issues, public health agencies, occupational and environmental health risks), as well as independent study.

**Preceptors/Site Requirements:** The preceptor must be board certified in family medicine, hold a University of Utah Volunteer Clinical Faculty appointment or Volunteer Preceptor agreement with the Department Family and Preventative Medicine.

**Evaluations:** The preceptor will evaluate the student with regards to their personal and interpersonal qualities, fund of knowledge, and clinical skills. The evaluation will be submitted to the Family Practice Student Programs Office within a few weeks of completion of the student's clerkship.

### Family Medicine Volunteer Clinical Faculty in Idaho

Physician	Location	Phone
Jaren Blake, MD	Bingham Memorial Family Medicine 98 Poplar Street Blackfoot, ID	208-782-2999
Waj E. Nasser, MD	1520 W State St Boise, ID 83702	208-947-7700
William Crump, MD	St Luke's Family Health 3090 Gentry Way Ste 200 Meridian, ID 83642	208-887-6813
Lorene Lindley, MD	1112 West Ironwood Dr Coeur d'Alene, ID 83814	208-664-8818
Larry Curtis, MD	Teton Valley Med Ctr 283 No 1st East Driggs, ID 83422	208-354-2302
* Eddie Rodriguez, MD	207 E. 12th Street Emmitt, ID 83617	208-365-1065
Richard F. Paris, MD	Hailey Medical Clinic 706 South Main Street Hailey, ID 83333	208-788-3434
Leanne L. LeBlanc, MD	610 North West 2nd Street Grangeville, ID 83530	208-983-5120
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	PO Box 1047 McCall, ID 83638	208-634-6443
Clayton Bunt, MD	301 Cedar Orofino, ID 83544	208-476-4555
Joan Bloom, MD	30544 Highway 200 Ponderay, ID 83852	208-263-6300
Mark Gibby, MD	45 North 1 <sup>st</sup> East Preston, ID 83263	208-852-3755
Lynn P. Eskelson	47 No 100 E Preston, ID 83263	208-852-2900
Michael Packer, MD	1 Professional Plaza Rexburg, ID 83440	208-356-9231
Joseph E. Watson MD	393 E 2 <sup>nd</sup> No Rexburg, ID 83440	208-356-5401

John K. Franson, MD	292 South 3rd West Soda Springs, ID 83276	208-547-3118
M. Cole Johnson, DO	526 Shoup Ave West Ste E Twin Falls, ID 83301	208-733-1112
Trevor Satterfield, MD	St Luke's Physician Center 630 Addison Ave West Ste 100 Twin Falls, ID 83301	208-733-4343

\* Idaho SEARCH site

## Internal Medicine Clinical Clerkship

The third year internal medicine curriculum requires a three week ambulatory care rotation in internal medicine for all students. Since 2007, the contract requires this rotation to be done in Idaho. These rotations 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

Physician	Location	Phone
Sky Blue, MD	125 South Idaho Street Suite 203 Boise	208-338-0148
Julie Foote, MD	900 North Liberty Street Suite 201 Boise	208-367-6740
Christopher Goulet, MD	Boise Gastroenterology Associates 6259 West Emerald Street Boise	208-489-1900
Laura McGeorge, MD	St. Luke's Internal Medicine 300 East Jefferson Street, Suite 201 Boise	208-381-4100
Stephen Montamat, MD	St. Luke's Internal Medicine 300 East Jefferson Street, Suite 300 Boise	208-381-4100
Leslie Nona, MD	St. Luke's Internal Medicine 300 East Jefferson Street, Suite 300 Boise	208-381-4100
Ike Tanabe, MD	Boise Gastroenterology Associates 6259 West Emerald Street Boise	208-489-1900
Gregory Thompson, MD	St. Luke's Internal Medicine 300 East Jefferson Street, Suite 201 Boise	208-381-4100
Scott Bressler, MD	Caldwell Internal Medicine 1818 10 <sup>th</sup> Street, Suite 100 Caldwell	208-459-4667
Barbara Daugharty, MD	920 Ironwood Drive Coeur d'Alene	208-664-9205
Alan Avondet, MD	2001 South Woodruff Avenue, Suite 15 Idaho Falls	208-422-7310

Shawn Speirs, MD	Eastern Idaho Medical Consultants 3200 Channing Way, Suite 205-A Idaho Falls	208-535-4300
Scott Taylor, MD	Eastern Idaho Medical Consultants 3200 Channing Way, Suite 205-A Idaho Falls	208-535-4300
Craig Scoville, MD, PhD	763 South Woodruff Avenue Idaho Falls	208-535-4373
Anne Poinier, MD	St. Luke's Internal Medicine 520 South Eagle Road, Suite 3102 Meridian	208-706-5100
Gregory Thompson, MD	St. Luke's Internal Medicine 520 South Eagle Road, Suite 3102 Meridian	208-706-5100
Lisa Burgett, MD	630 Addison Avenue West, Suite 110 Twin Falls	208-734-0206
Patrick Desmond, MD	660 Shoshone Street East Twin Falls	208-732-3400

## The Public/Community Project

**Course Objectives:** This four-week Public/Community Project is designed to acquaint medical students with the skills, knowledge, and attitudes basic to the Public health/Community Health Model for addressing a community health problem or issue.

**Activities:** The project is chosen by the student and must have focus on a public health issue/problem present in the community setting. Students partner with a public or private agency that focuses on the topic chosen. Students are expected to use national, state and local public health resources, computer searches, and readings in completing their project.

**Project Types:** Students choose one or two of the following components of a community project.

1. Health Need Assessment (includes: define the community, characterize the community's health, and prioritize the health concerns.
2. Propose/Implement Targeted Interventions: Implementation of an action, activity, training, educational program that is meant to alleviate a defined public health problem or issue. This should be measurable and address a specific group.
3. Evaluate Implementation/Outcomes: Review of an ongoing project to determine its effectiveness and make recommendations for changes in future actions.

**Three Questions to Ask before a Project Topic is Chosen:** The student must answer three of these questions to receive approval from the Family Medicine Student Programs Director.

1. What is important to the community/population group you are going to work with? (This may include public health personnel, agencies, and the community-at-large.)
2. That issues have the greatest health impact on the health of the specific identified group (in whose opinion)?



3. What issue can be reasonable addressed (studied) over four weeks?
4. Will the proposed project receive the appropriate amount of effort?

**Project Guidelines:**

1. The project should provide a benefit or service to a community or population group.
2. A project topic that is closely related to a health care area that involved local/community public health systems. Avoid topics that are narrow in scope and have limited occurrence and effect on the community. Topics that lend themselves to intervention and prevention methods are preferred.
3. Avoid politically sensitive topics (examples: birth control in teenagers) and projects that deal with children 18 years and under.

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## Other Clinical Medical Education Opportunities in Idaho

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### Family Medicine (Primary Care) Preceptorship

**Course Objectives:** The six-week Primary Care Preceptorship is designed to acquaint all medical students with the skills, knowledge, and attitudes basic to a successful practice in primary care. Rotations will be completed in a medically underserved rural or urban primary care site. Most rotations sites are in remote rural locations where the student lives in the community for the six weeks. The site provides for family practice, internal medicine, pediatric care, obstetrics/gynecology or other requested specialty sites deemed appropriate by the Utah Area Education Center program.

**Course Requirements:** Students will:

1. Demonstrated knowledge of 20 clinical problems encountered in the primary care site they are working with including a basic history, physical examination, laboratory investigation and treatment pertinent to each.
2. Identify 10 urgent or emergent conditions likely to be encountered by physicians in this site and describe the basic history, physical examination, laboratory investigation and treatment pertinent to each.
3. Describe the clinical health promotion/disease prevention services appropriate to the site, and the reach for each.
4. List the five most common public health problems of the community in which the site is located.
5. Discuss the roles of primary care providers, consultants, community agencies, hospitals, and governments in promoting public health and managing illness in the community.
6. Formulate a question/topic about a community health issue, review relevant medical literature, collect data from the practice relevant to the question, and write a report on the findings. A verbal report is to be made by each student as part of the debriefing at the end of the rotation.

