

**REPORT OF THE
STATE COUNCIL OF HIGHER EDUCATION**

**A STUDY OF COLLABORATIVE
EDUCATION FOR HEALTH
PROFESSIONS**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



HOUSE DOCUMENT NO. 39

**COMMONWEALTH OF VIRGINIA
RICHMOND
1999**

A Study of Collaborative Education for Health Professions

**Developed by
The State Council of Higher Education for Virginia
January 19, 1999**



COMMONWEALTH of VIRGINIA

COUNCIL OF HIGHER EDUCATION

James Monroe Building, 101 North Fourteenth Street, Richmond, VA 23219

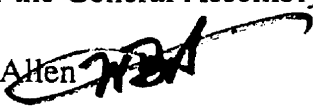
William B. Allen
Director

(804) 225-2137
FAX (804) 225-2604
TDD (804) 371-8017
<http://www.schev.edu>

MEMORANDUM

January 22, 1999

TO: The Honorable James S. Gilmore, III
Members of the General Assembly

FROM: William B. Allen 

RE: Collaborative Education for Health Professionals

At its meeting on January 19, 1999, the Council of Higher Education approved the report, *Collaborative Education for Health Professionals*. The Council's action was in response to HJR 197, of the 1998 Session of the General Assembly. A copy of the report is enclosed.

The report concludes that collaborative education for students in medicine, nursing, and pharmacy is feasible and is most likely to occur when there is strong institutional commitment and external funding to support it. Virginia institutions generally support the concept of collaborative education for health professionals and it is part of Virginia Commonwealth University's strategic plan. The largest example of collaborative education of this type within Virginia is between the nursing school at George Mason University and the medical school at George Washington University. The study contains seven findings and four recommendations that are found on pages i and ii of the report.

Please contact me if you have any questions or comments regarding this study.

Enclosure

cc: The Honorable Wilbert Bryant

Preface

House Joint Resolution No. 197 of the 1998 General Assembly requested the State Council of Higher Education to convene a task force to develop a collaborative training model for health care professional education programs. In developing its model, the task force was asked to consider:

- (i) successful collaborative programs and any grant support;
- (ii) the efficacy and appropriateness of creating a core curriculum in the Commonwealth's health care profession education programs;
- (iii) any relevant educational, fiscal, and policy issues necessary and appropriate.

A copy of HJR 197 is attached as Appendix A

TABLE OF CONTENTS

Executive Summary	i
Chapter I	1
National Programs, Initiatives, and Funding	1
Federally Funded Programs	1
Robert Wood Johnson Foundation	2
The W.K. Kellogg Foundation	3
Chapter II	5
Collaborative education for health professionals in Virginia	5
University of Virginia	5
Virginia Commonwealth University	5
George Mason University	6
Shenandoah University	7
Virginia Area Health Education Centers	9
Chapter III	10
Input from the task force on collaborative education	10
Feasibility of collaborative education	10
Policies aiding and hindering collaborative education	12
Financing collaborative education	12
Appendices	13
Appendix A	14
Appendix B	15
Appendix C	16
Appendix D	18
Appendix E	19

Executive Summary

Nationally and in Virginia, very little collaborative education for health professionals occurs without significant amounts of continued external funding. In addition to the federal government, the Pew Health Professions Foundation, the Robert Wood Johnson Foundation, and the W. K. Kellogg Foundation provide the majority of funding for collaborative education for health professionals.

Collaborative education for physicians, pharmacists, and nurses in Virginia is very limited. Within Virginia, Virginia Commonwealth University includes collaborative education in its strategic plan and has limited collaborative clinical training for physician, pharmacy, and nursing students, but beyond that has essentially no collaborative education for these disciplines. Although the University of Virginia does not include collaborative education in its strategic plan, it too has some collaboration in clinical training but not in the classroom. The majority of collaborative education for physicians and nurses in Virginia occurs between George Mason University's School of Nursing and George Washington University's School of Medicine. This externally funded project includes several joint classes for physician and nursing students.

Collaborative education for health professionals goes beyond the three professions, medicine, nursing, and pharmacy, named in HJR 197. For instance, Virginia Commonwealth University offers a doctoral program in health-related sciences, which includes a common core for nine allied-health professions. Shenandoah University offers some common courses for students in its five health professions programs, including nursing and pharmacy. And the University of Virginia offers a joint biomedical ethics/nursing program at the master's level. The biomedical ethics program is part of UVA's School of Medicine. Shenandoah University includes some collaborative aspects in its education of pharmacists, nurses, occupational therapists, physical therapists, and respiratory therapists.

Nationally and in Virginia, institutions that are interested in implementing collaborative education say that it is very difficult to do so. Without external funding and strong institutional support for collaborative education, few major collaborative efforts will develop.

