



JOSIAH MACY JR. FOUNDATION

macyfoundation.org

INNOVATIONS IN NURSING EDUCATION: ALIGNING EDUCATION WITH THE NEEDS OF THE PUBLIC

George E. Thibault, MD
President, Josiah Macy Jr. Foundation

**New Jersey Nursing Initiative
Annual Meeting
Robert Wood Johnson Foundation
Princeton, NJ
March 13, 2014**



The State of Health Care Today in the U.S.

1. Broad agreement that the status quo is unsustainable.
2. Health care is too expensive.
3. Health care is not available to all.
4. Health care outcomes are too variable.
5. Achieving the Triple Aim (Better Care, Better Health, Lower Cost) has been elusive.



Proposition

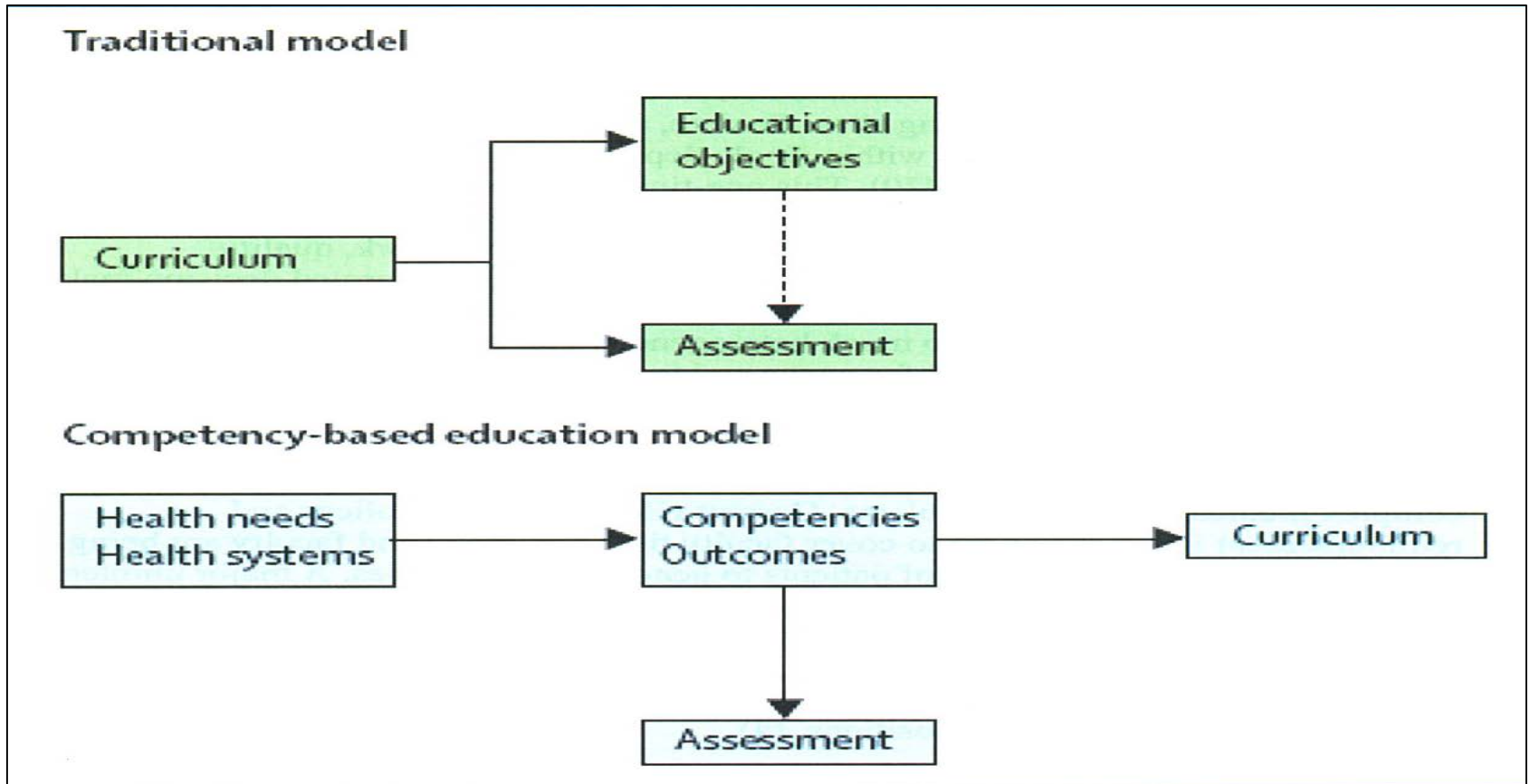
1. Insufficient attention has been paid to the health professions work force as a key element in achieving the triple aim.
2. Health professionals appropriately trained, in the right number, with the right distribution and working up to their full capabilities are essential to achieving the triple aim.