**Activities:** Students divide their time at the practice site between two areas:

1. The first area, covering 60% of the preceptorship time will be spent in clinical activities with the preceptors.
2. The second area, 40% of the time will be spent completing a “Public Health” Community Health Project. The project is to be chosen by the student and will have a focus on the public health issue/problem present in the community where they are working. Students will use the preceptors’ practices, local public health resources, computer searches, texts, and readings in completing their project.

**Preceptor/Site Requirements:** Preceptors will be board certified physicians, who hold Volunteer Clinical Faculty appointments with the University Of Utah School Of Medicine. Students will choose a specialty focus and an AHEC area for this rotation. The AHEC Center or Student Programs will match the student with a preceptor and provide assistance with course logistics (travel, housing, etc.)



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## Idaho Rural Outreach Program (IROP)

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By

**Justin Doble, MS 2014**

Idaho has a significant lack of health care providers in its rural communities. The theory of IROP revolves around the concept of medical students inspiring the youth of rural Idaho. We believe that our student interactions can help motivate the rural youth into starting a productive career in medicine. As we have just begun our medical careers, we have a unique perspective of what is required for admission and what to expect in a medical career. Our experiences over the years have been overwhelmingly positive. Educators have expressed how beneficial the program has been to the students. They were appreciative of the motivation it seemed to provide and hopeful that the program could return to their schools in the future.

IROP was able to gain financial support from the Office of Idaho Student Education at the U of U School of Medicine to provide funding for a trip to various rural areas in Idaho each year since 2007. The visits by medical students to high schools in these areas consists of a 20 minute PowerPoint presentation which contains information on careers in the health profession, talking specifically about medical school, but also provides information regarding other health care related schooling and careers. After the presentation and a question answer session, medical students participate in hands on teaching with the students by dissecting cow hearts. Since 2007, medical students taking part in this program have traveled and presented to high school classes in various rural areas of Idaho including: Malad, Marsh Valley, Soda Springs, Bear Lake, Burley, Preston, Twin Falls, and most recently the great Boise area. Our past trip to Twin Falls was especially successful as a group of 4 medical students split up between two high schools in the area and was able to present to classes that were interested during each hour of the day at both schools.

IROP would like to be a consistent and continual program maintained by the Idaho Medical Students. The primary obstacle encountered is obtaining funding to pay for the trips because of distance to travel and extraneous cost such as food and lodging. If able to overcome this obstacle with consistent funding each year, IROP will continue to expand its reach to rural communities throughout the state of Idaho. Your financial support of our program will go a long way in positively shaping the lives of Idaho's rural youth. Thank you for your time and your consideration.

Sincerely,

Justin Doble  
 Medical Student, MSII  
 University of Utah School of Medicine  
 Student IROP Representative

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## Idaho Medical Association Student Representative

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By

**Garrett Coman, MS 2013**

This summer, I was selected as the University of Utah medical student representative to the IMA. This coming year, I will attend and observe the IMA board meetings and House of Delegates meetings under Joseph Deaver, a fourth year from the University of Washington. Next year, I will take his position as a voting member in the House of Delegates. I am honored to represent the Idaho medical students in Utah and Washington, as well as those in schools across the nation.

Fortunately, my appointment came just in time to attend the Annual IMA Meeting in scenic Coeur d'Alene. I enjoyed getting to know many new people that are passionate about Idaho healthcare. Watching the debate on resolutions was inspiring and made me realize the extent in which healthcare and politics are interwoven. The delegates' strong work makes me both proud to be part of the IMA and excited for the opportunity to get more involved in the process.

With Idaho's current physician shortage, I am happy to hear that the Idaho Rural Physicians Incentive Program is now in operation. I think this is a very effective and helpful way to encourage medical students to return to Idaho to practice medicine. There is a sense of camaraderie amongst the Idaho medical students here at Utah, and many intend to return to Idaho after their training. The medical students are very grateful for Idaho's generosity in allowing us to choose where we will be practicing medicine. However, I can confidently speak on behalf of my classmates in saying that we all feel an obligation to the state for helping with our education.

Here at the University of Utah, the medical students are also trying to help the physician shortage by visiting Idaho high schools and giving presentations on becoming a doctor through a program called the Idaho Rural Outreach Program (IROP). We explain what medical school is, how to be a strong applicant, and what it is like to be a doctor. The students are also able to dissect a pig heart and ask questions. They enjoy the activity and get exposure to the medical profession. We want to let Idaho high school students know that becoming a doctor is within reach and that our state will help pay for their medical education.

I also want to thank the physicians in Idaho who have taken time out of their busy schedules to accommodate medical students during their third and fourth year rotations. Students are also able to do a four-week rotation in Idaho between their first and second years of medical school. Since many students work in a rural setting, they are able to see medicine from a different perspective- a contrast to the familiar academic setting. Being able to return to Idaho for these rotations is a highlight of our education, and working with such outstanding physicians helps to build relationships and train the next generation of doctors.

## Financial Report 2011-2012

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 2011-2012, Idaho students paid \$28,734.70 with student fees of \$918.54 for a total of \$29,653.24. Idaho students also paid a surcharge of \$1,638 which was returned to Idaho\*. The State of Idaho paid \$38,758/per student.

\*This went towards the Idaho Rural Recruitment program.

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

Direct student support:

Student Rotation Expenses*	
First-Year Job Shadowing Stipend	\$ 1,160.00
First-Year Rotation Expenses	\$ 377.00
Third/Fourth-Year Rotation Expenses	\$ 10,148.18
Idaho Rural Outreach Program	\$ 314.23
Idaho Medical Association UofU Student Rep	\$1074.65
Boise Physician Support Salary	\$7, 219.15
Administrative Support Salary	\$ 4, 603.05
<b>Total</b>	<b>\$ 24,896.26</b>

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

\* **Covered expenses for rotations:**

**First-Year Job Shadowing Stipend:** \$1160/4 week block

**Mileage:** One round trip between SLC and rotation site (\$0.50/mile) and mileage if distance between housing and rotation sites is  $\geq 15$  miles (\$0.50/mile)

**Housing:** If renting apt/motel  $\leq$  \$600 or if staying with family or friends a nice dinner/gift basket as a thank you  $\leq$  \$120

**Preceptor:** nice dinner/gift basket as a thank you  $\leq$  \$120

(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 3<sup>rd</sup> year clerkship rotations.)

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## School of Medicine Graduate Report

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

Academic Year	Sponsored	Non-sponsored
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

As of September 2011, the Alumni Office reported the following estimated numbers for graduates practicing medicine in Idaho:

Estimated Idaho Sponsored Students, 1953-2011:	<b>216</b>
Medical School Graduates* practicing in Idaho	206
Resident Graduates† practicing in Idaho	147
<b>Total</b>	<b>353</b>

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

*\*These figures will be updated by the GME office in November.*

Academic Year	Number of Graduates	Specialty
2010 – 2011*		
2009 – 2010*		
2008 – 2009*		
2007 – 2008*		
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

**\* Medical School Graduates**

Philip D. Affleck, MD  
John Thomas Ahlquist, III, MD  
Ted J. Ajax, MD  
Scott Evan Allan, MD  
Nancy E. Alston, MD  
Marc T. Astin, M.D.  
Richard Allen Augustus, MD  
Alan G. Avondet, MD  
Lorin Christopher Bachman, MD  
Jordan Lysle Bailey, MD  
Jeffrey Boyd Baker, MD  
Wallace Coleman Baker, MD  
Brad L. Barlow, MD  
A. Lloyd Barrott, MD  
Leigh Anne Bassler, MD  
Robert T. Beckstead, MD  
Barry F. Bennett, MD  
Edwin C. Biddulph MD  
Greg Edwin Biddulph, MD  
Michael Clyde Biddulph, MD

Steven C. Funk, MD  
Mindy B. Gaddis, MD  
John E. Gamboa, MD  
Teresa K. Garff, MD  
David Andrew Garrity, MD  
Ralph G. Goates, MD  
R. Joseph Gobel, MD  
Ben H. Godfrey MD  
Mindy B. Gurr, MD  
Gary K. Haddock, MD  
Boyd L. Hammond, MD  
Jeffrey D. Hancock, MD  
David V. Hansen, MD  
Robert G. Hansen, MD  
Kenneth Harris, MD  
R. Todd Harris M.D.  
Kitchener E. Head, MD  
Rex Edward Head, MD  
D. Craig Heiner, MD  
Daniel M. Henrie, MD

