

## **HSPICE UIF Review**

### **March 1, 2001**

*Beverley D. Rowley, Ph.D., President, Medical Education and Research Associates, Inc,  
Tempe, AZ & Chicago, IL and Visiting Professor, Human Health Programs,  
Arizona State University-East, Mesa AZ*

*Stephan Sefcik, Professor and Chair, Department of Accounting, University of  
Washington*

*Fredric Wolf, Professor and Chair, Department of Medical Education, University of  
Washington*

In many ways the Health Sciences Interdisciplinary Partnerships in Clinical Education (HSPICE) program can be viewed as the epitome of the spirit and intent of the UW's UIF to "enable the University to seize opportunities at the frontiers of knowledge and learning [and] to reshape existing programs to meet with the highest and best needs of the institution. The fund allows the University to invest in those initiatives that transcend traditional disciplinary boundaries..." It is clear that HSPICE has succeeded in both of these respects, and is an "overwhelming success by any objective outcome measure used" (quote from interview of representatives of Council of Health Sciences Deans), having broken down traditional walls and boundaries among six independent schools plus the University Library. One Dean said, "There was absolutely no inter-disciplinary curriculum efforts before this proposal." It takes a long time to change culture. However, this program has made substantial inroads towards that goal; trust has been established. This is true even though there are significant challenges and barriers that HSPICE must overcome to realize its potential to be a national and international leader in inter-professional health education and research. It must be remembered that this program is still relatively early in its development and will need more time to fully realize its potential.

The importance of the HSPICE program is highlighted by the Institute of Medicine's Committee on Quality of Health Care in America report, "Crossing the Quality Chasm," which was issued just this week. The report contends that "Reorganization and reform are urgently needed to fix what is now a disjointed and inefficient system" of healthcare, that "The system is failing because it is poorly designed. For even the most common conditions, such as breast cancer and diabetes, there are very few programs that use multidisciplinary teams to provide comprehensive services to patients. For too many patients, the health care system is a maze, and many do not receive the services from which they would likely benefit." The fact that nationally there are "few programs that use multidisciplinary teams" succinctly captures both the need for, and challenges involved in, organizing meaningful inter-professional education like that being created by HSPICE.

### **Accomplishments and Strengths**

While the University of Washington has a remarkable record of cross-disciplinary and professional collaboration in research, particularly in the health sciences, HSPICE represents the most ambitious and successful effort to date to extend this collaborative tradition into the learning environment. Perhaps the most striking characteristic is the transformation of 1) the views of administrators, faculty, and students from the traditional disciplinary, "silo" view of their professional-world, individual roles and 2) initial skepticism around the value of inter-professional training into one of increasing collegial trust and appreciation of the contributions and the value-added of their sibling disciplines. It should be noted that we are using the term "inter-professional" to refer to activities that are across-professions (e.g., nursing, medicine, public health, dentistry, pharmacy, social work, information science) and "inter-discipline" to refer to different disciplines within specific professions (e.g., Pediatrics or Surgery within

“Medicine,” Health Services or Biostatistics within “Public Health,” Biobehavioral Nursing or Family and Child Nursing within “Nursing”). While national trends in health care delivery continue to move increasingly toward inter-professional, team-oriented practice, future practitioners have traditionally been provided with little or no formal training in the understanding and skills required to perform optimally in this context. Examples of early HSPICE innovations and successes in this regard that have impacted positively on students include:

