

**Answering the Defining Questions for the AHC  
Strategic Planning Process**

**Response from the School of Nursing**

**April 17, 2000**  
*Final Report*

## EXECUTIVE SUMMARY

### ANSWERING THE DEFINING QUESTIONS FOR THE AHC STRATEGIC PLANNING PROCESS RESPONSE FROM THE SCHOOL OF NURSING APRIL 17, 2000

The School of Nursing faculty provided their input to the AHC strategic plan by addressing the six strategic planning questions. Through a series of sessions, faculty were asked to propose options and recommendations for each of the questions. Information was synthesized from six sessions with faculty and one session with the School of Nursing Alumni Society Board. Four consistent themes emerged from the questions:

- The research mission is clearly the unique contribution that the AHC makes to the state, nation and world.
- The AHC should be the leader in demonstrating and testing new ways of delivering health care services.
- Developing partnerships with organizations, agencies and communities outside the University is essential to fulfill the three missions of the AHC.
- All the schools/colleges/units make up the collective strength of the AHC and its unique ability to address the **health** of Minnesotans. Specifically, the AHC is more than the medical school.

Within the context of these themes and the six questions, a series of recommendations were outlined:

1. To be a leader and in the forefront for health care in the state, nation, and world, the AHC needs to draw on the collective strengths of all the schools/colleges as well as promote the visibility of all the schools/colleges.
2. The competencies for health care professionals outlined by the *Pew Health Professions Commission* should be used as benchmarks for the AHC schools/colleges with special emphasis on four competencies: providing leadership in making changes in the health care delivery system; functioning effectively as a member of an interdisciplinary team; proficiency in the use of technology as a prerequisite for using evidence-based practice; and knowledge, sensitivity and skill in providing health care to persons who are from other cultures and ethnic backgrounds.

3. The AHC should take a leadership role in addressing health care professional work force needs.
4. The AHC should be a leader in shaping the health care delivery system through designing, testing, and evaluating interdisciplinary team care models by drawing on the collective strengths of the schools/colleges.
5. Develop new “clinical laboratories” for educating health professional students that are community-based and emerge from new partnerships with organizations, agencies, and communities.
6. Invest in junior faculty researchers and recruitment and retention of senior faculty researchers.
7. Collaboratively seek new partners to support the three missions of the AHC.
8. Invest in an infrastructure to support the use of technology for the three missions of the AHC.
9. Develop and implement strategies, incentives and rewards to foster a collaborative culture of accountability among the schools/colleges in the AHC and to minimize some of the real or perceived perceptions held by the schools/colleges regarding valuing one school/college over another.
10. Promote the language of **health** care rather than **medical** care to emphasize the collective strength of the AHC made up by the schools/colleges.

Each of the schools/colleges has strengths to contribute to the overall success of the AHC. These strengths need to be leveraged through collaborative strategies. One of the unique strengths of the School of Nursing in promoting a successful future for the AHC is its experience in community-based and interdisciplinary education.

**ANSWERING THE DEFINING QUESTIONS FOR THE AHC STRATEGIC PLANNING PROCESS  
RESPONSE FROM THE SCHOOL OF NURSING  
APRIL 5, 2000**

The Academic Health Center (AHC) strategic planning process involves deliberate efforts to obtain the best thinking of the faculty to address questions designed to define the strategic plan for the AHC. Faculty are responsible and accountable for the vision and strategic plan for the AHC which will subsequently serve as the basis for AHC biannual requests to the legislature and for resource allocation within the AHC.

Coordinated by the School of Nursing Faculty Consultative Committee (FCC), the School of Nursing faculty provided their input to the AHC strategic plan by addressing the six strategic planning questions. In Phase I of the AHC strategic planning process, School of Nursing faculty input was obtained during the School's Faculty General Assembly meeting on February 14, 2000 followed by a series of sessions held the week of March 6 (5 sessions). During those sessions, faculty confirmed the six strategic planning questions and proposed options and recommendations for each of the AHC strategic planning questions. In addition, a meeting was held with the School of Nursing Alumni Society Board to obtain their perspectives on the six strategic planning questions.

A summary of the faculty's input for each of the questions is provided. Four consistent themes emerged from the questions:

- The research mission is clearly the unique contribution that the AHC makes to the state, nation and world.
- The AHC should be the leader in demonstrating and testing new ways of delivering health care services.