Proposition (contd.)

3. This will require innovations in health professions education.
4. Therefore, innovations in health professions education are central to the future of health care. We will not have enduring health care delivery reform without changes in the preparation of health professionals.

Health Professions Education must be more aligned with the needs of the Public





The Future of Nursing

LEADING CHANGE, ADVANCING HEALTH



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES



Key Messages of the Future of Nursing Report

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training.
3. Nurses should be full partners in redesigning health care in the U.S.
4. Effective work force planning and policies require better data.



Six Areas of Innovation for Nursing Education

1. Interprofessional education
2. New models of clinical education
3. New content to complement the biological sciences
4. Competency-based education; individualization and improved efficiency
5. Incorporation of new educational and information technologies
6. Development of the next generation of leaders and innovators in nursing education



Six Areas of Innovation for Nursing Education

- 1. Interprofessional education**
2. New models of clinical education
3. New content to complement the biological sciences
4. Competency-based education; individualization and improved efficiency
5. Incorporation of new educational and information technologies
6. Development of the next generation of leaders and innovators in nursing education



The Case for IPE

1. There is evidence that care delivered by well-functioning teams is better care.
2. Yet we educate health professions separately by design.
3. And there are many examples of poorly functioning teams due to lack of appropriate knowledge, attitudes and skills.
4. And the adverse consequences of poorly functioning teams are greater than ever.
5. Therefore, team-based competencies should be a core goal of health professions education, and some part of health professions education must be interprofessional.



Advocacy for IPE

- **Institute of Medicine, 1972; Educating for the Health Team**

“How should we educate students and health professionals in order that they might work in teams?”

- **Institute of Medicine, 2003; Health Professions Education: A Bridge to Quality**

“All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches and informatics.”



Advocacy for IPE

- **Lancet Commission 2010; Education of Health Professionals for the 21st Century: A Global Independent Commission Report**

“Promotion of interprofessional and transprofessional education that breaks down professional silos while enhancing collaborative and non-hierarchical relationships in effective teams.”



Interprofessional Education: An Essential Strategy to Accomplish the Future of Nursing Goals

George E. Thibault, MD

Journal of Nursing Education. Vol. 50, No. 6, 2011



Interprofessional Education: “Learning about, from and with one another”

1. Team-based competencies
2. Common content and problem solving (e.g. quality and patient safety)
3. Understanding roles and contributions of all health professions
4. Leading and following skills
5. Culture change for truly collaborative practice



Examples of Successful IPE

1. Introduction of new curricular content
2. Early clinical experiences
3. Use of new educational technologies
4. Joint Medical/Nursing curriculum planning
5. Health Center Campus-wide planning for all health professional schools



Lessons Learned from IPE Experiences

1. Leadership is key
2. Extensive planning is needed
3. Must involve real, meaningful work for the learners
4. Technologies can facilitate
5. Faculty development is essential



Six Areas of Innovation for Nursing Education

1. Interprofessional education
- 2. New models of clinical education**
3. New content to complement the biological sciences
4. Competency-based education; individualization and improved efficiency
5. Incorporation of new educational and information technologies
6. Development of the next generation of leaders and innovators in nursing education



The Case for New Models of Clinical Education

1. The management of chronic disease over time is the predominant work of health care professionals today.
2. The majority of this care occurs outside of hospital settings.
3. Yet the preponderance of clinical training is still hospital-based.
4. And the predominant model of training is “rotational,” resulting in fragmented experiences with patients and faculty.
5. Therefore, we need new models for clinical education that are more longitudinal, integrated, immersive and community-based.



