

Appendix 5

Model Outline for Educational Resources to Enhance Delivery of Collaborative Health Care

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National Education Dialogue Program Goals:

- Endorse the value in development of resources which help us better understand each other.
 - Identify a range of potential educational resources about healthcare disciplines, including a model survey course curriculum and a list of individuals with expertise in curriculum development.
 - Define practical uses of such resources (book, website, course materials, curriculum guidelines, syllabi, etc.) and potential audiences.
 - Have NED and involved healthcare professions commit to collaborative work on these resources in 2005–2006.
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Introduction and Overview

Practitioners of one healthcare system cannot effectively collaborate with practitioners of other systems unless they possess knowledge and understanding about the various healthcare disciplines that exist. The more knowledgeable a healthcare practitioner is about other disciplines, the more effectively he or she will be able to collaborate, as well as assist patients who are accessing multiple healthcare treatments. Well-developed resources that aid this type of knowledge and collaboration will facilitate quality patient care. A well-formulated survey course, or set of courses, would provide an important basis for encouraging collaboration in order to better serve patients.

We recognize the challenges that all educational programs—including programs in conventional as well as complementary and alternative medicine—have in incorporating new content. However, if healthcare students from various disciplines were to take similar, collaboratively developed survey courses as part of their required didactic education, they would have a foundation for collaborating more easily with one another. Training together as interns in integrative care settings would further enhance future collaboration. This project provides a practical step in this direction by bringing together the leading disciplines with an interest in effective integration to create quality educational and curriculum materials, which each can shape for use inside their separate disciplines and institutions.

Reasons for a Model Survey Course Curriculum on Disciplines

Why should every healthcare student, regardless of his or her field, learn how to converse and collaborate effectively across disciplines? Students educated in this way enhance their abilities to:

- Discuss with patients treatments they may already be receiving from other healthcare practitioners.
- Discuss with patients healthcare options outside of the practitioner's own field.
- Communicate about cases with practitioners of diverse disciplines.
- Understand the range of healthcare disciplines in the U.S.
- Cross-refer patients to practitioners of other healthcare fields.
- Develop openness to other medical cultures and paradigms.
- Understand the mind-body-spirit connection in health care.
- Work in collaborative healthcare settings and on collaborative research projects.

Often the best healthcare plan involves a combination of treatments provided by diverse practitioners from various disciplines. A multidimensional approach to health care that includes expertise from across disciplines may be the most beneficial to many patients.

Collaboration: Resources, Guidelines, Text and Syllabi

We propose the development of resources that would provide information on disciplines for all healthcare educators. The information, produced in a printed form, would allow educators or healthcare students to extract information as necessary and could be offered to students as part of a professional program's core curriculum or as electives. Additionally, the information could be provided to practicing professionals as continuing education, whether in classroom settings or online.

We recognize that many healthcare educational programs face curriculum constraints, and there are always more skills to teach and useful information to provide than time allows. The amount of education a program can offer concerning other healthcare disciplines will necessarily vary, based on the institutional mission, the requirements of accrediting bodies and testing agencies, faculty perspectives and other factors. Despite the challenges of working new information into an established curriculum, we believe that a survey course introducing students to a single healthcare discipline (e.g., naturopathic medicine) should be, at a minimum, two or three credits in length (30 or 45 contact hours). This would respect the depth and breadth of the discipline and be sufficient to enable collaboration at a beginning level. If a more immediate goal is to simply introduce students to the various healthcare systems in the U.S., a single three-credit survey course covering a number of systems might suffice. Given that there are cultural and curriculum challenges involved in thoroughly integrating new material into existing programs, other avenues to explore are certificate courses and leadership education for exceptional students.

Elements of a Collaborative Curriculum

We envision that educators within each healthcare discipline would develop a model syllabus based on the outline drafted below. These syllabi would also cover recommended bibliographies, including current journals, and relevant research articles. Because the success of this endeavor rests, like all education, on the qualifications and abilities of faculty members, the materials developed would also include recommended faculty qualifications. Ideally, the faculty member best suited to present material on a specific topic would combine a license and practice experience in his or her field with enough understanding to convey concepts in a language familiar to the listener. For example, a faculty member teaching about acupuncture to medical students would be an experienced, licensed acupuncturist well-versed in conventional medicine.

Possible Topics for a Model Syllabus

Each survey course or resource on a given discipline could potentially include the following topics and activities:

Topics

- History and current status of the field
- Credentialing in the field: educational training requirements (hours/credits), accreditation and certification processes, professional licensure, etc.
- Scope of practice and competencies of trained practitioners
- Basic philosophy about health and healing/core values of the discipline
- Basic theory of the discipline and understanding of its unique terminology (glossary)
- Strengths and limitations of the healthcare system in preventing and treating conditions, and promoting health
- Introduction to research in the field, including a bibliography of research literature, evidence-based material, cultural issues which may restrict or enhance research, and current status of the research effort
- Co-management and referral strategies

Activities and Educational Formats

- Panel discussions on conditions, with two or more fields represented, regarding how each discipline approaches specific cases (“best practices,” strengths/weaknesses, working alone, working collaboratively)
- Lecture and case demonstrations
- Students directly experiencing different forms of health care (such as receiving acupuncture and Oriental medicine treatments, chiropractic adjustments, nutrition and diet assessments, massage therapy and treatments in naturopathic and osteopathic medicine) or observing practices (such as direct-entry midwifery [natural childbirth] evaluation and management)
- Joint case discussions in which specific cases are presented from the perspectives of a variety of disciplines
- Grand rounds-type observations in clinics
- Learning a few “simple” techniques that can be incorporated into self-care
- Examples of how to work collaboratively and/or refer to another healthcare provider

In addition to the ideas presented thus far, we believe it is important that healthcare programs include information on public health, mental health and environmental medicine. Another important subject matter to be aware of is emerging healthcare disciplines.

This survey curriculum on healthcare systems and practices would serve as a foundation for, and companion piece to, a related set of educational resources that specifically provide students of healthcare professions with knowledge and skills that enhance their practical abilities to operate collaboratively in an integrated care environment. We believe that these educational resources begin to address the gap in educational, accrediting and testing standards developed at a time when many of these disciplines operated in relative isolation from one another.

Discussion Questions for NED

- Are there other elements that should be included in a survey course curriculum that trains students for successful collaboration in integrated health care? Should some elements in the model curriculum above be taken out? What competencies would we like collaborative healthcare students to develop?
- What are the shortcomings of existing survey courses in healthcare programs? Is there value in offering a curriculum on healthcare collaboration in which all relevant disciplines agree on core elements of the content?
- What do we need to know about each other's disciplines to best work together?
- If one discipline teaches about the other, who determines the content and who presents the content? Who should be involved?
- What is the case for collaboration? How do we know that medical care will be improved by collaboration? Are there different levels or types of collaboration?
- What are the communication, collaboration and leadership skills involved in sharing patient care with other practitioners? Are there other examples of multidisciplinary collaboration we can learn from?
- Are there considerations regarding insurance, payment, record keeping, management and liability that need to be discussed?
- What do we know about the value of differing models of integrated care delivery?
- Are there specific issues or problems that practitioners who work in collaborative clinics face routinely? Have differing medical paradigms posed unique challenges to collaboration?
- What leadership skills do individuals need to implement new healthcare models in environments that may be unreceptive? Should leadership training be a specific component of training?
- If collaborative educational resources are deemed useful by the participants of NED, what are the next logical steps in developing these resources?