1. An innovative inter-professional convocation, “capstone” experiential experience at the close of orientation for entering students in medicine, nursing, public health, dentistry, pharmacy, physician assistant training, and the allied health professions (e.g., physical therapy, occupational therapy). This has provided an initial baseline inter-professional introduction and understanding upon which to build.
2. An innovative inter-professional course entitled Medicine, Health, and Society required for all students in medicine and pharmacy, with plans to include students in other professions.
3. Integration of physician assistant students into the medical school’s required interdisciplinary problem based learning small group case discussions. Some nurse practitioners
4. An inter-professional seminar series at Harborview Medical Center that includes faculty, staff, and students in all the professions.
5. The modeling of effective inter-professional clinical teamwork (e.g., interactions and communication) for students at Harborview Medical Center. This can serve as a successful exemplar to build upon.
6. New community-based inter-professional experiences at the Lighthouse for the Blind and the Salvation Army Adult Rehab Center (ARC) for men struggling with recovery from alcohol and/or drug abuse.
7. The integration of UW library and information specialist expertise in accessing and providing information resources into the above programs. This has been likened to adding a “seventh profession” to the team.
8. The development of a new seminar for undergraduate freshmen who may be interested in careers in the health sciences (General Studies 197). This seminar enables freshmen to engage in discussions about ethical issues in health care delivery and research with senior faculty in health sciences, and as one faculty member commented, has permitted undergraduates to see potential career opportunities in the health sciences in entirely new ways.
9. Enrichment events for the entire UW community, such as campus-wide symposia on topics of national, regional, and local importance that include nationally recognized leaders and policy-makers.
10. The creation of and space for the Center for Health Professions Inter-Disciplinary Education.

Three observations about these accomplishments are important to highlight: 1) Several of these experiences are integrated into the required curricula of the schools and are not merely (and more easily) offered as elective experiences that enrich only a motivated, self-selected subset of health sciences students; 2) These accomplishments positively touch the broader “community” at multiple levels, promoting faculty innovation and enriching students’ learning, cooperation and appreciation of their own and sibling “caring” professions, as well as enhancing campus service

contributions and campus-local community cooperation and partnerships; and finally and perhaps most remarkably, 3) The developing *esprit de corps* and cooperation among the curricular leaders, faculty, and students in the six health science professions schools.

### Challenges

While HSPICE has achieved breakthroughs in a variety of areas, they still face numerous challenges to institutionalize the effort and achieve the desired level of national and international prominence. In normal team development, groups must work through the stages of “forming, storming, norming, performing.” This project has had to work through the same sort of issues and stages, but across the more complex structure of departments and disciplines. In fact, HSPICE is still in the early phases of each of these stages. The challenge is to develop a new paradigm which overcomes the inherent barriers. One participant said that while there was only 60 feet of separation between offices, there was a 1,000-foot chasm separating the professions and any possible collaborative effort.

Scheduling across the health science disciplines has been a formidable challenge affecting the ability of students to come together for clinical activities or for classes. The same sort of scheduling difficulties has hindered the development of faculty clinical teams which can role model the behaviors and skills for students. The HSPICE team has shown creativity in trying to overcome these constraints but the challenges will not abate until the concept is integrated into the core curriculum of each health science school. Because of these problematic scheduling issues, it has been difficult to establish consistent faculty clinical teams where students can participate as a team. This challenge must be overcome over the next phase to insure success and institutionalization of the project.

At the present time student exposure to HSPICE or inter-professional education is limited. The challenge over the next phase will be to expand the opportunities for inter-professional education so that all health science students have a defined minimum level of exposure and participation. The corollary challenge is for faculty and staff development across the clinical sites to learn similar skills and reinforce those skills in students.

In a resource-scarce environment, there will be a continuing challenge to maintain and grow the efforts of the Center for Health Sciences Interdisciplinary Education. This can only be accomplished with the continued support of the Health Science Schools Deans. In fact, the Deans must be seen as continuing to provide support for this effort in order for it to be given “value” by faculty especially as tenure and promotions decisions are made.

The enthusiasm of the HSPICE team and volunteers from all audiences affected by the project has been tremendous. Faculty “vote with their feet.” The fact that almost one-half of all effort is uncompensated by UIF-support is an indisputable testimony to the perceived value of the program. This momentum, however, is fragile. Sustaining this momentum and volunteerism is going to be difficult, especially without continued demonstrable support from the administration of the University and Health Science Schools. Burn out is already beginning to take a toll on some of the activities of the program. For example, the Lighthouse for the Blind and the ARC project at the Salvation Army are exceptionally rewarding, but entail a tremendous amount of faculty planning, organization, and effort.