Task-force members were in agreement several findings:

- Collaborative education but not core curricula can be beneficial in the education of health professionals, including physicians, pharmacists, and nurses.
- Collaborative education is much easier to espouse than to implement.
- Implementing collaborative education for medicine, pharmacy, and nursing is difficult and faces both technical and logistical issues.
- Collaborative education cannot be developed by a central agency nor mandated to exist. Rather, it must come from institutional initiative.

- Essentially all cases of sustained collaborative education for medicine, pharmacy, and nursing students take place in institutions that have received significant amounts of continuing external funding for it.
- Collaborative education already exists in some health profession education programs that have significant support from the institution's leadership and the professions involved in the educational process.
- Collaborative education for health professionals should not be limited to medicine, nursing, and pharmacy. Other health professions and health-related professions should be included in any future discussions of collaborative education.

Based on the findings contained in the report, the Council of Higher Education makes the following recommendations about collaborative education for Virginia's health professional programs. The recommendations are divided into educational policies and funding policies.

Educational Policies:

- Educational institutions should continue working to address the technical and logistical issues that hinder collaborative education for health professionals.
- Discussions of curricula should focus on collaboration rather than on core curricula.

Funding Policies

- Institutions should continue to seek external funding to initiate or expand collaborative educational activities for health profession educational programs.
- Institutions that offer more than one health profession educational program should consider reallocating small amounts of funding for the initiation of pilot projects in collaborative education. (Informal conversations indicate that funding in the amount of \$50,000 or less could make a difference in the ability to initiate some collaborative education.)

Chapter I of this report examines existing national initiatives and introduces the Virginia programs funded by them. Chapter II provides detail on the collaborative programs within the Commonwealth. Chapter III contains the educational community's input on the feasibility for collaborative programs and the educational, fiscal, and policy issues that facilitate and hinder the development and implementation of collaborative programs in Virginia.

In its work, the Council of Higher Education requested the assistance of a task force consisting of the leaders of health professions educational programs. Instead of bringing the group together in face-to-face meetings, written, telephonic, and electronic means were used to communicate with this group, which is named in Appendix B. At the beginning of the study, the Council's staff developed a preliminary report that was

transmitted via electronic or surface delivery to the task force. The Council received responses from some but not all of these individuals. In some cases, responses were received from an institution (i.e. Virginia Commonwealth University and Shenandoah University), and an organization (Virginia Association for Colleges of Nursing). Responses from others were either from specific individuals or schools rather than an institution. The responses to the preliminary report are detailed in Chapter III of this report.

Chapter I

National Programs, Initiatives, and Funding

Educational programs for health professionals traditionally have been in programs isolated from each other. Physicians in training typically had their preparation for each area of practice from separate disease-oriented departments. Medicine, nursing and other professional programs, even when in the same educational institution, did not participate in joint educational activities of any types. Recent trends however, have led many observers to believe that interdisciplinary or collaborative education, in which students from more than one profession are in the same classrooms or clinical-training site learning the same things, may be more beneficial both to the students and the community. The Pew Health Commissions Report “Critical Challenges: Revitalizing the Health Professions for the Twenty-First Century,” (Pew Health Professions Committee, 1995, p. xiii) for example, stated that the growing complexity of health care needs will require health professionals to “work effectively as a team member in organized settings that emphasize the integration of care.” The Pew Health Commissions Report also recommended that all health practitioners be able to “understand the values and functions of coordinated, comprehensive, and continuous care.”

The Pew Health Commission believes that interdisciplinary training is necessary if its recommendations are to be met. Such training provides students with clinical experiences environments more reflective of changes in health care practice. Interdisciplinary preparation also helps students understand the roles played by nurses, doctors, pharmacists, and other health professionals and how each of these professions contributes to health care delivery.

To back its philosophy that collaborative curricula are desirable, the Pew Charitable Trusts funds such projects. This private funding group is joined by two others, the Robert Wood Johnson Foundation, and the W. K. Kellogg Foundation, and by the federal government, in funding collaborative educational partnerships for health professionals. Some of these sources fund only a part of a larger collaborative program, as is the case with a Virginia program between George Mason University and George Washington University. (This project will be discussed in Chapter II.).

In this section of the report, we list the larger and more comprehensive programs and initiatives that are funded by the federal government and the three major private funding sources.

Federally Funded Programs

The Health Resources and Services Administration (HRSA) sponsors rural interdisciplinary training programs under section 778 of the Public Health Service Act. HRSA grants are used to fund training projects that: 1) use new and innovative methods to train health care practitioners to provide services in rural areas; 2) demonstrate and evaluate innovative interdisciplinary methods and models designed to provide access to cost-effective comprehensive health care; 3) deliver health care services to individuals

residing in rural areas; 4) enhance the amount of relevant research conducted concerning health care issues in rural areas; and 5) increase the recruitment and retention of health care practitioners in rural areas and make rural practice a more attractive career choice for health care practitioners. In FY 1998, the HRSA funded 20 awards and 4 contracts totaling \$4.1 million.

