

Transforming the University

**Final Report of the
AHC Task Force on Health Professional Workforce**

Submitted on behalf of the Task Force by:

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I. Executive Summary

Combined, the six schools of the Academic Health Center educate and train 70% of Minnesota's dentists, advanced nurse practitioners, pharmacists, physicians, public health professionals, and veterinarians. In addition, many graduates become researchers and faculty in Minnesota, nationally and internationally. The growing demand for health professionals, the increasing cost of health professional education, the decreasing public investment in health professional education, and the shift to community-based education partnerships in Minnesota necessitates an analysis of how the Academic Health Center will meet the state's future health professional workforce needs.

Specifically, the Task Force was charged to:

1. Develop a methodology for determining class size and enrollment for each of the health professional schools in which the University is the major source of providers for Minnesota and the region.
2. Define the role of the University in the community partnerships necessary to educate and train the next generation of health professionals. Delineate principles for partnerships, the infrastructure necessary to sustain these partnerships, educational quality control, and accountability systems.
3. Define the role and best use of interprofessional education in training of the next generation of health professionals. Delineate new interprofessional education and care delivery models, the scope of their use, barriers to their use and approaches for overcoming those barriers, and how the models would be financially supported.
4. Clarify the resource needs and funding sources of the current paradigm of health professional education. Identify where cost reductions can occur, where additional revenue is needed, and what the source(s) of that revenue could be.
5. Address the following question: What are the emerging trends in health professional education and how might we use them for transformative change in our current paradigms?
6. Report on creative approaches to transforming health professional education that you may encounter during the course of your work.

Task Force Members

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Co-chair	
Louis Ling	Associate Dean for Graduate Medical Education, Medical School

Co-chair	
Lynn Blewett	Associate Professor, School of Public Health
Ray Christensen	Assistant Dean for Rural Health, Medical School Duluth
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Joanne Disch	Professor, School of Nursing, and Director, Katharine J. Densford International Center for Nursing Leadership
Bryan Dowd	Professor, School of Public Health
Gwen Halaas	Assistant Professor, Medical School, and Director of the Rural Physician Associate Program
Kathleen Krichbaum	Associate Professor, School of Nursing and Chair, AHC Faculty Consultative Committee
Patrick Lloyd	Dean, School of Dentistry
Jon Schommer	Professor, College of Pharmacy
Kathleen Watson	Senior Associate Dean for Education, Medical School
Christine Bartels	Research Assistant, Academic Health Center Office of Education,
Jennifer Cieslak	Special Assistant to the Senior Vice President, Office of the Senior Vice President for Health Sciences
Mary Schmidt	Chief of Staff, Academic Health Center Office of Education
Kaia Sjogren	Research Assistant, Academic Health Center Office of Education
Angie Sonquist	Executive Secretary, Office of the Senior Vice President for Health Sciences

Summary and Recommendations

Determining class size and enrollment for the AHC schools requires extensive baseline data and a methodology to predict future workforce needs. Using the data and methodology identified in this report, the AHC is now ready to employ this methodology to assist the Senior Vice President for Health Sciences, and the AHC school deans, in future strategic decision-making regarding class size and enrollment.

Recommendations: The AHC should convene stakeholder groups to monitor workforce issues, develop a health professions workforce monitoring function that is integrated into an AHC office with dedicated resources, create an “agile” model of data collection that provides timely response to changes in health care practice, and create an education and communication strategy to accompany release of relevant information.

The Academic Health Center relies on community partnerships and community-based faculty for help in training health professions students. A strategic plan that will sustain community partnerships should delineate an infrastructure that includes support and coordination of clinical rotations across the AHC, principles of partnership, contracts that define the level of partnership and associated responsibilities, and resources for support.

Recommendations: The AHC should develop an appointment process for community-based faculty, develop an infrastructure to support health professions education, design systems that assure appropriate faculty reward and recognition for participating in community-based activities, engage organizational leaders in the development of community partnerships, and engage additional state-wide partners, as appropriate.

Interprofessional education (IPE) challenges the notion of educating students in disciplinary “silos” and promises to improve the health care system through more effective collaboration. Current Academic Health Center IPE activities are driven by passionate students and faculty.

Recommendations: The AHC should transform its culture to embrace interprofessional education, develop sustainable systems to assure exemplary interprofessional educational programs, adopt the United Kingdom Centre for the Advancement of Interprofessional Education (CAIPE) definitions of interprofessional education to guide further development of education and practice, and designate a central coordinating entity and manager of interprofessional education activities in the AHC.

Funding health professions education is complex. Education is expensive for the University, relies on critical partnerships with community sites, and requires a long-term commitment of time and money from students. Funding differs for each discipline and each school. Market forces affect health professions education and faculty salaries.

Recommendations: The AHC should create an ongoing tracking mechanism that will monitor educational expenses and revenues across the AHC, charge a planning group to research scholarship opportunities to maximize financial aid options for AHC students, and develop a plan to address contingencies of a fragile funding structure.

Innovative practices in health professions education are occurring throughout the AHC. Because these efforts lack coordination, however, there is little opportunity for faculty and staff to share what they have learned or build on these efforts. External trends significantly influence internal efforts toward transforming health professions education. Currently, the AHC lacks a forum in which schools can share knowledge and showcase the many innovative educational models already in existence

Recommendations: The AHC should engage internal and external stakeholders for an ongoing, meaningful discussion about the future of health care and health professions education. This stakeholder group should include health care consumers, patients, health professions students, industry leaders outside of academia who have expert knowledge about education, third-party payers, legislators, public policymakers, health economists, and demographers, among others. The AHC should

transform health professions education in order to meet the needs of a changing health care system.