New Models of Clinical Education

1. Longitudinal
2. Community-based
3. Chronic disease oriented
4. Continuity of patients,
curriculum, teachers and sites
5. Special Tracks



Six Areas of Innovation for Nursing Education

1. Interprofessional education
2. New models of clinical education
- 3. New content to complement the biological sciences**
4. Competency-based education; individualization and improved efficiency
5. Incorporation of new educational and information technologies
6. Development of the next generation of leaders and innovators in nursing education



The Case for New Content

1. Since the Flexner Report of 1910, the biologic sciences have been the fundamental basis for health professions education.
2. The practice of medicine and the society in which it is embedded have become much more complex since then.
3. The biological sciences are absolutely necessary, but not sufficient, to prepare an effective practitioner and leader in the health professions today.
4. Therefore, new content from social sciences, public health, systems management and other disciplines must be integrated throughout the educational experience.



New Content to Complement the Biological Sciences

1. Population medicine/Statistics
2. Social determinants of health
3. Quality improvement/Patient safety
4. Systems management
5. Health economics
6. Informatics
7. Professionalism



Six Areas of Innovation for Nursing Education

1. Interprofessional education
2. New models of clinical education
3. New content to complement the biological sciences
- 4. Competency-based education; individualization and improved efficiency**
5. Incorporation of new educational and information technologies
6. Development of the next generation of leaders and innovators in nursing education



The Case for Competency-Based and Individualized Education

1. Historically, the time to produce a health professional has been determined by number of years or months of prescribed experiences, and the total length of preparation has become progressively longer.
2. We know that learners acquire the requisite knowledge, skills and attitudes at different rates.
3. We also know that we are preparing nurses (and other health professionals) for a variety of different careers.
4. Inadequate training violates our social contract, but training of excessive length and costs also has adverse social consequences.
5. Therefore, we need to move to a competency-based approach that is more efficient and more individualized.



Competency-Based Education, Individualization and Improved Efficiency

1. Time of training determined by competencies rather than “time in place”
2. Improved transitions to create true educational continuum
3. Earlier differentiation
4. Better metrics needed
5. Flexibility and regulatory changed needed



Six Areas of Innovation for Nursing Education

1. Interprofessional education
2. New models of clinical education
3. New content to complement the biological sciences
4. Competency-based education; individualization and improved efficiency
- 5. Incorporation of new educational and information technologies**
6. Development of the next generation of leaders and innovators in nursing education



The Case for New Educational and Information Technologies

1. The health professions have been quick to embrace new diagnostic and therapeutic technologies, but slower to embrace new educational and information technologies.
2. The information explosion makes it necessary to have better tools to learn and to keep current.
3. Other fields have used technology innovatively to improve efficiency and standardization.
4. Distributed care and education call for new tools.
5. Therefore, we need to be exploring new technologies to prepare a health professional work force for the changing world they are entering and for their life-long learning.



Educational and Information Technologies

1. Simulation
2. Telemedicine
3. On-line learning; Avatars
4. Khan Academy: “The Flipped Classroom”
5. Data management tools
6. Assessment of individual and program outcomes



Six Areas of Innovation for Nursing Education

1. Interprofessional education
2. New models of clinical education
3. New content to complement the biological sciences
4. Competency-based education; individualization and efficiency
5. Incorporation of new educational and information technologies
- 6. Development of the next generation of leaders and innovators in nursing education**



The Case for Developing the Careers of Educational Leaders and Innovators

1. Clinical care and research have been the dominant activities of faculty.
2. The teaching and mentoring of the next generation of health professionals requires time, attention and skill.
3. Educational innovation requires time, leadership and creativity.
4. Therefore, we cannot accomplish our innovation goals or adequately prepare the health care workforce for tomorrow without investing in the careers of educational innovators and supporting faculty as teachers and mentors.