Although some HRSA projects primarily educate students from the allied health professions, most include some combination of nursing, medicine and pharmacy students, with several programs containing all three disciplines. The HRSA-funded project in New Mexico for example, includes pharmacy, physician, and nurse-practitioner students along with students from nursing, physical therapy, respiratory therapy, medical technologist, speech and language pathology, social work, community health, and dental hygiene programs.

The typical HRSA-funded project organizes students into interdisciplinary teams serving four to eight week rotations at rural sites. The acquisition of clinical experience in a rural setting is the main emphasis, but some projects also include classroom training as a part of the curriculum. Several grantees also use funds to research the desirability and delivery of interdisciplinary training in general.

Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation's Partnerships for Training initiative funds consortiums of schools, communities, and government partners which provide healthcare to underserved, but not necessarily rural, areas. As a minimum, each funded project must include students from nurse-practitioner, certified nurse-midwife, and physician-assistant programs. Other disciplines also may be represented. Students are organized into interdisciplinary teams to obtain collaborative clinical experience in designated health-care service sites.

Partnerships for Training programs also designate interdisciplinary teams of faculty to teach merged courses to students from all three disciplines. These courses, which vary in content and number depending upon the needs of the community, often are delivered electronically. Participating institutions have adjusted their programs to accommodate tuition differences, credit transfers, and variations among academic calendars.

The Partnerships for Training initiative aims to bolster healthcare within key communities by increasing the availability of qualified healthcare professionals to areas and persons that lack access to health care. A project goal is to have students who are educated within these local communities remain to practice there after graduation. The Partnerships for Training initiative currently sponsors eight programs (listed in Appendix C) all of which began implementation between late 1996 and 1997.

The Robert Wood Johnson Foundation also funds at least one other national initiative containing collaborative elements. The Health of the Public Network, funded by the Pew Charitable Trusts and the Robert Wood Johnson Foundation, establishes a network of individuals from academic health centers whose mission is to orient the

education, research, and clinical programs of their institutions toward the health needs of the communities they serve. The network emphasizes academic health center-community partnerships as well as inter-institutional alliances that serve the public interest.

The W. K. Kellogg Foundation

In June 1991, the W. K. Kellogg Foundation disbursed seven grants under the title Community Partnerships in Health Professions Education (CPHPE) Phase I initiative. The funded projects stress community-based primary health care education and research from a multidisciplinary approach. Each grantee received \$6 million over a four or five year period. The W. K. Kellogg Foundation spent an additional \$5.5 million to strengthen and increase the impact of the seven models, making its total expenditure \$47.4 million dollars. A listing of the seven funded projects is contained in Appendix D.

One of the recipients, East Tennessee State University (ETSU), documented its success under the Community Partnerships in Health Professions Education grant. ETSU's program incorporated freshmen nursing and public health students as well as medical students who had completed their first semester of medical school. Students were selected based on grade point averages and desire to work in the Appalachian rural community, including the southwest corner of Virginia. An interdisciplinary faculty team educates these students together in a program that emphasized community-based learning in seven content areas: 1) community skills; 2) community organization and assessment; 3) biostatistics and epidemiology; 4) group process and problem solving, 5) health assessment; 6) health promotion for community and individuals; and 7) health intervention strategies.

East Tennessee State University's program set forth four critical objectives:

1. To develop and implement a common interdisciplinary curriculum that would meet the educational needs of medical, nursing, and public-health students.
2. To develop a community partnership that empowers area residents as equal partners with the university and practice programs.
3. To promote and reinforce career choices that support health education, disease prevention, and rural primary care.
4. To develop inquiry-based learning experiences to support interdisciplinary curriculum objectives.

ETSU reported success in meeting each of its four objectives. The university found that up to 25 per cent of nursing and medical students enroll each year in one of their 13 interdisciplinary teaching courses. It also found that students who participate in the program expressed a better understanding of "the role and contribution of team members from other disciplines." In addition, 80 per cent of the initial nursing graduates chose to work in public health, home health, small rural hospitals, or long-term care facilities in health professions shortage areas. Despite some concerns as to the possible disruptive effects of a special interdisciplinary approach, the school reported no difference in licensure and board exam pass rates between participating and non-participating students.

The Appalachian community served by the program also received significant benefits. Access to health care increased and the presence of medical students seemed to heighten community awareness of both health and health professions. Participating counties experienced a significant decrease both in total deaths and deaths from cardiovascular illnesses during a period where deaths in these two categories increased in both the state and region. The school also reported a significant enrollment growth in health sciences at the university from these communities. East Tennessee State University currently is working with the Southwest Virginia Area Health Education Center to locate some students within Virginia's Appalachian communities.

