

TRENDS

Association of
Schools of
Allied Health
Professions

ASAHP JOURNAL EXPANDS ITS INFLUENCE

HIGHLIGHTS

OCTOBER 2006

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As a result of significant efforts by Editor **Kevin Lyons**, with the able assistance of Managing Editor **Jessica Kaplowitz**, the Association's *Journal of Allied Health* has undergone important changes in recent months. Recognizing the spread of globalization, several articles prepared by educators and researchers from other countries have appeared in different issues during the past year. Additional changes involve an increase in the number of articles that appear in the print edition by shifting other items such as Book Reviews to the electronic version of this publication.

The *Journal* can be found on the World Wide Web as a result of a contract with Ingenta that was established in 2000. The first electronic presentation of an issue appeared in Spring 2001. That company hosts more than 10,000 full text e-publications. Consequently, the Association's periodical is enhanced because more than 20,000 institutions such as libraries and more than 25,000,000 end users have access to it.

Each year, browsers around the world go online to inspect abstracts. Although they are not subscribers, they find the articles valuable enough to pay a fee to download them. The added revenue helps to offset production costs.

The current publisher is Science & Medicine, which is managed by **Michael Bokulich** in Pennsylvania. A comparatively small firm in the world of publishing, a major advantage is that the *Journal* is the recipient of special attention. Several years ago, it was published in Philadelphia by Hanley & Belfus. Similar to Science & Medicine, it was another boutique-like outfit where staff could devote close attention to minute details. When that company was taken over by a major organization that is considerably larger, it was considered in the best interest of all parties concerned to seek a relationship with Science & Medicine..

As a result of working with these two publishers in the past decade, the physical appearance of the printed edition has been improved. Advertising income has increased. More indexes such as Medline cite the *Journal* and its contents. Another benefit is that occasionally, editors of other periodicals request permission to reprint articles in their respective publications.

ASAHP Past President **J. Warren Perry** founded the *Journal of Allied Health* and the first issue appeared in 1972. Since that auspicious occasion, not only has this publication benefited the Association, it has served as a vital conduit for transmitting information and ideas that accrue to the advantage of the allied health professions as a whole.

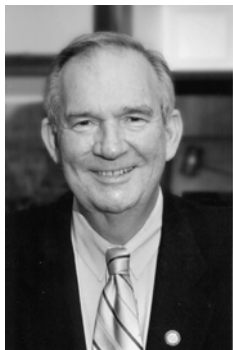


VANGUARD OF
ALLIED HEALTH EDUCATION

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PRESIDENTS'S MESSAGE

By David M. Gibson, ASAHP President



“An invasion of armies can be resisted, but not an idea whose time has come.” (Victor Hugo, *Histoire d'un crime*, 1852).

As autumn escorts Canadian winds into our region and blushes the leaves to tones of red or paints them in golden ochereous hues, we have much for which to be thankful. By and large our enrollments are waxing; the results of our graduates' performances on certification and licensing examinations are quite satisfying, and, for the most part, our efforts are valued in the academy. In other words, our mission to educate new practitioners and advance the knowledge and skills of current practitioners is on a firm foundation.

There are, however, veritable armies of challenges that face health professions educators; and, in particular, allied health professions educators. To name some is hardly one of those challenges. The AMA wants to study the scope of practice and the educational requirements of many of the allied health professions: for what purposes? The AAMC is on the cusp of recommendations to increase medical schools' class sizes. Clinical sites, pressed to achieve enhanced fiscal proficiency and decreased lengths-of-stays for patients are reluctant to take on students for clinical learning rotations; and when they agree to do so, it is with diminished numbers of students. Moreover, there are increasing numbers of them that want monetary compensation for accepting our students into their facilities. In the mean time, many states have reduced funding for higher education forcing educators to continuously seek alternate funding streams while increasing efficiencies.

For many years, health professions educators have called for interdisciplinary education and practice. In the 1980s and 90s, the silo analogy was common coin as allied health educators decried the side by side towers of learning. It has returned again with a renewed urgency. This is an idea that not be resisted. The AAMC, Pew Foundation and others have called for greater inter-professional collaboration. Indeed, the Institute of Medicine (2001) claimed that the need is urgent to expand multi-disciplinary professional teams.