Joseph Reed Moore, MD  
Dale McBride Mosdell, MD  
Stanley W. Moss MD  
Chad L. Murdock, MD  
James Neeley, III, MD  
Edwin J. Neil, MD  
Kurt John Nilsson, MD  
Shawn Christian Nowierski, MD  
John W. Obray, MD  
J. Michael Oldroyd, MD  
Alan Olmstead, MD  
Craig O. Olsen, MD  
Daniel Paul Ostermiller, MD  
Scott Michael Packer, MD  
Tamara Lynn Pascoe, MD  
Temp Ray Patterson, MD  
Mary Lou Peak, MD  
Dallas D. Peck, MD  
Michael S. Pecora, MD  
Angela Dawn Pellant, MD

\* **Medical School Graduates**

John E. Bishop, MD	F. LaMarr Heyrend, MD	Joseph R. Petersen, MD
Stuart A. Black, MD	Gene K. Hodges, MD	Phillip H. Petersen, MD
Brian Max Boesiger, MD	Earl Evan Holmstead, MD	Grant M. Peterson, MD
Charles R. Borup, MD	Eric F. Holt, MD	Clay C. Prince, MD
Mark D. Borup, MD	Rose Marie Holt, MD	Corey T. H. Rammell, MD
Barton E. Brower, MD	Scott Partridge Hoopes, MD	Hans Thurgood Redd, MD
Calvin Buhler, MD	Ken Dean Housley, MD	Christopher Richard Rhead, MD
Mark D. Burningham, MD	Carl Scott Humphrey, MD	James L. Richards, MD
Randall D. Burr, MD	Casey Ira Huntsman, MD	John E. Riley, MD
Bradley M. Burton, MD	James Stewart Irwin, MD	Daniel Delbert Ririe, MD
Cheryl Robson Callaghan, MD	Richard D. Isbell, MD	Marnie Lynn Royall Ririe, MD
Michael Thomas Callaghan, MD	John Jackson A. M.D.	Keith L. Ritchie MD
Peter M. Cannon MD	Ronald Dean Jenkins, MD	Steve Edward Roberts, MD
Michael David Cawdery, MD	Lloyd R. Jensen, MD	Theodore S. Roosevelt, MD
Rob Damon Cheeley, MD	Melvin Terry Jeppson, MD	Leanne M. Rousseau MD
Brian Wade Christensen, MD	Daniel William Jones, MD	Randall Rudeen, MD
David W. Christensen MD	Gregory Phillip Jones, MD	Ken W. Ryan, MD
Kay L. Christensen, MD	Jonathan David Jones, MD	Fritz Schmutz, MD
Stephen A. Christensen, MD	Kevin E. Kartchner, MD	Randall J. Skeem, MD
Jack Osborne Clark, MD	Jeffrey Ernest Keller, MD	Cristin Coulam Slater, MD
Darren W. Coleman, MD	Robert M. Kennedy, MD	Paul D. Slater, MD
Lance Wayne Coleman, MD	Brian Calder Kerr, MD	Donald E. Smith, Jr., MD
Wayne L. Coleman, MD	William P. Knibbe MD	Klint H. Stander, MD
Brady Lee Cook, MD	Thomas Orval Kraner, MD	Chris Loren Stegelmeier, MD
James Morgan Coombs, MD	Leland K. Krantz, II, MD	Christopher Allen Stenger, MD
Robert Louis Coray, MD	Scott Larson, MD	Dennis L. Stevens MD
Curtis Hazen Coulam, MD	Elsa J. Lee, MD	D. Lloyd Stolworthy, MD
Rodde D. Cox, MD	G. Richard Lee, MD	Lynn J. Stromberg, MD
Stephen D. Craig, MD	Craig E. Leymaster, MD	Bruce A. Tall, MD
Earl M. Crandall, MD	Wendell C. Johnson MD	Robert M. Taylor MD
Max J. Crouch, MD	James D. Lohmann, MD	Harold Kirkham Thompson, MD
Charles L. Cutler, MD	William Don Loveland, MD	Marietta Thompson, MD
Chic Cutler, MD	Gary L. Lovell, MD	Peter Jeffrey Thompson, M.D.
Kent Wayne Davis MD	Ernest A. Lucero MD	Steven J. Todd, MD
Dane J. Dickson MD	Dean H. Mahoney, MD	Peggy J. Toro, MD
Ronald W. Dorchuck, MD	Eric L. Maier, MD	Albert Trearse M.D.
Mark A. Dowdle, MD	Michael C. Mallea, MD	J. Ballard Washburn, MD
John (Norman) East, M.D.	Shane C. Mangrum, MD	Keith M. Wayment, MD
N. John East, MD	Samantha Ann Marshall, MD	Tyler Russell Wayment, MD
Santina Ellison, MD	Richard J. Martin, MD	Robert C. Welch, MD
Lynn P. Eskelson, MD	William P. Martin, MD	Gregory G. West, MD
Vernon S. Esplin, MD	Calvin J. McAllister, MD	Edward Allen Westcott, MD
Douglas Garth Favor, MD	John C. McCormack, Jr., MD	Dean L. Williams, MD
Gregory L. Flint, MD	Chad Donald McCormick, MD	Timothy W. Woods, MD
Steven Follett, MD	Tina Ann McGuffey, MD	Derek Layne Wright, MD
Michael W. Foutz, MD	Jay P. Merkley, MD	Gentry Charles Yost, MD
Joachim G. Franklin, MD	Bryce Wayne Millar, MD	Gerald Lee Young, MD
Kevin Charles Funk, MD	Warren N. Miller, MD	Ronald M. Zohner, MD



\* **Medical School Graduates**

Peter Crane, MD  
Becky Knoll, MD  
Matthew Reed, MD  
Issac Elam, MD  
Sonia Ponce, MD  
Bethanie White, MD  
Andrea Clark, MD  
Rohn McCune, MD  
Brian Beesley, MS  
Stuart Knapp, MD  
Michelle Reina, MD

Ann Huntington, MD  
Bridgette Latimer, MD  
Kristi Rose, MD  
Robin Nenefeldt, MD  
Pahresah Roominay, MD  
Kencee Amyx, MD  
Jason Hawkes, MD  
Stacie Oliver, MD  
Benjamin Brennan, MD  
Erik Linn, MD  
Kristin Satterfield, MD

Jeremy Huntington, MD  
Katie Munt – Ward, MD  
Ryan Craner, MD  
Thongpham Phanthavady, MD  
Eric Schlekeway, MD  
Bradley Bishop, MD  
Joshua Lunn, MD  
Maggie Zimmerman, MD  
Lindsay Burt, MD  
Noah Minskoff, MD

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**CONSENT AGENDA  
DECEMBER 8, 2011**

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**SUBJECT**

Alcohol Permits Approved by University Presidents

**APPLICABLE STATUTE, RULE, OR POLICY**

Idaho State Board of Education Governing Policies and Procedures, I.J.2.b.

**BACKGROUND/DISCUSSION**

The chief executive officer of each institution may waive the prohibition against possession or consumption of alcoholic beverages only as permitted by and in compliance with Board policy. Immediately upon issuance of an Alcohol Beverage Permit, a complete copy of the application and the permit shall be delivered to the Office of the State Board of Education, and Board staff shall disclose the issuance of the permit to the Board no later than the next Board meeting.

The last update presented to the Board was at the October 2011 Board meeting. Since that meeting, Board staff has received twenty seven (27) permits from Boise State University, twelve (12) permits from Idaho State University, thirty-two (32) permits from the University of Idaho, and one (1) permit from Lewis-Clark State College.

Board staff has prepared a brief listing of the permits issued for use. The list is attached for the Board's review.