In addition to its Community Partnerships in Health Professions Education (CPHPE) initiative, the W. K. Kellogg Foundation also funds six projects under the auspices of the Community Partnerships for Graduate Medical and Nursing Education (GMNE) Phase II initiative. These six grants target graduate physicians and advanced nurse practitioners specializing in primary care through an interdisciplinary and community-based approach. (These projects are listed in Appendix E.) Three of the six projects (East Tennessee, Boston, and El Paso) are past recipients of the CPHPE grants and are receiving additional funds to build interdisciplinary elements onto their undergraduate CPHPE components. In addition, the Washington Regional Academic/Community Consortium, funded by this initiative, serves northern Virginia through partnerships among George Mason University, George Washington University, Fairfax Hospital, and other groups. Each project will receive \$1.8 million, with the grantees promising to match this amount.

Chapter II

Collaborative education for health professionals in Virginia

In Virginia, as in other states, attempts to initiate collaborative educational programs have been assisted by the presence of funds and hindered by the absence of them. Educational institutions that want to have collaborative educational projects are face formidable technical issues presented by reorganizing and integrating separate schools, sometimes at separate institutions. Despite these problems, Virginia's public universities have begun working to integrate interdisciplinary courses and clinical experiences into their curriculums in a variety of ways. Several programs have just begun implementation and there are several more in development which should begin in the next 2-3 years.

University of Virginia

The University of Virginia (UVA) provides joint education and practice experiences to primary-care nurse-practitioner students, medical students, and family practice residents in several locations. Acute-care nurse-practitioner students work closely with residents and attending faculty at the UVA Medical Center by accompanying residents on their rounds. Some members of the School of Nursing's Acute Care nurse practitioner faculty are also involved with teaching medical students. UVA's School of Nursing and School of Medicine are currently discussing several opportunities for further collaboration, including a faculty practice initiative involving family medicine.

At the University of Virginia, the School of Nursing collaborates with the Center for Biomedical Ethics in the School of Medicine, including a joint degree in nursing and biomedical ethics and a core of clinical ethics as a cognate for the doctoral program in nursing.

The medical and nursing schools at the University of Virginia and Virginia Commonwealth University jointly, but without success, sought grant funds for collaborative educational efforts.

Virginia Commonwealth University

The development of collaborative training programs remains a priority item in Virginia Commonwealth University's strategic plan. Phase II of the school's strategic plans calls for an interdisciplinary efforts between their five health sciences schools, MCV Hospitals Authority, MCV Physicians, and the Virginia Biotechnology Park (Strategic Plan for the Future of Virginia Commonwealth University, Phase II, 1998, p. 12). In addition, Virginia Commonwealth University's already-established links with local health care providers like Bon Secours provide an excellent opportunity for collaborative clinical training. Collaborative clinical training is the most common form of collaborative education at Virginia Commonwealth University (VCU).

Interdisciplinary teams work side-by-side in clinical settings as members of the health-care team. They learn the unique contributions and areas where health professionals provide the same types of care and they learn to work together to maximize positive outcomes of care.

At VCU, several of the health professions programs require the same courses in health policy and health-care management. Although students from several professions have these courses in common and students from several disciplines may be in the same course, VCU does not see these courses are part of a "core" curriculum.

The doctoral program in health-related sciences, although not encompassing any of the disciplines named in the study resolution, is a good example of collaborative education for health professionals. In this program, health professionals from nine allied-health disciplines have a common core curricula for much of their doctoral work. Most of this core precedes discipline-specific work that is the culminating feature of the program.

Another collaborative educational activity at VCU is through the Virginia Institute for Developmental Disabilities (VIDD), which provides interdisciplinary education for 35 graduate students annually in at least ten health and health-related disciplines. VIDD has federal funding from the U.S. Department of Education for its educational programs, which include advanced leadership education program for health professionals in the area of childhood neurodevelopmental disabilities; early intervention/ interdisciplinary graduate training program; and collaborative teams of educators, occupational therapists, physical therapists, nurses, and social workers in K-12 schools.

George Mason University

An established collaborative effort in Virginia is found in George Mason University's College of Nursing and Health Sciences' affiliation with George Washington University's School of medicine and Health Science. Since 1987, George Mason University's nurse practitioner program and George Washington University's School of Medicine and Health Sciences have collaborated in teaching four interdisciplinary foundation courses. These four courses, designated as "Related Discipline Support Courses," consist of Diagnoses and Management of Health Deviations (5 credits), Practicum in Advanced Health Assessment (1 credit), Clinical Decision Making (2 credits), and Pharmacology (4 credits). The core classes are taught at George Washington University (GWU), with George Mason University (GMU) nursing students paying the GWU tuition rate. GMU nursing students take these classes with GWU physician assistant and medical students.

GMU and GWU also collaborate in community-based clinical training. At the completion of their PEW Health Professionals Schools in Service to the Nation project in 1999, the two universities established interdisciplinary community-oriented preventive-care clinical experiences with medical students, nurse-practitioner students, physician-assistant students, and faculty.

The two institutions participate in the Interdisciplinary Student Community Patient Education Service (ISCOPES), originally funded by the Pew Health Professions Commission's Community-Campus Partnerships for Health, and now jointly funded by several major groups including the federal government. This project organizes George Mason University nursing students with George Washington University physician assistant and medical students into interdisciplinary teams assigned to a community faculty advisor and an academic faculty advisor. The teams train in community sites that serve senior citizens, pre-schoolers, and immigrants.