How timely, then, was the theme, *Framing Interprofessional Education, Practice and Research* at the 2006 ASAHP Annual Conference? Just over 50% of the concurrent session speakers addressed issues concerning inter-professional or multi-disciplinary education or practice or research, either explicitly in the title of the presentations or substantively in the actual presentations. The reasons are plenteous as to why we must collaborate across disciplines and professions. For one thing the escalating costs of health care are strangling business, large and small. The appropriate utilization of teams of health care providers can help lessen the costs of health care services. By 1012, the estimate for health care spending will have attained 17% of the GDP and in the year 2002, Americans' per capita spending on health care was over \$5000 compared to Germany's at somewhat less than \$3000 and the United Kingdom's per capita expenditure of somewhat slightly above \$2000 (Gail Wilensky, “What We Know and Don't Know About Health Care Spending,” IOM Annual Meeting, October 19, 2004). In terms of medical errors, the price tag is estimated to be \$3.5 billion a year, injuring 1.5 million people and one of the culprits to blame is a disintegrated health care team among various health care professionals (NEWS, The National Academies: National Academy of Science, National Academy of Engineering, Institute of Medicine, National Research Council, July 20, 2006).

While not all of the escalating costs of health care can be attributed to the factors above, clearly some substantial saving can be realized through enhanced team collaboration. In addition, the first rule of medicine *noli nocere* (harm no one) will be better upheld through teams that are better integrated and focused on the good of patients' care. If we work more effectively and efficiently in teams, we may even convince some of our legislators that our educational programs are very worthy for financial support.

Team collaboration: it's an idea whose time has come.



WHAT WILL THE 110TH CONGRESS BRING

As this issue of the newsletter is being prepared, candidates for seats in Congress frantically are making last-ditch efforts to appeal to the electorate. They are accompanied by an army of consultants and prognosticators, all seeking to influence the final outcome.

Mid-term elections traditionally have failed to yield positive results for the party that occupies the White House. If the soothsayers are to be believed, this year will prove to be no exception. Indeed, in some quarters Democrats are salivating over the possibility that they will recapture either one or both chambers. When small children are being told an exciting story, they often interrupt with great exuberance to ask “And then what happened?” It’s a good question and it’s useful to contemplate exactly what might occur in the 110th Congress if the Democrats acquire sufficient votes to rule the roost.

First of all, it is unlikely that the current state of acrimony and bitterness will come to a halt. The fine craft of gerrymandering has guaranteed that a great many legislators will hail from the more extreme liberal and conservative portions of the political spectrum. Just as Democrats have been able to frustrate Republicans in recent years by blocking legislation, the same can be expected in the event that fortunes are reversed and Democrats assume an ascendant position. Moreover, the costs of defense, homeland security, Medicare, and Social Security represent some reasons why it will be difficult to find money for health professions education programs, NIH, and other useful categories of spending in coming years.

2007 ASSOCIATION CALENDAR OF EVENTS

March 13-14, 2007 Leadership Program—St. Pete Beach, FL

March 14, 2007 Research Symposium—St. Pete Beach, FL

March 15-16, 2007 Spring Meeting— St. Pete Beach, FL

October 17-20, 2007 Annual Conference—Catamaran Resort Hotel —San Diego, CA

(Planning is underway to offer a *Scholar-In-Residence Program*. More details will be announced once plans are finalized.

2007 LEADERSHIP DEVELOPMENT PROGRAM

The Association’s Leadership Development Program will be offered again in 2007. The initial session will occur in St. Pete Beach, FL on March 13-14. The second part is scheduled for October 15-16 in San Diego, CA. During the interim, participants will work in teams on projects that they select in March. The deadline for applying is **November 15, 2006**. Additional information appears on the Web at www.asahp.org.



Hugh W. Bonner (Left), Dean of the College of Health Professions at SUNY Upstate Medical University, was presented the Outstanding Member Board Award by ASAHP President David Gibson.



Kathleen Megivern, Executive Director of the Commission on Accreditation of Allied Health Education Programs, was presented with the *Distinguished Service and Achievement Award* by ASAHP President David Gibson



Participants in ASAHP's 2006 Leadership Development Program were given certificates at the Awards Dinner during the Annual Conference on October 18 in Chicago.



The *J. Warren Perry Award* for the Best Article in the *Journal of Allied Health* in the past year was presented to Alphonso Baldwin, Mary Copeland Simmons and Kandy Woods (shown in the center of the photo). Journal Editor Kevin Lyons is in the far right side of the photo and Managing Editor Jessica Kaplowitz is on the far left.