**ATTACHMENTS**

List of Approved Permits by Institution

page 3

**BOARD ACTION**

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

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<b>APPROVED ALCOHOL SERVICE AT BOISE STATE UNIVERSITY October 2011 – April 2012</b>		
<b>EVENT</b>	<b>LOCATION</b>	<b>DATE (S)</b>
Boise Inc. HR Dinner	Stueckle Sky Center (SSC)	10/04/11
Insurance Network America Summit	SSC	10/06/11
Bronco Wednesday's Radio Show	SSC	10/19/11, 11/02/11, 11/09/11, 11/14/11, 11/23/11, 11/30/11
Bronco Primetime	SSC: Bronco Zone	10/20/11, 11/16/11, 02/16/12, 03/15/12, 04/19/12
Presidential Alumni Dinner	SSC	10/21/11
Serving Up Wishes Dinner	SSC	10/24/11
Local Option Vision Meeting	Other: SUB Hatch B	10/27/11
Simplot All IT Conference	SSC	10/27/11
ARRGH Pirates Performance	Other: Special Events Center	10/28/11, 10/29/11
Ballet Idaho	Other: Special Events Center	10/29/11
Holiday Auction	SSC	10/29/11
Sales & Management Meeting	SSC	10/31/11
Celtic Thunder	Other: Morrison Center	11/1/11
Jim Brickman	Other: Morrison Center	11/3/11
Fall Friendraiser 2011	Other: Sub Simplot Ballroom	11/4/11
Fall Performance	Other: Special Events Center	11/4/11, 11/5/11
2011 Employee Appreciation Event	SSC	11/5/11
Ira Glass	Other: Morrison Center	11/5/11
Kinesiology Reception	Other: Yanke Research Center	11/9/11
State Farm Agent Meeting	SSC	11/10/11
The Official Blues Brothers Revue	Other: Morrison Center	11/10/11
Monty Python & Spamalot	Other: Morrison Center	11/12/11
Gender Studies Affiliates Social	Other: Women's Center, SUB	11/16/11

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<b>EVENT</b>	<b>LOCATION</b>	<b>DATE (S)</b>
Gingerbread Gala	Other: Jordan Ballroom	11/17/11, 11/18/11
Hawley Troxell Attorney Appreciation	SSC	11/18/11
Winter Welcome Dinner & Auction	SSC	12/2/11
United Heritage Annual Banquet	SSC: Double R	12/7/11

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<b>APPROVED ALCOHOL SERVICE AT IDAHO STATE UNIVERSITY September 2011 – December 2011</b>		
<b>EVENT</b>	<b>LOCATION</b>	<b>DATE (S)</b>
Reception for Jeri Dunkin	School of Nursing	10/21/11
President's State of the University Event	Stephens Performing Arts Center (PAC) Rotunda	10/24/11
Crab Feed	SUB: Ballroom	11/1/11
Marcus Roberts Trio Private Performance and Reception	Bennion Promenade	11/5/11
Red White & The Blue	Stephens PAC	11/12/11
Festival of Trees – Gala	Stephens PAC	11/29/11
FOT – Employee Appreciation Reception	Stephens PAC	11/30/11
Museum Workshop Reception	Museum Gallery Lobby	11/30/11
ISU Credit Union Christmas Party	Stephens PAC	12/3/11
INL Holiday Reception	Center for Advanced Educational Studies (CAES) 995 University Blvd., Idaho Falls, ID	12/6/11
Holiday Party	Rendezvous Suites	12/8/11
Meridian Holiday Open House	ISU: Meridian Health Science Center	12/8/11

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<b>APPROVED ALCOHOL SERVICE AT UNIVERSITY OF IDAHO July 2011 – September 2011</b>		
<b>EVENT</b>	<b>LOCATION</b>	<b>DATE (S)</b>
McClure Lecture Reception	Grove Hotel, Boise, ID	10/5/11
University of Idaho Open House	U of I Research Park	10/6/11
Retirement Function for William Woolston	Prichard Art Gallery	10/7/11
Borah Reception	President's Residence	10/11/11
Business Development Forum	Iron Horse	10/19/11
Hosted Dinner/Reception for Advisory Council, Faculty/Staff	1539 Pine Cone Road, Moscow, ID	10/27/11
McNichols Competition	University Inn Best Western	11/5/11
Navy & Marine Corp Ball	Sub Ballroom	11/5/11
Davis Investment Group Reunion	ALB Boardroom	11/18/11
Bischoff's Retirement Celebration	U of I Boise-Legacy Pointe Room	11/29/11
Reception Honoring Allen Derr	U of I Boise-Legacy Pointe Room	11/30/11
Dean Morris CBE Retirement Celebration	Kibbie Done Club Room	12/5/11
Palouse Holiday Gingerbread Dinner	Sub Ballroom / Appaloosa Lounge	12/8/11
University of Idaho College of Law Alumni Holiday Reception	U of I Boise-Legacy Pointe Room	12/8/11
Alumni Awards for Excellence	Sub Ballroom	12/9/11
Faculty & Staff & Retiree – President's Holiday Reception	Sub Ballroom	12/13/11
Leadership Holiday Dinner	President's Residence	12/14/11
Dave's Golf Shop Tournament	U of I Golf Course	5/17/12
City North American Golf Tournament	U of I Golf Course	5/24/12



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<b>EVENT</b>	<b>LOCATION</b>	<b>DATE (S)</b>
Dale's Boats Golf Tournament	U of I Golf Course	5/31/12
Farm Bureau Insurance Golf Tournament	U of I Golf Course	6/7/12
Lucas Company Golf Tournament	U of I Golf Course	6/14/12
Moscow Building Supply Golf Tournament	U of I Golf Course	6/21/12
Safeway Golf Tournament	U of I Golf Course	6/28/12
Fisher Scientific Golf Tournament	U of I Golf Course	7/5/12
GLOP Golf Tournament	U of I Golf Course	7/12/12
Team Morgan Tournament	U of I Golf Course	7/19/12
Vandals Golf Tournament	U of I Golf Course	7/26/12
Brown's Financial Golf Tournament	U of I Golf Course	8/2/12
Groppe Heating & Electric Golf Tournament	U of I Golf Course	8/9/12
Hawkeye Golf Tournament	U of I Golf Course	8/16/12
Team Ice Golf Tournament	U of I Golf Course	8/23/12

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<b>APPROVED ALCOHOL SERVICE AT Lewis-Clark State College October 2011</b>		
<b>EVENT</b>	<b>LOCATION</b>	<b>DATE (S)</b>
Winter Revels Holiday Party – LCSC Employee Gathering	William's Conference Center	12/9/11

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**EASTERN IDAHO TECHNICAL COLLEGE**

**SUBJECT**

Eastern Idaho Technical College (EITC) Advisory Council Appointment

**APPLICABLE STATUTE, RULE, OR POLICY**

Idaho State Board of Education Governing Policies and Procedures IV.I.  
Section 33-2212, Idaho Code

**BACKGROUND**

Consistent with Idaho Code 33-2212, the State Board for Professional-Technical Education may appoint an Eastern Idaho Technical College (EITC) Advisory Council consisting of not less than twelve (12) nor more than fifteen (15) persons. State Board of Education policy states that the EITC Advisory Council consists of the State Division of Professional-Technical Education Administrator and the EITC President as ex-officio members, and other members appointed by the State Board for Professional-Technical Education, each to a term of three years. A council member is eligible for reappointment to consecutive terms. In the event the incumbent is interested in reappointment, the Board may choose to reappoint the incumbent without soliciting other candidates. For an open appointment the EITC Advisory Council is required to advertise the vacancy in regional newspapers. The Advisory Council reviews all applications received and forwards only the most highly qualified applicants, in order of preference, to the Board for consideration.

Two (2) people are presented by the current EITC Advisory Council to the State Board of Education in order to fill the vacancies created in 2011, by resignations. The EITC Advisory Council requests the State Board of Education appoint Bart Davis and Scott Crane to the EITC Advisory Council. Their terms will begin January 1, 2012, upon State Board of Education ratification and continue through 2014.

Three (3) people are presented by the current EITC Advisory Council to the State Board of Education in order to fill the vacancies created December 31, 2011, by the term completion of three (3) Advisory Council members. The EITC Advisory Council requests the State Board of Education reappoint Terry Butikofer, Michael Clark, and Sylvia Medina to the EITC Advisory Council, bringing the membership to fifteen (15). Their terms will begin January 1, 2012, upon State Board of Education ratification and continue through 2014.

**IMPACT**

This will bring the EITC Advisory Council membership to fifteen 15.