The Washington Regional Academic and Community Consortium (WRACC) grant is of special interest to Virginia residents because of its inclusion of GMU as well as several Fairfax County health-service providers. Although the WRACC is merely one of several projects that involve collaborations between GMU and GWU, it provides an additional forum for community-based practice. The INOVA Health System, Fairfax Community Health Department, and the Fairfax Family Practice Residency program, for example, allows nurse practitioner students from George Mason University to interact with residents and family physicians to deliver clinical services and community outreach programs.

The inclusion of WRACC within the Graduate Medical and Nursing Education (GMNE) Initiative also is advantageous from a policy standpoint. WRACC has created a policy council that helps to secure public funding and influence federal, state, local, and institutional policies. WRACC also allows George Mason University to discuss successful interdisciplinary and community-based training strategies with other national collaborative programs through national meetings.

Although the joint effort between George Mason University and George Washington University is an ideal model upon which to draw in creating other collaborative efforts in Commonwealth, it is not focused on Virginia's rural health care needs but rather on the unique features of culturally diverse urban and suburban communities. The collaboration does not include nurse-midwives or pharmacy students, as these programs are not taught at either university.

Shenandoah University

Shenandoah University (SU) has initiated some collaborative educational and research efforts among its health professionals in the disciplines of pharmacy, nursing, respiratory care, occupational therapy, physical therapy, and music therapy. Within these professions, SU includes the teaching of entire courses or specific class sessions, and individual research projects involving multi-health professions faculty and students. In addition, Shenandoah University has several clinical application experiences in which health professions students interact with students in the Conservatory.

In addition, SU has an interdisciplinary task force working on expanding these various endeavors where applicable, as charged by its full health professions faculty group. SU also is exploring ways to include the School of Business in its endeavors, so the university can better address the integration of health policy and management aspects.

Virginia Area Health Education Centers

Several Virginia Area Health Education Centers (AHEC) sponsor small collaborative community training programs. The Southside AHEC has two multidisciplinary training sites for health students. The Women's Health Center in Farmville matches nurse-practitioner students with family-practice residents and nurses. In 1997-1998, 12 residents and 2 nurse-practitioner students received training at the Women's Health Center. The Southside AHEC also sponsors a training site for dental, dental hygiene, and nurse practitioner students at the Family Medical Clinic in Charlotte County.

The Blue Ridge Area Health Education Center (Blue Ridge AHEC), in collaboration with James Madison University (JMU), developed a community-based interdisciplinary training model which pairs students from JMU's nursing and social-work programs and health-administration track within its community health education program with practicing health care professionals in Page County, a state and federally-defined underserved area. In a recent summer session, four interdisciplinary teams consisting of five nursing students, five health-administration students, and three social-work students, experienced 15 classroom and 90 field practicum hours.

In an effort to determine the effect of the program upon participating students, JMU faculty distributed a questionnaire intended to measure attitudes toward interdisciplinary and rural practice. The survey results revealed a dramatic positive increase in attitudes toward interdisciplinary work closely related to group, time, and interaction effects. The students who participated in the program were much more positive about interdisciplinary work, which should probably increase the likelihood of successful practice.

The Blue Ridge AHEC also is working with JMU, Eastern Mennonite University, and Shenandoah University to develop an interdisciplinary rotation. The four partners hope to find several community education and training sites for interdisciplinary school teams. An interdisciplinary curriculum will be developed which links the sites together to present a "holistic view of health and human service delivery in a rural, medically underserved region."

The Southwest Virginia AHEC is developing a training site at the Saltville Medical Center. The Saltville Medical Center has received funding to expand its facility, which will allow students to serve rotations in interdisciplinary teams. The initial objective is to incorporate nurse practitioner, physician assistant, and medical students starting in late 1998.

The Eastern Virginia AHEC sponsors the Eastern Shore Summer Rural/Migrant Health Experience, consisting of five sequentially scheduled interdisciplinary teams of students from medicine, physical therapy, community health education, nursing, nurse practitioner, and medical technology programs. Each group performs two-week rotations on the Eastern Shore helping underserved migrant and rural populations. Activities include clinical interviewing, treatment, laboratory work, and teaching health education in local schools.

Chapter III

Input from the task force on collaborative education

Feasibility of collaborative education

The University of Virginia's School of Medicine and School of Nursing responded separately to the preliminary report. The School of Medicine's response focused more on the difficulties of collaborative education than on the feasibility or benefits of it. Given the responses, it seems unlikely that the University of Virginia (UVA) is ready to undertake any significant collaborative educational activities between its schools of nursing and medicine. Some examples of responses from the two schools follow.