- Developing partnerships with organizations and agencies outside the University is essential to fulfill the three missions of the AHC.
- All the schools/colleges/units make up the collective strength of the AHC and its unique ability to address the **health** of Minnesotans. Specifically, the AHC is more than the medical school.

**What is our role in the health of Minnesotans—our land grant mandate?**

This question provided the broadest array of options and approaches as recommendations for the AHC strategic plan. An overriding theme was that the focus of the AHC should be **health** care rather than **medical** care. A focus on **health** is important in communicating the purpose and mission of the AHC to policy makers, the public, employers, funders, and payors. To be a leader and in the forefront for **health** care in the state, nation and world, the AHC needs to draw on the strengths of all the schools as well as promote the visibility of all the schools. For example, the Mini Medical School is clearly a successful and innovative strategy for promoting the visibility of the Academic Health Center and providing a service to Minnesotans, however the visibility and contributions of the non-medical school colleges/schools is very limited in this endeavor.

The AHC must to be responsive to the needs of the community at large (local, state, regional, nation and world). Such responsiveness includes ensuring that the graduates from the AHC schools/colleges have the competencies enabling them to function effectively as health care providers and researchers. The *Pew Health Professions Commission* identified twenty-one competencies for successful health professional practice in the future<sup>1</sup> (Appendix A). These

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<sup>1</sup> The Fourth Report of the Pew Health Professions Commission. *Recreating Health Professional Practice for a New Century*. December, 1998.

competencies, which are aimed at a broad array of health professional education programs, should be used as benchmarks for the AHC schools/colleges.

In addition to providing qualified and relevant health care providers, the AHC provides a unique and crucial contribution through the development and dissemination of knowledge. The needs of the community are great and pervasive, thus the AHC needs to make thoughtful, wise decisions about where it can invest its resources to be responsive to the needs of the community.

Health profession work force issues are crucial. The profession of nursing, in particular, is on the brink of experiencing a long-term shortage of nurses. Work force issues go beyond the number of health care professionals that are needed. These issues include preparing health care professionals that can address the growing aging population as well as the increasingly diverse population of persons from other cultures and ethnic backgrounds. The AHC needs to take a leadership role in addressing these work force needs, but remain attentive to the quality of the education program and the graduate.

The School of Nursing is unique in that it has the only doctoral nursing program in the State and addresses the current and future shortage of nurses for faculty positions in schools of nursing and leadership and research positions in service, education and policy settings. Further, its large graduate program prepares nurses for advanced practice and leadership positions.

The AHC needs to create a state-of-the-art infrastructure to achieve the three missions. To be a significant leader in the state, nation and world, we need facilities, buildings, classrooms, technology and staff to support the missions. The vision about that infrastructure should be determined and shared by all schools/colleges.

### **How will we become a leader in the health care delivery system?**

The AHC has a unique opportunity to serve as the leader in shaping the health care delivery system through designing, testing and evaluating interdisciplinary team care models. The shrinking health professional work force, as well as demographic changes, demand that we figure out models of health care for the future that will most effectively use the existing and future health care professional work force and ensure that it is responsive to the needs of the community. This challenge is best met by the AHC because it draws on the three missions: research, education and service/practice and requires integration of these three missions. Further, the AHC has a rich array of health care disciplines and professions in its schools/colleges/units—unlike any other university or school in the State.

Historically, the nursing profession has implemented numerous innovative community and institutional-based care delivery models which have been based on the specific needs of the community. Nurses are skilled in team care and working collaboratively with other health care professionals. The School of Nursing is prepared to provide leadership and collaborate with other AHC schools/colleges in developing innovative care delivery models that foster interdisciplinary team care. The School's Densford Center for Nursing Leadership is a valuable resource for such efforts.

The culture of the AHC has to change in order for the AHC to have the leadership role in shaping health care delivery through interdisciplinary team care models. The new culture must reflect collaboration to facilitate interdisciplinary education, research and practice. Individual competition for intramural and extramural resources needs to be minimized and incentives to secure resources through collaboration needs to be promoted.

A key factor in becoming a leader in the health care delivery system is through partnerships with organizations, agencies and communities. These partnerships can be developed most successfully when there is a collaborative approach among the schools/colleges. Faculty need support for their “outreach role” to facilitate partnerships and collaborative efforts with community partners.

