

The Future of Health Professions Education: Challenges and Recommendations for a New Framework

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Abstract

This article analyzes major challenges facing health care today as a basis to suggest a new framework for the professional preparation of health care professions. The long term goal is to produce practitioners who can successfully address these challenges and engage in a complete reconstitution of the current health care system to produce a more effective, efficient and patient-centered organization. The recommended framework is, in large part, based upon the underlying tenets of health education. The framework includes six core curricular focus areas, a universal service-learning experience and common patient care conferences.

Eta Sigma Gamma is celebrating its 40th Anniversary as an organization promoting excellence in health education teaching, service and research. Thus, the time seems appropriate to discuss the most crucial challenges currently facing the fractured and inefficient American health care system (Porter & Teisberg, 2004) and to put forward recommendations as to how a new framework for health care professional preparation can serve as a major aspect of overall health care reform. Most of these recommendations will focus on the development of this new curricular framework for professional preparation programs within Academic Health Centers (AHC). Since these recommendations, however, arise from the author's 35 years of diverse health education practice, the framework can be applied to a wide variety of professional preparation arenas.

While most health educators with a Ph.D. would not normally expect to have the opportunity to be engaged in a senior leadership position at an AHC, a family move to Arizona offered the author an opportunity to accept the position of Provost at a college of medicine in the greater Phoenix area. The Provost at Southwest College of Naturopathic Medicine and Health Sciences (SCNM) leads the development and growth of all medical education programs, thus, the much discussed elements of a fractured health care system become a daily focus for someone in this position.

Need for Professional Preparation Change

There is a national discussion in the United States calling for radical change in the entire health professional preparation process so as to more fully focus on improving health, not just treating disease. In an Institute of Medicine (IOM) report by the Committee on the Roles of Academic Health Centers in the 21st Century, Board of Health Care

Services, the opinion of the IOM is that "...AHCs should work across disciplines and, where appropriate, across settings of care in their communities to develop organizational structures and team approaches designed to improve health..." (Kohn, 2002, p. 121). Additionally, this document stressed that all aspects of the health system need to be directly affected by the changing trends in professional preparation. In this way, the choices and actions made in professional preparation programs will have a significant effect well beyond AHCs in ways that will exert profound influences on the quality and type of health care American people will experience (Kohn, 2002).

The IOM also suggests that new health care professionals need to be focused on improving individual health status, be more consumer-centered, be able to more effectively meet the needs of an increasing diverse population, address the increasing percentage of those with chronic illnesses, provide services to the increasing proportion of older Americans, and work in better cooperation and partnership with other professionals so as to address the holistic nature of human health. One model of health that has been used as a philosophical and practical concept of holistic health is the "Eberst Health Cube Model" that consists of six dimensions of health: Social, Physical, Mental, Emotional, Spiritual, and Vocational (Eberst, 1984). This model could serve as a major aspect of the new professional preparation framework.

The IOM report also articulated that all health professional preparation programs require a major redesign and reorientation to more fully integrate training across the disciplines with an evidenced-based practice format (Kohn, 2002). Support of redesign and reorientation also comes from Dr. Julie Gerberding, the Director of the Centers for Disease Control and Prevention (CDCP). Gerberding called for radically changing the way health professionals are educated. She called for a generation of entirely new "schools of health" where all the disciplines of health care professionals are educated in a unified framework. Dr. Gerberding believes that in order to build an effective health system all levels of health care professionals need to be jointly trained in a collegial and collaborative manner. This should include similar core content and learning experiences so as to insure common content, learning experiences and hands-on training. Gerberding believes such a framework will foster the highest quality cooperation and a sense of common mission as graduates go about providing their health care expertise to divergent communities (Fox, 2007).

Gerberding suggests that the current system is entirely too focused on treating disease and on end-of-life care with little attention paid to preventing disease and helping people lead healthier lives. Clearly, health education is advocated.