UVA's School of Medicine spoke to the traditional roadblocks to collaborative education including historical bias, mistrust over autonomy and control issues, competition for income, and lack of understanding about each other's competency and professional roles. This school also reported that "The conventional system of health care education is designed such that medical and nursing students share little professional education and have limited possibilities for developing meaningful professional collaboration despite the inefficiencies and redundancies inherent in two separate educational systems." Despite this, the School of Medicine reported that innovative mechanisms to overcome the traditional impediments include: aligning nurse-practitioner and medical student curricula so that ambulatory clinical experiences can be combined; identifying role models within the institution and within the ambulatory rotations; and providing incentives and/or rewards to faculty, both within and outside the institution, who become collaborative training faculty mentors. These mechanisms are in place in a limited way.

UVA's School of Nursing also related a number of difficulties related to collaborative education with medicine, including the mismatch between different developmental stages between the two professions with nursing students as undergraduates and medical students as graduates and logistic problems, for instance the School of Medicine operates on a calendar year while the School of Nursing is on an academic year. The nursing school spoke to excellent collaborative efforts with the School of Medicine's Center for Biomedical Ethics, but reported that collaborative efforts with the School of Medicine in general are limited despite repeated efforts to establish collaboration.

Responses from Virginia Commonwealth University (VCU), Shenandoah University, the Virginia Association of Colleges of Nursing (VACN)¹, and the Eastern Virginia Medical School (EVMS) spoke to the feasibility and benefits of establishing

¹The Virginia Association of Colleges of Nursing is composed of academic leaders of the sixteen baccalaureate and higher -degree nursing programs located in public and private colleges and universities in Virginia.

all future health care providers, not only for the physicians, nurses, and pharmacists identified in HJR 197. VCU cited the Pew Health Professions report as its rationale for including the expansion of interdisciplinary education in its strategic plan. VCU supports collaborative - but not core curricula as the model for interdisciplinary education, noting that collaborative curricula provide a mechanism to maximize the educational outcomes while accepting the differences in health professional programs.

Earlier in the report in the section on Virginia Commonwealth University, is a comment that several VCU curricula require the same course, but that the university does not see this as a core curriculum. The Virginia Association of Colleges of Nursing also differentiated between collaborative education, which they support, and "core curriculum" which did not have the same support. In general, almost all respondents spoke positively about interdisciplinary collaboration, yet almost all spoke against a "core" curriculum. This comment from VACN is typical: "We support a philosophy that acknowledges the strength of collaborative educational experiences; however, we do not believe a "core curriculum" for the disciplines is appropriate."

The Virginia Association of Colleges of Nursing believes that the prime benefit of collaborative educational experiences would be improved outcomes in patient care through improved practice knowledge and enhanced communications among the providers. A drawback pointed out by the same organization is the possible diminishing of the basic knowledge and skills of the separate professions as they make "room for" new experiences and collaborate courses within already intense programs.

Shenandoah University's response also indicated that collaborative educational activities are beneficial. In its response to the preliminary report, SU reported that it has found the benefits include the exposure of students to real-life models of health care teams, enhancement of financial resources, and presentation of a breadth of curricular issues across the disciplines. SU cited its collaborative educational and research efforts among its disciplines, including the teaching of entire courses or specific class sessions, and individual research projects involving multi-health professions faculty and students.

Eastern Virginia Medical School reported that the territorial nature of programs creates difficulty in implementing collaborative education, but that such education is not only feasible, it is beneficial in increasing interdisciplinary comfort among students who will become the next generation of health-care providers.

Policies aiding and hindering collaborative education

None of the respondents mentioned any statewide policies that would either aid or hinder collaborative education. When they spoke to policies, most of the respondents spoke to financing policies. A section on these policies is included below. The few respondents who spoke to educational policies spoke to policies within individual institutions, and most of these related to internal funding and program logistics. One respondent said that no institutional policies stood in the way because when faculty were committed to collaborative education, it can be accomplished, at least on a small basis.

Financing collaborative education

In its response the University of Virginia School of Medicine reported that market-based threats to the clinical and educational missions of academic health centers brought on by managed care's reductions in clinical income will continue to widen the gulf between the clinical and educational missions within academic health centers. The growing unavailability of patient revenues to offset the costs of health professional education will endanger all educational programs but particularly collaborative training programs because of their increased start-up costs. Therefore, in order to support collaborative training models, targeted resources within the institution that foster interdisciplinary training, coupled with external funding mechanisms, will be necessary to launch any new institution-wide programs.

Virginia Commonwealth University reported that its greatest barrier towards establishing an interdisciplinary program has been obtaining funds. A recent proposal by the medical school to establish joint classes between medical and nursing students was abandoned when no grant could be obtained. The university reports that it has several plans under development that can be implemented as soon as funds become available.

The Virginia Association of Colleges of Nursing (VACN) reported that current funding policies provide opportunities for dramatically different class sizes among the disciplines, and that disciplines that are funded for smaller class sizes would have difficulty accommodating the large class sizes that are required in other disciplines. For instance, the faculty-student ratio in medicine is much richer than it is for nursing programs. The VACN also reported that fiscal policies which enable some disciplines (e.g. medicine and pharmacy) to compensate the community-based preceptors for supervision of students in clinical placements within their private practices, whereas other disciplines are unable to fund such placements. This policy leads to a bias to accommodate select types of students rather than for interdisciplinary teams of students.