Core skills practiced as a team are essential to fully functioning inter-professional teams. These skills include communication (inter-professional, conflict resolution, management, leadership, empathetic understanding of team member skills and perspectives), ethics, and team

development. The review team learned that while core skills are being taught, they should be more clearly delineated and measured. These skills need to be explicitly identified and then fully integrated into the existing and future courses and clinical experiences. These core skills are every bit as important as any clinical skills and are what make the team interaction and strength unique.

The HSPICE team has put in place some evaluation efforts and has begun to collect appropriate base-line data. The challenge is to more clearly articulate the outcome measures and monitor these over time. Many of these are longitudinal measures where it is too early to have any outcomes. These include educational quality and efficiency, as well as patient care improvement outcomes in light of the changing health care market place. It is our understanding that HSPICE performance measures do include patient outcomes, student and faculty attitudes, knowledge and skills, and changes in institutional infrastructure.

Some of the outcomes will always be difficult to quantify because they are largely experiential, helping the individual define and incorporate the values of enhanced collaboration and communication. Never the less, attempts should be made to document these achievements in a qualitative, if not quantitative fashion.

Sustaining and institutionalizing this effort is a monumental effort still to be faced by the HSPICE project, the Health Science Schools and the Administration. The downfall of many past inter-professional efforts has been the lack of core support from the institution (University and Schools). Basic “buy-in” from the institution is needed to demonstrate to granting agencies that inter-professional education is indeed a core value. This “buy-in” is also necessary to demonstrate to internal audiences that inter-professional education is a basic value. In addition, dependence on purely transitory grant funding undermines the basic mission of the effort and subjects the faculty to bear all risk of the endeavor’s success. Grant funds in the educational arena are limited, uncertain, and may come with their own agenda, which may or may not be compatible with the mission of the project. In order for this project to succeed, the review team strongly believes that HSPICE must have core funding that can be used to leverage grant funds in research and education. While the review team is confident that HSPICE can secure private funding, we also believe the basic level of core funding is necessary to insure continuity of project mission rather than being subject to the “dollar de jour” syndrome.

## RECOMMENDATIONS

1. Publicly acknowledge and leverage the impressive accomplishments of the HSPICE Program. Encourage all units to be proud and take credit and ownership. This will motivate additional involvement and investment. In addition, capitalize on these accomplishments in public relations efforts of the University and Health Sciences Schools.
2. The HSPICE group must clearly define the terminology that they use to describe their efforts. They must clarify the use of the words “inter-professional” and “inter-disciplinary.” Clearly their thrust is between the professions because within each profession are multiple disciplines. This must be articulated more succinctly in titles and other written materials.
3. HSPICE must clearly identify the skills necessary for effective team functioning in the health care arena and then interweave the skills, learning, and practice, as well as measurement, into all educational activities. This is one of the key features that makes it unique from “business as usual” in the separate Health Science schools.

4. Expand inter-professional clinical education so that all health science students have a defined minimum level of exposure and participation.
5. Develop a menu of selectives, a certain number of which are required for graduation from each health science school. This menu of selectives must cut across disciplines and clinical services to provide broad opportunities and to build upon the synergy currently in the system.
6. Continued attention must be directed to the short- and long-term outcome measures that will distinguish this endeavor as a national leader. Ultimate success will be to demonstrate that the project can add value to the educational experience and learning environment at many levels. The evaluation effort, therefore, must step back and view the project from a broader perspective and be able to resoundingly answer the “so what?” question.
7. The HSPICE project has been an unqualified success, as evidenced by substantial achievements to date. However, the full value of the project, including the Center for the Health Sciences Interdisciplinary Education, is as yet unrealized in that HSPICE’s early achievements can be leveraged in the health care market, educational and research grants, and community relations. In order to create that leverage, the HSPICE project’s core mission must have the security and stability to pursue its core mission and enable it to create new opportunities and innovations. Therefore, the review team recommends that the Provost and Health Science Deans collectively engage in a conversation about how best to support the core mission of the HSPICE program with an appropriate mix of internal and external resources. This conversation and subsequent review would need to take place within the context of HSPICE’s explicit goals and measurable outcomes for its next phase of activity over the next two to three years.