Gerberding also stated that Americans have trouble getting good information about health. She identified the Internet and cable television as conduits for an increasing onslaught of misinformation. Gerberding went on to state that health care needs to get its voice heard above the “cacophony of the junk science that is being heard” (Fox, 2007).

Gerberding agrees with the IOM that effectively capitalizing on new opportunities for integration across many multidisciplinary roles and professionals can greatly improve overall disease outcomes, speed the integration of new science into effective practice, more effectively use all forms of health care resources, more effectively improve public health, and promote the healthy lifestyles known to be beneficial (Fox, 2007).

Gerberding’s opinion that multidisciplinary professional collaboration and integration must be provided in a fully integrated and synergistic format are shared by the IOM (Kohn, 2002). The IOM suggested that the settings in which students are taught must provide experiences that are community-based, consumer (family)-centered, focus on improving population health through disease prevention, health promotion and health education, and provide dynamic models that accurately duplicate the realities of the evolving health care system (Kohn).

Thus, two of the major influencers of health care (IOM and CDCP) agree that future health care professionals must be able to restructure the current professional preparation framework so as to insure that new professionals are able to focus on total health for consumers and for populations and that these new professionals can help lead the change towards reconstituted health care. As the IOM report concludes, the goal of the new framework should be to engage in more institutionally based educational processes so that eventual health care is provided in a multidisciplinary structure which effectively addresses the total health needs of consumers (Kohn, 2002).

Recommended Framework for Future Professional Preparation of Health Care Professionals

In the 2003 report titled “Who Will Keep the Public Healthy?” (Hernandez, 2003), the IOM provided many important suggestions for this new framework for future preparation of health care professionals. The IOM framework suggested extensive collaborative efforts within professional preparation institutions from a wide range of health care professionals who represent very diverse perspectives and skill sets all working in unison to facilitate population health. The IOM framework also called for interdisciplinary professionals from academia, governmental agencies, public health agencies, health education, health care practitioners, the community, foundations, professional associations, and other interested stakeholders to partner in development and implementation of the new framework. As a health educator, I believe the report’s findings offer the vision for common training, mutual understandings, and a strong community focus for the health education discipline as well. Together,

these will effectively address many needed public health challenges and provide the framework necessary to develop a competent, well-trained public health workforce which possess the ability to reflect the best interest of all community members.

All these opinions sound greatly akin to the standards of professional preparation which have been historically established, and recently reconstituted, in the health education discipline. Thus, it appears that a new arena for health educators is opening up within ACHs. The professional preparation of health care providers can greatly benefit from the knowledge, skills, experiences, and philosophical underpinnings of today’s high level health education theory and practice. Health educators can greatly assist in the reconstitution of health professional education and the entire health care system. The following recommendations represent one attempt to initiate this reconstitution.

An Underlying Issue

Given all of these opportunities, there needs to be some initial recommendations to get the process moving. One significant and underlying principle will underscore all of these recommendations: The current health care system cannot effectively change by itself. Significant change in this process must come from the outside. The most effective way to do that is by changing the professional preparation programs which will produce reconstituted health care professionals who can then enter the system as major change agents.

Steps in the Process

In order for this to happen a multitude of steps must be taken.

- AHCs need to hire high quality health educators who are capable of leading curricular reconstitution within AHCS.
- AHCs must work with health educators to generate academic programs that produce health care professionals who are capable of leading “internal” change.
- New graduates must view their role in leading the change process as a necessary part of their job and they must believe they are cable to lead the change.
- New graduates must enter the other “external structures” (e.g., agencies, organizations, businesses and governments) that can partner to facilitate change.

The competencies future health professionals will need to accomplish this reconstitution include: functioning in multidisciplinary teams; focusing on prevention, disease prevention and health promotion; focusing on population health, communities and human lifestyles; focusing on effective public/patient health education; and focusing on “total person health” and not just on isolated disease.