**ATTACHMENTS**

Attachment 1 – Bart Davis, Letter of Interest	Page 3
Attachment 2 – Bart Davis, Resume	Page 4
Attachment 3 – Scott Crane, Letter of Interest	Page 5

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Attachment 4 – Scott Crane, Resume	Page 6
Attachment 5 – Terry Butikofer, Letter of Interest	Page 8
Attachment 6 – Terry Butikofer, Resume	Page 9
Attachment 7 – Michael Clark, Letter of Interest	Page 11
Attachment 8 – Sylvia Medina, Letter of Interest	Page 12
Attachment 9 – Sylvia Medina, Resume	Page 13

**BOARD ACTION**

I move to approve the appointments of Bart Davis and Scott Crane and the reappointments of Terry Butikofer, Michael Clark, and Sylvia Medina to the Eastern Idaho Technical College Advisory Council for a term beginning January 1, 2012, and ending December 31, 2014.

Moved by \_\_\_\_\_ Seconded by \_\_\_\_\_ Carried Yes\_\_\_\_\_ No\_\_\_\_\_

**CONSENT**  
**DECEMBER 8, 2011**

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DISTRICT 33  
BONNEVILLE COUNTY  
  
HOME ADDRESS  
2638 BELLIN CIRCLE  
IDAHO FALLS, IDAHO 83402  
[www.senatorbartdavis.com](http://www.senatorbartdavis.com)



OFFICE ADDRESS  
STATE CAPITOL  
P.O. BOX 83720  
BOISE, IDAHO 83720-0081  
(208) 332-1300  
FAX: (208) 334-2320

**Idaho State Senate**  
**SENATOR BART M. DAVIS**  
MAJORITY LEADER

September 26, 2011

Via Email to:  
[Jacque.larsen@my.eitc.edu](mailto:Jacque.larsen@my.eitc.edu)

Eastern Idaho Technical College  
Advisory Board  
Attn: Chairman

RE: Letter of Intent

Dear Chairman:

Please accept this letter as my written expression of interest to serve on the Eastern Idaho Technical College Advisory Board.

Attached hereto is my narrative resume. I certainly can provide a more detailed resume if you desire.

Sincerely yours,

A handwritten signature in blue ink, appearing to read "Bart M. Davis".

BART M. DAVIS

BMD:tc  
Enclosure

[WWW.STATE.ID.US/LEGISLAT/LEGISLAT.HTML](http://WWW.STATE.ID.US/LEGISLAT/LEGISLAT.HTML)

## **BART M. DAVIS**

Bart M. Davis was born in South Dakota in 1955, but raised in Idaho. He has been married to Marion Woffinden Davis since 1976, has six children, eleven grandchildren, and he enjoys golf. He is active in his church and Rotary Club. He is a Paul Harris Fellow.

Mr. Davis received a *B.A.* from Brigham Young University in 1978 and *J.D.* in 1980 from University of Idaho. He is admitted to practice before the Supreme Court of the State of Idaho, United States District Court, District of Idaho and District of Arizona, Ninth Circuit Court of Appeals, and United States Supreme Court. He was co-counsel on a tax case before the United States Supreme Court in 1990 (*Davis vs. United States of America*, 495 U.S. 472). He practices in the areas of construction, real property, business, and commercial law including bankruptcy.

Since 2001, Mr. Davis has been a commissioner to the National Conference of Commissioners on Uniform State Laws (NCCUSL). He serves on the *Committee on Relations with other Organizations* and *Committee on Federalism and State Law*.

In 1998 Senator Davis was elected to the Idaho State Senate. Currently, he is the Idaho Senate Majority Leader, a member of Legislative Council, and a board member of the Idaho Bond Bank Authority. He chaired several interim committees, including Guardianship/Conservatorship and Task Force to Study Campaign Financing for Judicial Elections. He previously served Idaho's Governors as a member of the Family Farm Security Task Force, the Safety in Public Schools Task Force, and he chaired the Eastern Idaho State Park Search Committee. He also served on Idaho's Abraham Lincoln Bicentennial Commission and the Capitol Restoration Advisory Committee on Legislative Relocation.

As a member of the Council of State Governments and CSG-WEST, Senator Davis' service includes: CSG past chair, CSG-West past chair, Governing Board & Executive Committees, Committee on Suggested State Legislation, International Committee, Futures Committee past chairman, Toll Fellows Selection Committee past chairman, and Legal Task Force (12 member "Federalism" national task force to determine *amicus curiae* participation before the US Supreme Court). In 1999 Senator Davis was awarded the *Toll Fellowship*.

Mr. Davis is active in the Idaho State Bar. He served the state bar and the Idaho Supreme Court as a member of the Guardianship/Conservatorship Committee and the Judicial Independence and Integrity Committee. He served the federal courts for six years as a Lawyer Representative to the Ninth Circuit Judicial Conference (including Conference Executive Committee), eleven years on the Bankruptcy Court Rules Committee (Recorder from 1998 to 2001), Chapter 13 Plan Subcommittee (Reporter), and Long Range Planning Committee. He was a founding board member and past chairman of the Commercial Law and Bankruptcy Section. He is also the chairman and member of the University of Idaho College of Law Advisory Council, Idaho Law Review Advisory Board, and the 2007 College of Law Conclave. Mr. Davis is a co-author of *Use of Legislative History: Willow Witching for Legislative Intent*, 43 University of Idaho College of Law Review 585 (2007).

Mr. Davis has been honored as a recipient of the Special Recognition for Extraordinary Contributions to the Improved Administration of Justice in Idaho, Idaho Judicial Conference 2010; Professor Boyd A. Martin Award, Idaho Association of Cities; Outstanding Republican Elected Official Award by Region VII, Idaho Republican Party; 2009 Legislator of the Year, Idaho State Republican Party; Leadership to Eastern Idaho Award, Idaho Falls Chamber of Commerce; Cesar Chavez/Dolores Huerta Farmworker Justice Award; Professionalism Award, Commercial Law & Bankruptcy Section, Idaho State Bar; and 2009 Leadership Award and 2004 Shooting Star Award, State Government Affairs Council. He was also

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honored to participate with the American Jewish Committee and the Council of State Governments on the Project Israel Interchange. Mr. Davis is a Trustee of the Museum of Idaho.

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Ms Larsen

Tuesday, March 15, 2011 8:42 AM

I have been ask if I would be interested in serving on the advisory council for the Eastern Idaho Technical College. The answer is yes. EITC is a wonderful institution that I believe provides an essential training for Eastern Idaho. If I can be of any service to the college I am willing to serve. I have attached my resume and if you have any questions please give me a call.

Dr. Scott L. Crane  
Superintendent of Schools  
Blackfoot School District No. 55  
270 East Bridge Street  
Blackfoot, 1D 83221  
Phone: 208-785-8800  
Fax: 208-785-8809  
Email: crans@d55.k12.id.us



**CONSENT**  
**DECEMBER 8, 2011**

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**Dr. Scott LeRoy Crane**

1620 Wagonwheel Drive  
Blackfoot, Idaho 83221  
(208) 785-7367  
crans@d55.k12.id.us

**EDUCATION**

B.A. History & Coaching, Brigham Young University, Provo, UT 1979  
Masters of Education, Idaho State University, Pocatello, ID 1984  
Educational Specialist, Idaho State University, Pocatello, ID 1991  
Doctor of Education: Educational Leadership, Idaho State University, Pocatello, ID 2006

**EXPERIENCE**

2007-Present	Blackfoot School District Blackfoot, Idaho <i>Superintendent of Schools</i>
1997-2007	Blackfoot School District Blackfoot, Idaho <i>Assistant Superintendent of Schools</i>
1996-97	Blackfoot School District Blackfoot, Idaho <i>Director of Business Operations and Secondary Education</i>
1994-1996	Blackfoot School District Blackfoot, Idaho <i>Principal, Mountain View Middle School</i>
1991-94	Blackfoot School District Blackfoot, Idaho <i>Assistant Principal, Blackfoot High School</i>
1985-91	Blackfoot School District Blackfoot, Idaho <i>Assistant Principal, Mountain View Middle School</i>
1979-85	Cassia County School District Burley, Idaho <i>Teacher and Coach</i>

**PROFESSIONAL MEMBERSHIPS**

Idaho Association of School Administrators  
Idaho School Superintendent Association  
American Association of School Administrators  
Idaho Association of School Business Officials  
Idaho Association of Secondary School Principals  
National Association of Secondary School Principals  
National Drop-Out Prevention Network  
National Middle School Association  
Blackfoot Administrator's Association  
-Vice President  
-President

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Phi Delta Kappa  
-Membership Committee  
Alliance for Invitational Education  
Blackfoot Chamber of Commerce  
-Education Committee Chair  
-Board of Directors

**AWARDS AND HONORS**

NASA Teacher in Space Program 1986  
Educator of the Month, Blackfoot School District, 1989  
Outstanding Young Men of America 1989  
Who's Who in American Education 1990  
Who's Who in Finance and Industry 1998  
Who's Who in American Education 1999  
Graduate Project Leadership 2000  
Registered School Business Administrator -International  
Association of School Business Officials 2002  
Sixth District Project Leadership Liaison 2000-present  
The Chancellor's List 2004-2005  
The National Scholars Honor Society 2007

**COMMUNITY SERVICE**

Blackfoot Chamber of Commerce  
Kiwanis  
Scout Unit Commissioner  
Scout Committee  
Scoutmaster  
PTA National Delegate  
PTA President Stalker Elementary School

**PUBLICATIONS**

"The Issue of Site-Based Management," Idaho Association of School Administrators, Perspectives. Fall, 1993, Vol. XI No 1.