Development of Leaders in Health Professions Education


1. Faculty are role models for learners.
2. Faculty must lead the change.
3. Faculty can't teach what they don't know.
4. Faculty development is necessary for all faculty who teach.
5. And the careers of educational leaders and innovators need to be fostered and nurtured.



JOSIAH MACY JR. FOUNDATION

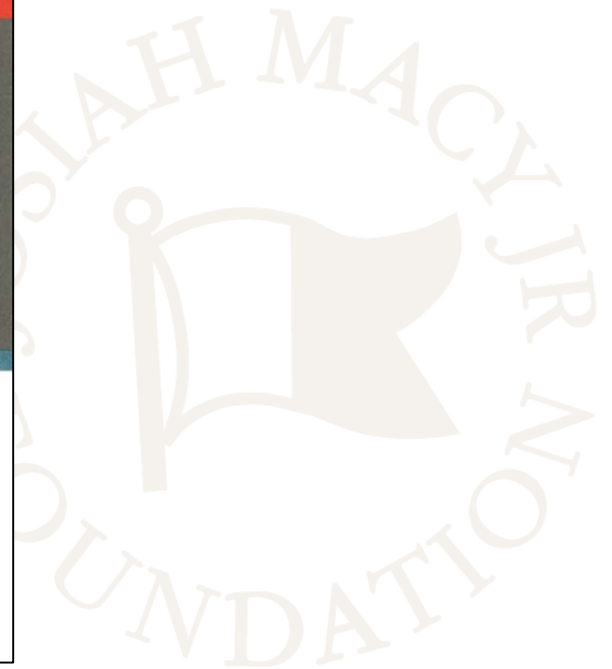
macyfoundation.org

The graphic is a vertical rectangle with a red top section, a dark grey middle section, and a white bottom section. A thin teal line separates the middle and bottom sections. A decorative grid pattern is on the left side of the grey section.

 **JOSIAH MACY JR.
FOUNDATION**

**FACULTY
SCHOLARS
PROGRAM**

The Josiah Macy Jr. Foundation is pleased to announce the initiation of a new program entitled the Macy Faculty Scholars program. The program is designed to identify and nurture the careers of educational innovators in medicine and nursing. The goal of the program is to develop the next generation of national leaders in medical and nursing education. The program will support the Macy Faculty





Why Is Educational Innovation Important?

1. Societal needs and expectations are changing.
2. Education is accountable to help improve the health of the public.
3. Educational leaders are responsible for the career success and satisfaction of their graduates.
4. Educational innovation is an essential element in health care delivery reform.