In its response, Eastern Virginia Medical School reported that funding specifically earmarked for collaborative education programs would serve as an important catalyst in the development of such programs.

APPENDICES

- APPENDIX A: House Joint Resolution 197
- APPENDIX B: List of Task-Force Members
- APPENDIX C: Grants funded by the Robert Wood Johnson Foundation Partnerships for Training Initiative
- APPENDIX D: Grants funded by the W.K. Kellogg Foundation's Community Partnerships in Health Professions Education (CPHPE) Initiative
- APPENDIX E: Grants funded by the W.K. Kellogg Foundation's Graduate Medical and Nursing Education (GMNE) Initiative

A complete copy of all appendices is included in this report. For further information, contact Dr. Donna Brodd, Associate Director for Academic Affairs, State Council of Higher Education for Virginia, Telephone: (804) 225-4416, E-mail address: brodd@schev.edu.

Appendix A

HOUSE JOINT RESOLUTION NO. 197

Requesting the State Council of Higher Education for Virginia to convene a task force to develop a collaborative training model for health care professional education programs.

WHEREAS, health professionals of all disciplines work together to resolve complicated medical issues and to provide quality care to patients; and

WHEREAS, doctors, nurses, pharmacists, and other health care professionals share a common base of knowledge in health care delivery; and

WHEREAS, new developments in medical research, increasingly complex medical technologies, and changes in the management and economics of health care challenge all health professionals to continue to increase their expertise and to cooperate in the delivery of the highest quality medical care; and

WHEREAS, all health care professionals must be well-trained in not only medical and health sciences but also in medical ethics, health care economics, and practice principles, and must be knowledgeable about those social, economic, and cultural issues affecting the health care consumer and health care delivery; and

WHEREAS, the creation of a collaborative training model for health professions education programs might help achieve greater efficiencies in medical education and curriculum design, enhance understanding by and among the various health professions, and ultimately increase the quality of health care delivery in the Commonwealth; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the State Council of Higher Education for Virginia be requested to convene a task force to develop a collaborative training model for health care professional education programs. The task force shall consist of representatives of the Commonwealth's medical, pharmacy, and nursing schools, area health education centers, community health centers, and private and public hospitals. In conducting its study, the task force shall consider, among other things, (i) successful collaborative programs and any grant support therefor; (ii) the efficacy and appropriateness of creating a core curriculum in the Commonwealth's health care profession education programs; and (iii) any relevant educational, fiscal, and policy issues it deems necessary and appropriate.

All appropriate agencies of the Commonwealth shall provide assistance to the Council and the task force for this study, upon request.

The task force shall complete its work in time to submit its findings and recommendations to the Governor and the 1999 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Appendix B

List of Task-Force Members

David L. Bernd
Chief Executive Officer
Sentara Hospital System
Norfolk, Virginia

David Brown
Director of Policy
Virginia Hospital and HealthCare
Association

Dr. Robert C. Carey
Dean, School of Medicine
University of Virginia

Dr. Donald Combs
Vice President for Planning and
Program Development
Eastern Virginia Medical School

Dr. Ann Cox
Director
Virginia Institute for
Developmental Disabilities
Virginia Commonwealth University

Dr. James Davis
President
Shenandoah University

Dr. Cecil Drain
Dean
School of Allied Health Professions
Virginia Commonwealth University

Carl Fischer
Executive Director
MCV Hospitals
Richmond, Virginia

Dr. James Ghaphery
Virginia Academy of Family
Physicians
Richmond, Virginia

Dr. Doreen Harper
Director of Community Partnerships
and Faculty Practice
George Mason University

Dr. William R. Harvey
President
Hampton University

Dr. Jo Anne Henry
Director, Office of Health Policy
Virginia Commonwealth University

Dr. Hermes Kontos
Vice President for Health Sciences
Virginia Commonwealth University

Jeffrey Johnson
Director
Virginia Statewide Area Health
Education Centers

Dr. Jeanette Lancaster
Dean, School of Nursing
University of Virginia

Dr. Nancy Langston
Chair, Virginia Association of College
of Nursing
Dean, School of Nursing
Virginia Commonwealth University

Dr. Harry Nickens
President
College of Health Sciences

Dr. Rebecca Rice
President
Virginia Nurses Association

Dr. Victor Yanchick
Dean, School of Pharmacy
Virginia Commonwealth University

Appendix C
Grants funded by the Robert Wood Johnson Foundation's
Partnerships for Training Initiative