"Transitions: Junior High to Middle School in Just Two Years," Idaho Association of School Administrators, Perspectives. Spring 1987, Vol. IV No.2.

"Job Satisfaction of Secondary School Principals, Master's Thesis, Idaho State University, 1984.

"A Study of Job Satisfaction of Idaho Public School Superintendents as Compared to Job Satisfaction of Public School Superintendents in Hunterdon and Somerset Counties, New Jersey. Doctorial Dissertation, Idaho State University, 2006.



**Terry L. Butikofer, Business Manager**  
**East-Central Idaho Planning and**  
**Development Association**  
**299 East 4<sup>th</sup> North, Rexburg, ID 83440**  
**Phone: (208) 356-4525, Ext. 311**  
**Fax: (208) 356-4544**  
**Cell: (208) 390-4946**  
**E-Mail: [terry.butikofer@ecipda.net](mailto:terry.butikofer@ecipda.net)**

Jacque Larsen  
Eastern Idaho Technical College  
1600 S. 25<sup>th</sup> E.  
Idaho Falls, Idaho 83404-5788

December 4, 2011

Dear Jacque,

I am interested in continuing my appointment to the Eastern Idaho Technical College's advisory board. I have enjoyed my association with others on the Council and with Eastern Idaho Technical College and feel that my membership has led to effective partnerships with the College. I look forward to continuing this relationship.

Thank you for your assistance in this matter.

Sincerely,

*Terry Butikofer*

Terry Butikofer,

**TERRY L. BUTIKOFER**

482 Partridge Lane  
Rexburg, Idaho 83440  
(208) 356-4946

**E-mail: [terry.butikofer@ecipda.net](mailto:terry.butikofer@ecipda.net)**






**PROFESSIONAL PROFILE**

Successful planner who works effectively with people from diverse professional backgrounds and orientation; skilled developer and manager of projects and programs; accustomed to seeing projects completed on time and on budget; known as an organizer that pays attention to detail and follows through with tasks; effective team player with strong work ethic and sense of loyalty; proficient communicator with excellent platform skills; qualified computer user with working knowledge of networking, the Internet, electronic spreadsheets, word processing, data-base packages, and accounting software. I have worked with the Eastern Idaho Technical College for the past 26 years in various workforce development activities.

**PROFESSIONAL EXPERIENCE AND SKILLS**

The Development Company - Rexburg, Idaho

1985 - Present




-  Have worked with Cities and Counties to help conduct public facility studies, and develop public facility projects, benefiting communities in East-Central Idaho.
-  Have obtained and administered private and federal funding for numerous area Cities and Counties to assist in the funding of water and sewer projects, street projects, fire stations, community centers, senior citizen centers, and district health centers.
-  Have developed and implemented effective workforce development activities in the nine county area of East-Central Idaho. Have coordinated local workforce development efforts as part of the State's Workforce Development efforts including rapid response to business closures and lay-offs.
-  Vice Chairman of Eastern Idaho Technical College's advisory council.
-  Currently working as a loan officer in the loan department to assist small businesses grow and expand throughout the region.

TERRY L. BUTIKOFER  
Page 2

ComputerLand Corporation - Hayward, California

1984 -1985

*Training Coordinator / Trainer*

-  Coordinated all corporate training classes for franchise owners and store managers.
-  Developed training materials for use in franchise owner and store manager training.
-  Trained and facilitated small groups from diverse professional backgrounds in various areas including; the use of computer hardware and software, and small business management.

## EDUCATION AND TRAINING

Rapport Leadership Institute  
Atlanta, Georgia  
Leadership Breakthrough I

Grantsmanship Center  
Boise, Idaho  
Graduate, Program Planning and Proposal Writing

Idaho State University  
Idaho Falls, Idaho  
Graduate Studies: Emphasis Corporate Training

Brigham Young University  
Provo, Utah  
B.A., Training and Human Resource Development: August, 1984

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24 October, 2011

Mr. Frank Just, Chairman  
Eastern Idaho Technical College Advisory Council  
1600 South 25<sup>th</sup> East  
Idaho Falls, ID 83404

Dear Chairman Just

In response to your inquiry regarding completion of the term of my membership on the Eastern Idaho Technical College advisory Council, I would submit my interest and willingness to continue to serve the college for another term if acceptable to you and the State Board of Education.

If you need additional information or clarification, please let me know.

Sincerely

Michael L. Clark, PE

Michael L. Clark  
268 N 4100 E  
Rigby, ID 83442  
Home (208) 745-6747  
Work (208) 526-0831, (208) 521-7019

**CONSENT**  
**DECEMBER 8, 2011**

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Advisory Committee  
EITC  
1600 S. 25 E  
Idaho Falls, ID 83405-5788

I am writing this letter to the EITC Advisory Board to provide my continued interest in supporting the board since my term is expiring. I would like to advise the board that I have a number of commitments, including extensive travel that at times prohibits me from being physically at the board meetings. If this is a problem I probably cannot continue serving on the board. However, if the board sees fit to allow me to continue despite this issue, I would be more than happy to continue in my capacity. I feel that in the time I have been on the board I have not provided the support I needed to in order to be of value. I would commit to making efforts to provide my input to help the EITC in expanding its vision and continuing in its success.

Thank you very much, sincerely

Sylvia Medina

**SYLVIA M. MEDINA**

*President and CEO, North Wind, Inc.*



**EDUCATION**

M.S., Waste Management (Chemical Engineering),  
University of Idaho, 1993  
B.S., Environmental Engineering, New Mexico Tech, 1988  
B.S., Biology, New Mexico Tech, 1986

**BIOGRAPHICAL INFORMATION**

Ms. Medina is founder and president of North Wind, Inc., an Alaska Native Corporation (ANC) owned by Cook Inlet Region Incorporated (CIRI). Incorporated in 1997, North Wind has grown to an award-winning business comprised of more than 300 engineers, scientists, construction personnel, and other professionals who provide a broad range of environmental and engineering services. Headquartered in Idaho Falls, Idaho, North Wind maintains 13 offices nationwide and will generate over \$100M in revenue in 2011.

Ms. Medina is also President of North Wind Group, an ANC holding company and North Wind Remediation Services, LLC, a company that has been incorporated to manage jointly with Weston Solutions, a Navy Contract out of the Mid-West Region.

Ms. Medina serves on the Board of Directors for several organizations, including:

- Women Impacting Public Policy (WIPP), Washington, DC
- Grow Idaho Falls
- Idaho Falls Symphony
- Idaho State University Foundation
- Snake River Animal Shelter, LLC (President)
- Green Kids Inc. (President)
- Holy Rosary Parish School

**SUMMARY OF QUALIFICATIONS**

Ms. Medina has 23 years of environmental engineering experience with an emphasis in waste management and environmental cleanup. She is a leader in the environmental management, engineering, construction, scientific consulting, and information technology industries and is responsible for building North Wind into an industry-respected corporation that provides full-service, turnkey support to a variety of public and private customers. Her primary responsibilities include customer relations, quality assurance/quality control, health and safety, executive personnel management, business development, strategic planning, and technical assistance.