### **What is our vision for the health professionals we educate?**

Health care professionals need to meet the *Pew Commission’s Health Professional* competencies referred to earlier. However, four competencies were emphasized through deliberations with School of Nursing faculty. The first competency was the ability of health care professionals to anticipate and adapt to change and to be leaders who are able to make changes in the health care delivery system. The second competency was functioning as an effective member of an interdisciplinary team. To that end, all health care professional students in the AHC need to have at least one substantial interdisciplinary education experience. The third competency underscored by faculty was having proficiency in the use of technology as a prerequisite for using evidenced-based practice. The fourth competency emphasized was demonstrating knowledge, sensitivity, and skill in providing health care to persons who are from other cultures and ethnic backgrounds.

The majority of the clinical education of health care professional students has been in hospital settings. That “clinical laboratory” is no longer viable for a variety of reasons, the foremost is that health care services are increasingly provided in non-institutional settings. We need to reconceptualize the “clinical laboratory” for educating health professional students. Again, schools of nursing have had a long history in successfully developing and using community-based settings enabling students to learn how to provide health care for individuals,

families, populations and communities. The School of Nursing brings that expertise and experience to the AHC as the AHC schools/ colleges consider new and relevant ways to provide clinical education opportunities for student learning. These opportunities will be achieved through the development and sustainment of partners with community-based organizations and communities that can provide learning experiences for students and are willing to collaborate on the education process.

**How will we support research and how will we become top ranked in research performance?**

There was no question that a unique and essential contribution of the AHC is the creation and dissemination of new knowledge. To that end, the School of Nursing has recently initiated two Centers of Excellence for Nursing Research—one with a focus on research related to the care and services to elders and the other with a focus on health promotion for families and children. These Centers are intended to be a viable resource for obtaining external funding to support faculty research and graduate and post-doctoral student research. Investment and support of these Centers, as well as others initiated by other schools/colleges, are necessary in their early development so that they can be successful in becoming national centers for excellence in research and subsequently become self-sustaining.

Resources to support the research mission are essential and need to be attended to on a regular basis. In addition to using resources to attract and retain senior faculty researchers with national and international reputations, the AHC needs to significantly invest in the new faculty. Such investment would include substantial seed money and “protected” time in the first several years for new faculty to initiate a research program.

The realization that the University “lost” a natural research partner with the University Hospital requires that the AHC seek out new partners. Seeking new partners should be a collaborative effort among the AHC schools/colleges. The collective strengths of all the colleges/schools will attract viable and sustaining research partnerships.

There needs to be improved communication among AHC faculty regarding their research such that interdisciplinary research efforts can be spawned. System changes need to be made to reward interdisciplinary research.

### **How will we meet the challenge of the electronic age?**

The electronic age represents more to the AHC than distance learning. It includes a means to:

- conduct research with partners across the globe;
- provide health care;
- seek and find information;
- efficiently store, access and retrieve information (databases);
- communicate with colleagues, graduates, students and patients;
- promote the mission and services of the AHC to Minnesotans.

Technology is a tool to enhance all three missions of the AHC. It should not be a driver, but should serve as an essential resource to meet our missions. For that reason, it is essential that the AHC have a strong, effective infrastructure to support the use of technology for all three missions. That infrastructure needs to start with technology improvements in the classroom. We need adequate numbers and quality of personnel to support an infrastructure for technology. What we have today is simply inadequate.

Specific to technology enhanced learning (TEL), we need to take a watchful, but proactive approach. Quality of education for students should not be compromised, regardless of the methodology to deliver that education. We need to pay attention to our competition of other degree granting institutions using TEL, but we should be proactive rather than reactive in regards to such competition.

**How do we develop a culture of accountability, in both internal and external relations, with an environment of good communication and consultative decision making?**

To develop a culture of accountability and an environment of good communication and consultative decision making, all schools/colleges/units in the AHC need to be acknowledged and valued for the contributions made to the AHC. There is a perception that the loyalty and interest of the AHC is the medical school. The AHC is more than the medical school and that needs to be talked about, demonstrated and illustrated in public arenas. There are questions about whether the interests of **all** the AHC schools/colleges are being represented and whether the AHC administration is able to represent and give voice to all schools in the AHC. Real or perceived perspectives that the non-medical school colleges/schools are not equal players in the AHC is damaging and gets in the way of things such as strategic planning for the AHC. Added to this is that all the AHC schools bear the burden of negative publicity. This has resulted in a fair amount of resentment toward the medical school and creates barriers to accomplishing the collective mission of the AHC.