Initiative	Participants	Anticipated Students
Delta Health Education Partnership	Arkansas State University, Arkansas Office of Rural Health, Frontier School of Midwifery and Family Nursing, Alcorn State University (MS), Delta State University (MS), Louisiana State University-Shreveport (PA Program), Tennessee Department of Health, University of Tennessee, Memphis	158
Central California Community Partnerships for Primary Care Education	Planned Parenthood of Central California, University of California/Davis, University of California/San Francisco: School of Nursing, School of Medicine (Nurse-Midwifery Program), Center for the Health Professions, Stanford University, California State University/Dominguez Hills (Statewide Nursing Program)	150
Greater Detroit Area Partnership	University of Detroit Mercy, City of Detroit Department of Health, Detroit Medical Center, Mercy Health Services, Henry Ford Health System, Oakland University, St. John Health System, University of Michigan, Wayne State University	100-120
Partnerships for Training	Eastern New Mexico University/Portales, Northern New Mexico Community College/Espanola, Rio Arriba Family Care Network/Espanola, Community Service Center/Portales, University of New Mexico/Gallup, the Navajo Nation Division of health, New Mexico Department of Health/Division of Rural health, New Mexico Service Corps, Los Alamos National Laboratory	56
Partnerships for Training	Duke University, East Carolina University, Eastern Area Health Education Center/Greenville, Fayetteville Area Health Education Center/Fayetteville, University of North Carolina at Pembroke, Southeastern Regional Medical Center, Sampson County Memorial Hospital, Martin General Hospital	92

Appendix C
Grants funded by the Robert Wood Johnson Foundation's
Partnerships for Training Initiative (continued)

Initiative	Participants	Anticipated Students
<p>Wisconsin Training Program for Training Regionally Employed Care Providers (WISTREC)</p>	<p>American Family Insurance, Aurora health Care, Columbus Community Hospital, Consortium for Primary Care in Wisconsin, Department of Health and Social Services/Division of Health, Great Lakes Inter Tribal Council, Gunderson Medical Foundation, Marquette University College of Nursing and Midwifery Programs, Marshfield Clinic, Office of the President of the Wisconsin State Senate, Physicians Plus Medical Group, Rural Wisconsin Health Cooperative, Sacred heart Hospital, United health, University of Wisconsin-La Crosse Physician Assistant Program, University of Wisconsin-Madison Department of Family Medicine, University of Wisconsin-Madison Medical School, University of Wisconsin-Madison Physician Assistant Program, University of Wisconsin Schools of Nursing at Eau Claire, Madison, Milwaukee, Oshkosh, Wisconsin Network for Health Policy Research, Wisconsin Office of rural Health, And Wisconsin Primary Health Care Association</p>	<p>67</p>
<p>Mountain and Plains Partnership</p>	<p>Beth-El College of Nursing, Planned Parenthood of the Rocky Mountains, Regis University, University of Colorado, University of Northern Colorado, University of Phoenix, University of Wyoming, City and County of Denver- Denver Health and Medical Center/Community Health Services, Colorado Department of Public health and Environment-women's health Section, Colorado Health Professions Panel, Colorado Rural Health Center, High Plains Rural Health Professions Panel, Colorado Rural Health Center, High Plains Rural Health network, Kaiser Permanente of CO, Department of Health and human Services- Public Health Service-Region VIII, Western Interstate Commission on Higher Education- Western Cooperative for Educational Telecommunications</p>	<p>110</p>

Appendix D

Grants funded by the W. K. Kellogg Foundation's Community Partnerships in Health Professions Education (CPHPE) initiative

Project Site	Participants
Boston	Boston University Northeastern University Boston Department of Health and Hospitals Boston communities
Georgia	Clark-Atlanta University Emory University Georgia State University Morehouse University Atlanta and rural communities
Hawaii	University of Hawaii at Manoa Communities on the Island of Oahu
Michigan	Michigan State University Michigan communities
Tennessee	East Tennessee State University Tennessee rural communities
Texas	University of Texas-El Paso Texas Tech University University of Texas- San Antonio El Paso and the Lower Valley
West Virginia	University of West Virginia West Virginia rural communities

Appendix E

Grants funded by the W. K. Kellogg Foundation's Graduate Medical and Nursing Education (GMNE) Initiative

Project	Participants
Massachusetts- The Center for Community Health Education, Research, and Service (CCHERS)	Northeastern University Boston Department of Health and Hospitals Boston University School of Medicine Boston Community Health Centers
Washington DC, Virginia- The Washington Regional Academic and Community Consortium (WRACC)	George Washington University and Hospitals George Mason University Clinica Del Pueblo Mary's Center Bread for the City and Zacchaeus Mason area of Fairfax County Inova Health System Fairfax Family Practice Center Fairfax County Health Department
Minnesota	University of Minnesota Academic Health Center Phillips Neighborhood of Minneapolis
New Mexico	University of New Mexico Health Sciences Center New Mexico Department of Health 3 New Mexico Counties
Tennessee	East Tennessee State University and regional networks
Texas	Texas Tech University Health Sciences Center The Institute for Border Community Health Education University of Texas at El Paso