ASAHP Immediate Past President David Gale (Left) was presented with an Illumination highlighting his many contributions as a Member of the Board of Directors. ASAHP President David Gibson designed the honor and explained its meaning in the form of several resolutions.



John Dolan, Associate Dean at the Louisiana State University Health Sciences Center at New Orleans, and Diane Jacobs, Chairperson of the Department of Health Professions at the University of Central Florida, were selected as *ASAHP Fellows* and honored during the Fellows Luncheon at the 2006 Annual Conference in Chicago.



John Trufant, recently retired Dean of the College of Health Sciences at Rush University, was presented the *Darrell Mase Presidential Citation* by ASAHP President David Gibson.



BOARD ACTIONS

The following actions were among those taken during a meeting of the Board of Directors on October 16-17, 2006 in Chicago, IL:

- ◆ Approved the Minutes of the conference call on September 6, 2006.
- ◆ Approved depositing the excess of revenues over expenditures from FY 2006 in the RFP Fund.
- ◆ Authorized an expenditure of up to \$7,500 to provide underwriting for the Enhancing Faculty Research Career Development Pre-Conference Symposium on March 14, 2007 in St. Pete Beach, FL.
- ◆ Endorsed the Accreditation Committee to initiate the development of a data clearinghouse in conjunction with accreditation bodies. The Board will allocate up to \$5,000 in this fiscal year and up to \$10,000 in the next fiscal year to support these efforts. The committee is asked to include data on number of student graduates by program per year and is encouraged to seek external funding to support this initiative. The Board hopes that the initial round of data collection occurs so as to access the data from the 2006-07 academic year.
- ◆ Approved the provision of support, not to exceed \$5,000 for the March 2007 meeting with ASPA and the specialized accreditors.
- ◆ Reviewed the draft of the Recommendations of the Task Force on Clinical Doctorates and referred it to the Education Committee for refinement with a report back to the Board of Directors by calendar year end. The Committee also will be asked to review the Higher Learning Commission's Task Force Report on the Clinical Doctorate.
- ◆ Assigned Board liaisons to ASAHP committees and task forces.
- ◆ Approved using a "primary" process for ASAHP elections followed by a second ballot. Electronic voting will be examined.
- ◆ Approved creation of a committee from the Fellows membership to garner nominations annually and make selections for future Fellow membership. The Fellows will give these awards at their annual meeting.

INSTITUTIONAL PROFILE SURVEY

The data collection period for the Association's *Institutional Profile Survey* opened on September 11, and many deans and directors have begun to provide information, but at a lower rate than last year. Administrators who have not submitted data in the past are encouraged to examine the findings for 2005 on the Web at <http://asahp.uams.edu>. ASAHP staff can provide the necessary ID code. Additional information about the survey can be obtained at www.asahp.org. Once at the site, click "Surveys" at the top of the homepage, followed by "Institutional Profile Survey."

Last year, 95 schools participated in the study. The goal is to achieve what similar organizations are successful in accomplishing and that is to have 100% participation. The deadline for responding is **November 3, 2006**. As in the past, the data will be analyzed and the results will be posted electronically in January 2007.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Understanding The American Public's Health Priorities

According to a recent article published by *Health Affairs*, opinion surveys conducted in 2006 show that health care is an important, but a second-tier issue for government action. Americans' top health care concerns are mostly related to economic insecurity: rising costs and the problems of the uninsured. The biggest perceived health threats are cancer, HIV/AIDS, and avian flu. Although most Americans do not think that the health system is in crisis, the public remains dissatisfied with both the country's health care and public health systems. These attitudes are likely to create a climate that is supportive of increased health spending and substantial policy changes. The article may be obtained on the Web at <http://content.healthaffairs.org/cgi/content/full/hlthaff.25.w508v1/DC1>.

Strengthening Medicare's Role In Reducing Racial And Ethnic Health Disparities

A new brief from the National Academy of Social Insurance (NASI) provides a handy, four-page summary of the report of NASI's Study Panel on Medicare and Disparities. Disparities in health care for racial and ethnic minorities and low-income persons pose a pressing national problem. The study panel concludes that Medicare is obligated to take the lead in reducing disparities—both for its beneficiaries and throughout the health system—and makes 17 recommendations to those who set policy for and administer the Medicare program. The brief may be accessed on the Web at http://www.nasi.org/usr_doc/Medicare_Brief_No_016.pdf.