**Sylvia Medina**

- ✓ President, CEO and founder, North Wind, Inc.
- ✓ President, North Wind Group
- ✓ President, North Wind Remediation Services
- ✓ Masters degree in waste management
- ✓ 23 years environmental engineering experience
- ✓ Board member, national and local organizations
- ✓ Winner of numerous awards
- ✓ Philanthropist



## **RELEVANT EXPERIENCE**

### ***Senior Environmental Engineer, North Wind, Inc., Idaho Falls***

Ms. Medina served as the primary project manager for the documentation, package, and shipping of all Environmental Restoration Legacy Waste streams from Idaho National Laboratory (INL). She designed and supervised cleanups involving organic contaminants, metallic contaminants, and radionuclides. She also performed site characterizations, Phase I Environmental Site Assessments, and NEPA documentation. She has assisted in wetlands surveys, preparation of Corrective Action Plans for petroleum contaminated sites (including RBCA), prepared waste management/waste minimization plans, sampling and analysis plans, Field Team Leader, D&D activities, closure plans, health and safety plans, spill contingency plans, prepared procedures, RD/RA & RI/FS documentation; SAR development, as well as developing environmental compliance programs for site facilities. Ms. Medina has implemented numerous environmental regulations for various federal government agency sites, such as DOE, DOD, DOT, and the BIA. She has experience in RCRA, CERCLA, SARA Title III, and other applicable regulations.

Ms. Medina's experience as an environmental engineer includes the following:

- Ms. Medina prepared NEPA related documents for the Idaho Transportation Department (ITD) as it related to the removal and replacement of a bridge over the Snake River. This included preparation of a Biological Assessment, an environmental evaluation, and related ITD forms, as well as coordinating with other government agencies.
- Ms. Medina acted as the OU 7-10 Stage I and II Environmental Coordinator for Environmental Restoration. This included ARARs evaluation, FSP and DQO document support preparation, DOE and Region X/State interaction, Waste Management, Stormwater inspector and coordinator of the SWPPP.
- Ms. Medina also prepared two Corrective Action Plans for petroleum-contaminated sites in Idaho. This included evaluating data, developing remediation strategies, assistance in installing an SVE/air sparging system and using Idaho RBCA Guidance Manual.
- Managed documentation, package, and shipping of all Environmental Restoration Legacy Waste streams at the INL.
- Supervised the design and implementation of environmental monitoring programs (involving organic, metals, and radionuclides contamination) for a variety of facilities in southeastern Idaho.
- Performed site characterizations, Phase I Environmental Site Assessments, NEPA documentation, wetlands surveys, and Corrective Action Plans for petroleum contaminated sites (including RBCA) for numerous Federal and private customers throughout the country.
- Prepared Sampling and Analysis Plans, site Closure Plans, Health and Safety Plans, Spill Contingency Plans, Standard Operating Procedures, Remedial Design/Remedial Action Work Plans, Remedial Investigation/Feasibility Study (RI/FS) documentation, and Waste Management/Waste Minimization plans.
- Developed environmental compliance programs for a variety of DOD and DOE facilities.
- Implemented numerous environmental regulations for government sites including DOE, DOD, DOT, and the BIA.
- Experience in RCRA, CERCLA, SARA Title III, and other applicable environmental regulations.
- Experience creating and implementing training programs for hazardous waste identification, waste disposal coordination, and waste management.
- Assisted the National Transuranic Program Office in the evaluations of various generator sites throughout the country for their respective TRU programs. Assisted in the development of the

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preliminary safety analysis report for a waste retrieval and processing system as part of the INL Pit 9 Interim Action.

- Prepared specific chapters, including hazardous materials and radioactive protection, decontamination and decommissioning, procedures and training, and emergency preparedness for the Nevada Test Site.
- Prepared and implemented the sampling and analysis plan for the Pantex Firing Site 5 Interim Corrective Measures related to depleted uranium contamination. Coordinated field sampling activities and acted as field team leader for data collection. Assisted in soil removal actions for soils contaminated with depleted uranium.

***Senior Environmental Engineer, S. M. Stoller, Idaho Falls, ID***

Ms. Medina prepared a Closure Report for the Gay Mine Landfarm by Simplot/FMC located on the Shoshone-Bannock Reservation. The intent of this report was to prepare returning the leased land from the FMC Corporation and the J.R. Simplot Company to the Shoshone-Bannock Tribes.

Ms. Medina worked as a Task Manager at Amarillo, Texas at the Pantex DOE Plant for the Accelerated Cleanup Activities (ACA) for a number of High Explosive (HE) sites in 1998. This included supervising soil removal actions for radiologically/HE contaminated soils being shipped to Envirocare, supervising excavations to determine the extent of contamination, Decontamination & Decommissioning activities including tank removals and sizings of tanks used for process waters from contaminated plant operations, pumping and removal of contaminated liquids, and conducting sampling. Her additional responsibilities included interfacing with the Pantex ER Director and DOE to ensure the accelerated clean-up was being conducted in accordance with the work plan, making field decisions to determine if additional decontamination was required, and waste management.

Ms. Medina served as the Project Manager for over 100 waste streams and samples within a period of 7 months for Environmental Restoration legacy waste. This project included preparation, modification, and review of Sampling and Analysis Plans for legacy waste; implementation of Sampling and Analysis Plans, working with LMITCO Environmental Affairs in regulatory interpretations, preparation of hazardous waste determinations, design of final disposition for legacy waste; and disposition of the waste streams.

Ms. Medina provided technical assistance and served as Stoller Project Manager for V-Tank Waste Management. This included assisting WAG-10 in determining management of PCB contaminated radioactive wastes, assisting in the preparation of a compliance action report, evaluation of TSCA and RCRA regulations requirements, establishment of TAAs, sample returns, and management of residual wastes generated from past V-Tank sampling activities.

Ms. Medina assisted in the Cold Test Pit/Acid Pit Treatability Study activities at the INEEL. This task involved a number of activities including assistance in the preparation of TOSs for laboratory analysis of samples, preparing for sampling activities at the Cold Test Pit, and assistance in waste management for wastes generated from both activities.

Ms. Medina prepared NEPA documentation for the Snake River Bridge project removal and the Red Rocks Project in Pocatello, and Downetta, Idaho. This work was specifically to support the Department of Transportation. The projects involved conducting a Biological Assessment for the sites, which included a raptor survey, and other ecological evaluations based on the Threatened and Endangered Species list obtained from the U.S. Fish & Wildlife Service. Additionally, a wetlands delineation and mitigation plan were prepared. Other areas included completing and obtaining approval on an Army Corp 404 Permit Application as well as other DOT related forms.

Ms. Medina developed and implemented the Pit 9 Environmental compliance program. This encompassed developing over 10 procedures (and their implementation) for waste management, establishment of Satellite and Temporary Accumulation Areas, Environmental Training, spill prevention, QA/QC for waste management, construction waste management, sampling & analysis, used oil management, and

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management of RCRA Universal Wastes. She coordinated waste shipments, and conducted sitewide training in environmental compliance for incoming subcontractors. She responded and corrected audit findings.

Ms. Medina assisted the National Transuranic (TRU) Program Office in the evaluations of various generator sites throughout the country for their respective TRU programs. She assisted in the development of the Preliminary Safety Analysis Report (PSAR) for a waste retrieval and processing system as part of the INL Pit 9 Interim Action. Ms. Medina prepared specific chapters, including hazardous materials and radioactive protection, decontamination and decommissioning, procedures and training, emergency preparedness, and waste management and assisted in preparing the same chapters for the Nevada Test Site.

***Environmental Engineering Specialist, EG&G Idaho, Inc., Idaho Falls, ID***

Ms. Medina managed all environmental compliance issues for several waste management groups at INEEL, including the Test Area North Hot Shop, Process Experimental Pilot Plant, Radioactive Waste Management Complex, and Three Mile Island/Spent Fuels group. She implemented RCRA, SARA Title III, NESHAPs, and other applicable regulations. She performed site assessments for various INL facilities and established satellite and temporary accumulation areas for interim storage of hazardous and mixed wastes. Ms. Medina acted as the facility LLW coordinator for all wastes generated at the TAN Hot Shop. She trained facility personnel in the handling and disposal of hazardous wastes. She created materials and tested personnel to ensure understanding of the course material and acted as a waste generator interface in evaluating the waste characteristics for incoming waste to ensure it met the waste acceptance criteria and RCRA permit.