To generate these new levels of health professional competencies, all elements of health care professional preparation need to utilize health education strengths in order to: develop clear professional roles, functions, and skills; provide specific outcome competencies and sub-competencies; generate measurable behavioral objectives; and establish effective assessment devices. The results should assist in:

- Building multidisciplinary teams capable of:
 - Interdisciplinary collaboration;
 - Improving health (not disease);
 - Total person health (broad-based);
 - Reduced specialization and multidisciplinary action;
 - Addressing the “process” of health/disease;
 - Producing healthy communities;
 - Generating healthy behaviors.
- Building focus on primary prevention since:
 - 52% of top ten causes of deaths are the result of lifestyle issues (McGinnis, 2003);
 - In 2005, the U.S. spent at least \$2.0 trillion on health care (Center for Medicare and Medicaid Services, 2007);
 - 99% of this \$ 2.0 trillion was spent on “treatment” (Center for Medicare and Medicaid Services, 2007);
 - 55% of this \$2.0 trillion was spent on consumers during the last five weeks of life (Catlin, 2007);
 - As most health educators know:
 - Prevention is the last priority not the first
 - Health care is “individual” focused not “population-based” or “community-based”
 - Education is the primary tool for effective prevention.
- Including more emphasis on health education skills they can provide:
 - Increased success;
 - Increased compliance;
 - Population based approaches;
 - Multidisciplinary theory and approaches;
 - Improved holistic health outcomes;
 - Community based theories and approaches;
 - Comprehensive sites (school, community, worksite, health care, corporate, parents, etc.);
 - A “coordinated” health enhancement system.
- Increasing the focus on total person health which will:
 - Provide ways to assess all health dimensions;
 - Address all the health “dimensions” of individuals in unison;
 - Create focus on health throughout life span;

- Generate “treatments” with focus on promoting good health in all dimensions.

- Increasing focus on communities and lifestyles by:
 - Increasing partnerships (public health, hospitals, etc.);
 - Increasing emphasis on public health;
 - Expanding community engagement in building healthy communities;
 - Increasing community service-learning;
 - Generating community-based research.

In order to meet these demands, the following elements of professional preparation for all types of health care professionals need to be included in the framework:

- All students need to take a series of common courses (core curriculum) so as to insure a common set of competencies;
- All students need to learn how to focus on the “total consumer” and not just the most prevalent disease(s). This process could mirror the hospice approach where the family is the “unit of care;”
- Increased partnerships with other institutions, colleges, schools, providers and programs;
- The development of shared community “service-learning” experiences;
- The inclusion of common consumer care conferences such as the use of “grand rounds.”

Such academic experiences would include core courses related to the following areas of learning: Philosophy of total person health and multidimensional perspectives on health and health care (PHIL); Leadership and advocacy within health care to advance the multidisciplinary nature of health career (LEAD); Essentials of interdisciplinary collaboration (COLB); Elements of human health behavior and effective health education (HED); Concepts of consumer care conferencing through community service learning experiences (CSL); and Change elements for health care reconstitution (CHANGE). Figure 1 indicates how all of these elements can be joined together into one unified learning experience. Each of these elements provides some important basic learning experiences and behavioral outcomes which will then provide all health care professionals one unified common “core” curriculum.

Role of Service Learning

Upon completion of this “core,” students would then enter into their specialized health care fields of study specific to their disciplines. Upon completion of this disciplinary learning curriculum, all health care professionals would again be re-united to engage in common community-based, service learning experiences (see Figure 2). The service-learning experience would be designed to engage all the disciplines in meeting not only learning outcomes but equally address

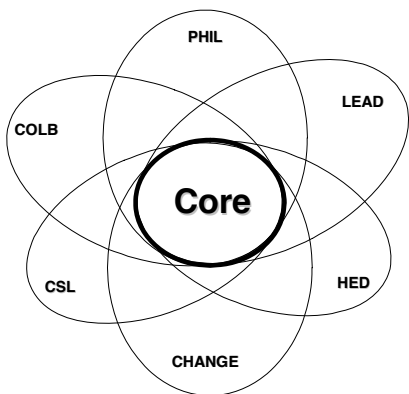


Figure 1. The elements of a core curriculum within a new framework for health professions professional preparation.

local community health needs. The community would provide the real-life health challenges and the students would have to partner among themselves and with the community, under leadership with faculty, to actively apply their core and disciplinary learning to directly address community health needs. Each discipline would be offering its individual best but in a collaborative setting where the holistic needs of the community are addressed. In this way, the students are applying their “core” learning that has been synergized with their specific disciplinary learning so as to produce an unifying, real-life and practical health enhancing learning laboratory. (Please see the Service-Learning Resources section at the end of the article for additional information.)