Survey Of Hospital Language Services For Patients With Limited English Proficiency

Although 80% of hospitals frequently treat patients with limited English proficiency, only 3% receive reimbursement for providing translation and interpretation services, according to a national survey released on October 11, 2006 by the Health Research & Educational Trust. About one in five U.S. residents speak a language other than English at home. Hospitals reported encountering a wide variety of languages, including Spanish, Chinese, Vietnamese, Japanese and Korean. At least 20% of respondents frequently encountered 15 of the 32 languages surveyed. The results of the survey may be accessed on the Web at <http://www.hret.org/hret/languageservices/content/languageservicesfr.pdf>.

The State Of Health Care Quality 2006

The quality of health care for millions of Americans improved in most areas of care in 2005, the seventh consecutive year of such gains, according to a newly released report by the National Committee for Quality Assurance (NCQA). This year's report marks the tenth year that NCQA has reported on the state of health care quality. Persons enrolled in health plans that measure and publicly report performance data were more likely to receive preventive care and have their chronic conditions managed in accordance with clinical guidelines based upon medical evidence. Amidst this success story, however, were signs that the pace of improvement may be slowing: fewer quality measures showed statistically significant improvements in 2005 than in 2004, which may be an indication that there is less room for improvement and that new strategies and new measures need to be developed and implemented to take the next steps forward in continued improvement. The report may be accessed on the Web at http://www.ncqa.org/Communications/SOHC2006/SOHC_2006.pdf

ANNUAL CONFERENCE HIGHLIGHTS

The *Keynote Address* at ASAHP's 2006 Annual Conference was presented by **K. Michael Welch**, President and CEO of Rosalind Franklin University. His institution was renamed in her honor in 2004 to acknowledge her contributions in unraveling the mysteries of DNA. Although she never received a Nobel Prize, her work in crystallography was the basis for the honors ultimately bestowed on laureates James Watson and Francis Crick. Since the 1950s, she has been referred to as "The Dark Lady of DNA."

Welch observed that the early model of medicine was characterized by efforts to identify and treat disease. The emphasis today is on health promotion and disease prevention. The future will focus on reading the genetic code and predicting disease in addition to repairing the gene to prevent disease.

He believes that all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team emphasizing evidence-based practice, quality control approaches, and informatics. Health care providers do not automatically know how to practice in this model. It must be taught. Training needs to be initiated early in the educational timeline and used consistently throughout one's education.

The challenges to realizing inter-professional education involve these factors: health professionals are socialized in isolation, hierarchy is fostered, individual responsibility is relied upon, and students are housed in separate schools. Academic schedules differ and professional groups are not made aware of the contributions of other health professionals. Best practices aren't shared and evidence is lacking on the outcomes of curriculum change.

He discussed what has occurred on his campus to remedy such shortcomings. In his view, the impetus for building interprofessional health care teams has never been stronger. He closed by encouraging members of the audience to teach in teams and demonstrate teamwork.

The *Mary E. Switzer Lecture* was presented by **Wayne M. Lerner**, who until recently was President & CEO of The Rehabilitation Institute in Chicago and who now serves as Interim CEO of Holy Cross Hospital in that city. He stated that the endgame in health care entails the following elements: increase the quality of patient care, increase patient satisfaction, improve accountability for patients' care & the environment in which care is delivered, assign responsibilities to appropriate professionals & hold them accountable, increase job satisfaction, and continue to investigate a new model of delivery designed to improve outcomes at reduced cost (value).

The differences that he sees between acute care and chronic care are between the former being more cure-oriented, episodic, more focused, and less collaborative in nature. He asked his listeners to consider the following questions: Why should students enter the health professions? Why should they choose your school? What do you do that is "better" than your competitor? Do your students and alumni see your strengths as you do?

Other important queries to be addressed include: Why should employers hire your graduates and how do they view your strengths? How do you stimulate life-long learning and is it of value to students, alumni, and employers? How are you trying to change the health care landscape through your faculty and students? Are you using competency-based education, advocacy and community service, and linking research and education with practice?

His closing remarks dealt with the difference between equity and parity. He also discussed humility and personal will, social purpose, business purpose, and the whole notion of achieving success.