Ms. Medina prepared site investigations (Track 1 investigations) for INEEL sites to determine if the sites required additional characterization under CERCLA. Six of the sites were determined to be no-action sites, and one of the sites was lacking data necessary to make a determination.

Ms. Medina reviewed applicable or relevant and appropriate requirements (ARARs) for the TSF-07 Disposal Pond & Sump which underwent a RI/FS. She prepared an investigation-derived waste management plan for waste generated during CERCLA work activities for EG&G Idaho's Environmental Restoration group.

Ms. Medina assisted in preparation of a closure plan for the TAN Decontamination Shop located in the southern part of the TAN 607 complex. This included conducting a walkdown of the site, obtaining data from the sumps in the room, and assisting in a closure plan for this location.

Ms. Medina acted as a field team leader for a CERCLA remediation effort that included 2 areas at TAN, being the TSF-07 sump, and inlet basin both requiring decontamination activities. These cleanups were regulated under the Federal Facility Compliance Act. Contamination included Low-Level radiological, and heavy metal contamination. She developed the clean-up plan, prepared Safe Work, Radiological and Confined Space Permits, coordinated planning efforts, and supervised approximately 25 personnel removal and cleanup.

Ms. Medina supported EG&G Idaho's Waste Reduction Operations Complex by preparing qualitative waste verification procedures for hazardous wastes stored at the Hazardous Waste Storage Facility. She prepared a RCRA Part B waste analysis plan and a spill contingency plan for a treatment, storage, and disposal (TSD) unit. Ms. Medina assisted in implementation of the permit. She prepared procedures for the shipment of low-level mixed wastes to Westinghouse Idaho Nuclear Company and wrote sampling and analysis plans for mixed waste debris. She assisted with the preparation of a RCRA Part B Permit for the Test Area North Hot Shop at INEL.

Ms. Medina served as the field team leader for a site characterization at the U.S. Army Yuma Proving Grounds. The area is contaminated with depleted uranium, and a treatability study was prepared based on data results.

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Ms. Medina prepared a Wastewater Land Application Permit and coordinated hazardous, low-level, and mixed waste shipments. She prepared site work releases and sampling and analysis plans for in-house sampling procedures, initiated NEPA documentation, acted as the spill coordinator, and prepared waste minimization facility plans.

Ms. Medina worked with TAN Landlord personnel in disposing of unusable materials including unknowns. She coordinated interim waste management, and waste characterization for all materials. She worked with USPCI personnel in preparing lab packs and waste disposal.

***Environmental Engineer, EBASCO Environmental, Idaho Falls, ID***

Ms. Medina reviewed a permit to construct for the Idaho Chemical Processing Plant, which included reviewing the regulatory emission allowances for the Liquid Effluent Treatment and Disposal facility.

Ms. Medina collected field samples in support of a RCRA facility investigation at Portsmouth Diffusion Plant in Piketon, Ohio.

**WORK HISTORY**

2010–Present	North Wind Group, Idaho Falls, ID, <i>President</i>
1997–Present	North Wind, Inc., Idaho Falls, ID, <i>President</i>
1994–1998	S.M. Stoller Corporation, Idaho Falls, ID, <i>Senior Environmental Engineer</i>
1991–1994	EG&G Idaho, Inc., Idaho Falls, ID, <i>Environmental Engineering Specialist</i>
1991	EBASCO Environmental, Idaho Falls, ID, <i>Environmental Engineer</i>
1988–1991	EG&G Idaho, Inc., Idaho Falls, ID

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**BOISE STATE UNIVERSITY**

**SUBJECT**

Morrison Center Resolution

**REFERENCE**

August 1982	Board approved the initial resolution establishing the Morrison Center Board of Governors and relationship with the Harry W. Morrison Foundation and Boise State University
September 1985	Board amended the Morrison Center Resolution
April 1995	Board amended the Morrison Center Resolution
April 2010	Board amended the Morrison Center Resolution

**APPLICABLE STATUTE, RULE OR POLICY**

Idaho State Board of Education Governing Policies & Procedures, Sections I.E and II.B.

**BACKGROUND/DISCUSSION**

Boise State University (BSU) requests that the Board adopt a new resolution that governs the University relationship with the Morrison Center. Leadership from the Harry W. Morrison Family Foundation, the Morrison Center Endowment Fund and BSU have worked together to establish new parameters for their ongoing relationship and have agreed that a formal Board of Governors is no longer necessary.

**IMPACT**

This change will eliminate the need for a formal Morrison Center Board of Governors and allow the President of Boise State University the flexibility to appoint an advisory Board if needed to provide advice on the operation of the Morrison Center.

**ATTACHMENTS**

Attachment 1 - Morrison Center Resolution

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**STAFF COMMENTS AND RECOMMENDATIONS**

The University finds that with the increased collaboration between the various stakeholder groups involved in the Morrison Center operations, a formal Board of Governors is no longer necessary. The Board of Governors is composed of ten members: the President of Boise State University or designee; three at-large University members appointed by the President of the University; four at-large community members to be appointed by the Harry W. Morrison Family

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Foundation; and the Executive Director of the Morrison Center and the designated representative of the Morrison Center Advisory Committee (as chosen by the Advisory Committee), both of whom would serve as ex-officio, non-voting members.

**BOARD ACTION**

I move to approve the new Morrison Center Resolution as presented and to authorize the President of Boise State University to sign on behalf of the State Board of Education.

Moved by \_\_\_\_\_ Seconded by \_\_\_\_\_ Carried Yes \_\_\_\_\_ No \_\_\_\_\_

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RESOLUTION

WHEREAS, the Harry W. Morrison Foundation, Inc. and the public are major benefactors of the Morrison Center located on the campus of Boise State University; and

WHEREAS, in discussions between officials of the Harry W. Morrison Foundation, Inc. and Boise State University concerning the feasibility of developing the Morrison Center on the campus of the University, it was agreed that if the Foundation and the public made substantial contributions to pay the constructions costs of the Morrison Center, private individuals and organizations should have the right to use, and to participate with the University in making decisions governing the operation of the Morrison Center; and

WHEREAS, the community and its cultural and art-related organizations have cooperated with the University community in supporting and financing the Morrison Center and in promoting the arts and related activities; and

WHEREAS, by a Resolution dated August 17, 1982; the Idaho State Board of Education established the Morrison Center Board of Governors, which was superseded and amended by Resolutions dated September, 1985, April, 1995 and May 2010; and

WHEREAS, the Idaho State Board of Education continues in it desire to recognize these contributions, and to facilitate participation by persons and organizations outside the public sector in the regulation and use of the Morrison Center.

NOW, THEREFORE, IT IS HEREBY RESOLVED that the prior Resolution is hereby superseded and amended as follows:

1. In order to promote cultural and intellectual activities for the benefit and enjoyment of all Idaho citizens, the use of the main performing auditorium of the Morrison Center and all other rooms and facilities used in conjunction with productions performed therein will be made available to persons and organizations from the community, subject to the general provisions set forth below.
2. The time allocated for the use by the public of that portion of the Morrison Center specified above, shall, as nearly as possible, be at least equal to the time allocated for use by Boise State University.
3. Recognizing that the Morrison Center must be operated as a self-supporting entity, fees for its use will be no less than cost as determined through generally accepted accounting principles, and will reflect the use of personnel, equipment, or facilities supported exclusively by Boise State University.
4. The President of Boise State University may, at the President's discretion, appoint an advisory board to advise the President and the Executive Director of the Morrison Center regarding best practices, policies or other operational items that further the mission of the Morrison Center provided that all recommendations of such board are subject to the approval of

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the President of Boise State University. The Executive Director of the Morrison Center shall be appointed by, and serve at the pleasure of, the President of Boise State University.

5. Every effort shall be made to allocate such time and space fairly to competing interests, recognizing that the overall objective and purpose of the Morrison Center is to serve as a cultural and intellectual center for all people in the state. Boise State University, Morrison Center Endowment Foundation, Inc., and the Harry W. Morrison Foundation, Inc., are hereby encouraged to cooperate in developing policies and events which will stimulate the use of the Morrison Center and brings its advantages to the maximum number of citizens of the State of Idaho.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2011.

For IDAHO STATE BOARD OF EDUCATION

By \_\_\_\_\_