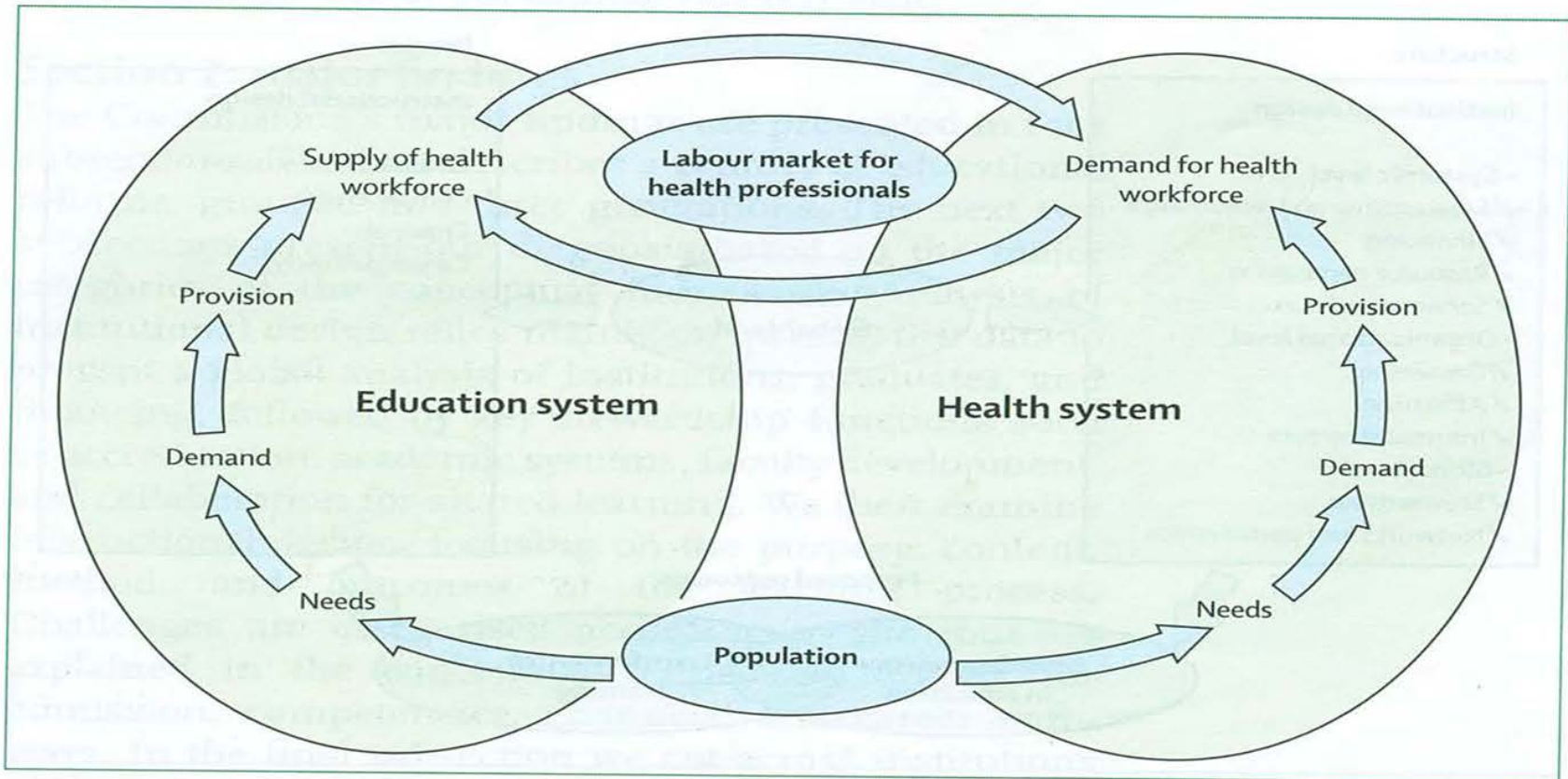
CONFERENCE RECOMMENDATIONS

January 17-20, 2013 | Atlanta, Georgia

Transforming Patient Care:
Aligning Interprofessional Education
with Clinical Practice Redesign



“We envision a healthcare system in which all learners and practitioners across the professions are working collaboratively with patients, families and communities and with each other to accomplish the Triple Aim.”



The Lancet, Nov. 29, 2010



“Education reform effort must be coordinated with related efforts to redesign health care delivery to be team-based and responsive to individual, family, and community needs.....

The two realms should not be changed in isolation. Education reform must incorporate practice redesign, and delivery system change must include a central educational mission if we are to achieve enduring transformation.”



Culture Change Is Needed

Individual → Collective

Hierarchical → Equality

Profession Centered → Patient Centered

Individual Focus → Community Focus

Competitive → Collaborative

Self-Centered → Nurturing



Conclusions

1. Innovations in nursing education and the future of health care are inextricably linked.
2. Innovations in nursing education are needed to better align education with the needs of the public.
3. Closer links are needed between education and health care delivery.
4. All of this will require culture change.