The “language” used in public arenas when referring to the AHC can have a significant impact on how the public understands the purpose and mission of the AHC. Nursing, in particular, does not view **medical** care and **health** care as synonymous. Yet, there are innumerable times in which the term **medical** care is used interchangeably with **health** care in

public arenas, subsequently highlighting the medical school as the focus of the AHC. Medical care focuses on the diagnosis and treatment of diseases—usually of individuals. Health care has a much broader perspective and includes medical care, but also the prevention of diseases, promotion of healthy behaviors, and assisting individuals and families in the management and coping with chronic disease. The focus is on the health of individuals, families, communities and populations. Using the language of **health** care rather than **medical** care also leaves room for complementary approaches to health care including an emphasis on spiritual health and the link between mind and body. All the AHC schools/colleges contribute to health care. For those representing the AHC in public arenas, there needs to be a higher consciousness about the language used and the resulting implications of this lack of consciousness.

The issues regarding language and perceived valuing of one school over others can be minimized if we are able to create a **collaborative** culture of accountability. Collaboration means sharing the risks, responsibilities, resources and rewards. We have a system and culture that includes favoring rugged individuals who do what they need to do to get things (e.g. tenure, funding, awards). We have created structures of power and inequities that lead to this. We need a system and culture to favor collaboration. Demonstrating the value and contributions of all schools/colleges, internally and publically, is a first place to start. Creating incentives and rewards at the AHC level for interdisciplinary and collaborative efforts among the colleges/schools will go a long way to changing the culture of the AHC and eliminating the perceptions of who or what is valued the most in the AHC.

The often quoted statement from Dickens is fitting for the AHC: “These are the best of times and the worst of times.” The “worst of times” too often captures and drains our energy as the AHC struggles with shrinking resources. However, crisis creates opportunities and the AHC

is in unique position to take advantage of those opportunities. Thus, these are the “best of times” to take advantage of opportunities to develop new partnerships for research, education and service. The collective strength of the schools/colleges that make up the AHC place it in the unique situation to design, test, and evaluate innovative interdisciplinary health care delivery models and concurrently provide interdisciplinary education opportunities for students. The key to the success of the AHC is developing and building on the collective strengths of the colleges/schools to promote their individual contributions as well as the contributions they can make to the health of people through collaborative research, education and service. The School of Nursing is fully prepared to work as a collaborative partner to promote the three missions of the AHC.

## Appendix A

Fourth Report of the Pew Health Professions Commission. *Recreating Health Professional Practice for a New Century*. December, 1998. Pp. 29-43.

The competencies, as presented here, are abbreviated. Each competency has suggested strategies which can be used by health profession education programs to achieve the competency. The full document can be viewed on the world wide web at <http://www.futurehealth.ucsf.edu/home.html>.

### Twenty-One Competencies for the Twenty-First Century

- **Embrace a personal ethic of social responsibility and service.** The definition of professionalism for health care clinicians ought to be expanded to include service to society. For example, health profession education programs should institute a community volunteer or service-learning requirement for all students.
- **Exhibit ethical behavior in all professional activities.** Health professionals need to demonstrate respect for the privacy and dignity of patients, being accountable to the community for their clinical judgements and foster equity in the delivery of health care.
- **Provide evidence-based, clinically competent care.** Health professionals must be able to evaluate a variety of sources on care-related evidence, including current research findings and clinical practice guidelines and apply them appropriately to the management and treatment of disease.
- **Incorporate the multiple determinants of health in clinical care.** In addition to physiological determinants of human health, the emotional, psychosocial, cultural, economic, environmental, geographic and political factors have a profound effect on the health of individuals and communities. An understanding of these multiple determinants is necessary to enable providers to focus their care appropriately and link with other providers and community resources.
- **Apply knowledge of the new sciences.** Today's practitioners must at least understand the basics of the new sciences (e.g. pharmacoeconomics, psychoneuroimmunology) and their vast human and social implications and advocate for their cautious and ethical application to health care.
- **Demonstrate critical thinking, reflection and problem-solving skills.** Health professionals must be able to apply analytical reasoning, reflection, and rational problem-solving skills, using verifiable information and clinical judgement, in order to choose among or create alternative solutions to clinical problems. They must recognize the contextual nature of health care and be able to use their analytical skills to adapt evidence-based guidelines to unique and novel situations.
- **Understand the role of primary care.** All health practitioners should understand the value and role of primary care and for those choosing not to work in primary care, they must be able to work effectively with primary care providers in the delivery of comprehensive care.
- **Rigorously practice preventive health care.** Such practice should be evident in the health care professional's own life as well as in how they help their clients and communities learn self-management skills that promote and protect their health.