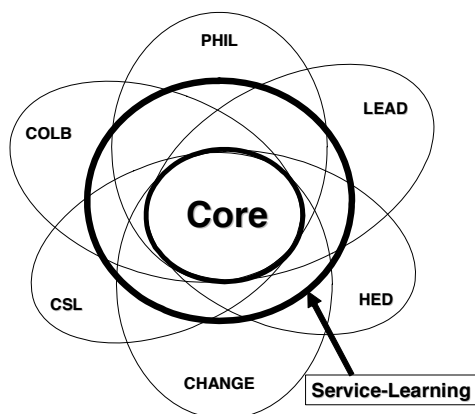


Figure 2. The role of community service learning within a new framework for health professions professional preparation.

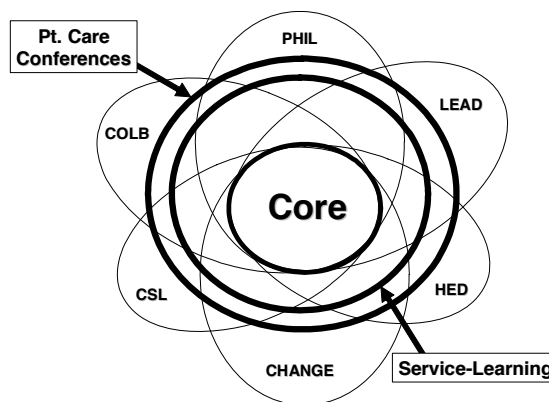


Figure 3. The role of patient care conferences in community service learning as part of a new framework for health professions professional preparation.

Patient Care Conferences

As part of the common service learning experiences, students would engage in common “patient care conferences” (see Figure 3) which would bring the “team” together to discuss and advance individual and community health needs and generate health care system change actions related to reconstituting the system. These conferences would be designed to instill the collaboration needed to more effectively address the disparate status of the current health care system.

Conclusion

Given the huge challenges facing American health care today and the need for substantial changes in the professional preparation of health care professionals, it is now time to reconstitute the way health care professionals are prepared so as to develop and nurture change agents who can make the system work more effectively for patients, providers, and professionals. The intent of this article was to lay down some basic recommendations as to what long-term changes are needed to begin to generate such a transformation. Health educators can be confident that their adequately prepared colleagues are in position to generate the needed changes. The world is waiting for health educators to apply their expertise to the current fractured and disorganized system. As Eta Sigma Gamma reaches its 40th Anniversary (the author has been a member of Eta Sigma Gamma for 37 of those years) it is now time for reaching out more fully to the traditional and alternative systems. Health educators possess the skills, resources, and experience necessary to help the system right itself and actually become a “health” care system rather than an “illness” care system. Please join in this most important process.

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Service-Learning Resources

For more information related to service-learning, visit the following sites for State, Regional and National organizations:

American Association of Colleges and Universities
www.aacu.org

American Association of State Colleges and Universities
www.aascu.org

American Democracy Project
www.aascu.org/programs/adp

AmeriCorps
www.americorps.org

Campus Compact
www.compact.org

California Campus Compact
<http://www.cacampuscompact.org/>

California Service Corps
www.californiavolunteers.org

California State University
<http://www.calstate.edu/CSL>

Community-Campus Partnerships for Health
<http://depts.washington.edu/ccph/index.html>

Coalition of Urban & Metropolitan Universities
www.cumuonline.org

Corporation for National and Community Service
www.nationalservice.org

Learn and Serve America
www.learnandserve.org