- **Integrate population-based care and services into practice.** Health professionals must adopt a population-wide perspective of health care that encompasses the knowledge and methods of clinical epidemiology, biostatistics, behavioral and political sciences, and their application to the communities or defined populations with whom health professionals share responsibility for health outcomes.
- **Improve access to health care for those with unmet health needs.** Health professionals have a responsibility to improve access to basic health care services by distributing health resources as widely and efficiently as they can, and by acting as public and private advocates for individuals and communities with unmet health needs.
- **Practice relationship-centered care with individuals and families.** Fundamental to professional practice is the ability to communicate and interact with these parties clearly, effectively and appropriately. Health professionals must have the skills to convey ideas clearly and concisely both orally and in writing, listen openly and empathetically, and resolve conflicts. Health professionals must also have a desire and ability to convey compassion for people's experience of health and illness, including the meaning it holds for them in the context of their lives.
- **Provide culturally sensitive care to a diverse society.** To provide appropriate and effective care, health professionals must understand how culturally learned values and customs affect people's health beliefs and practices. Health professionals must use this knowledge to collaborate with individuals and communities to provide health care that is sensitive to and consistent with cultural values, beliefs and customs.
- **Partner with communities in health care decisions.** Health professionals must work to reconnect health care resources with the communities they serve. Health care professionals must embrace individuals, families and communities as full and equal partners in health care decisions and provide them with information they need to consider available alternatives and make informed choices for themselves.
- **Use communication and information technology effectively and appropriately.** Health professionals must be willing to work cooperatively with information systems officials in an ongoing effort to build and refine information technologies. A general awareness of the capabilities of computers and networks, as they apply in both the professional and personal environments, will be invaluable help in making clinical and administrative systems work to the benefit of patients and clinicians alike.
- **Work in interdisciplinary teams.** The coordinated efforts of practitioners from many disciplines provide the best outcomes for the sickest patients. To assure effective and efficient coordination of care, health professionals must work interdependently in carrying out their roles and responsibilities, conveying mutual respect, trust, support and appreciation of each discipline's unique contributions to health care.
- **Ensure care that balances individual, professional, system and societal needs.** As newer life-saving and life-sustaining technologies evolve, including gene therapies, individual patients and practitioners as well as society will be faced with increasingly difficult choices about the distribution of health care resources. Health professionals must be prepared to assist individuals and families consume these resources in a competent, rational and cost-effective manner.

- **Practice leadership.** The complexity and integration of health care services in the emerging systems of care require health professionals to be able to work effectively within and across complex integrated organizational and institutional boundaries. This will require health professionals that can think and act from the perspective of the system.
- **Take responsibility for quality of care and health outcomes at all levels.** Practitioners must accept accountability for their individual competence and performance and be fully aware of the standards and practices of their profession. They must acknowledge their part in documenting the accountability of their health care team and institution.
- **Contribute to continuous improvement in the health care system.** The principle of continuous improvement should become a routine part of clinical care. The ability to apply systems thinking, measure variation, and organize and use information is essential if health professionals are to continuously improve the processes, outcomes and cost-effectiveness of health care for both individuals and populations.
- **Advocate for public policy that promotes and protects the health of the public.** Health professionals must at least be aware of and ideally politically active in the advancement of public policy affecting the health care system. Given their expert knowledge and direct involvement in providing or administering health care, they have a special obligation to act on behalf of and in concert with the public as advocates for healthy public policy.
- **Continue to learn and help others learn.** Health professionals must embrace a career-long commitment to continuous learning and to continuously improve their knowledge and skills to ensure their relevance and competence throughout their professional careers.