

American Nurses Association

Health Professions Education: A Bridge to Quality
Institute of Medicine Report

On April 8, 2003, the Institute of Medicine (IOM) released a report, *Health Professions Education: A Bridge to Quality*. One of the recommendations in the IOM's 2001 report, *Crossing the Quality Chasm*, was to hold an interdisciplinary summit to develop the next steps for reform of health professions education in order to enhance patient care quality and safety. This summit was held in June 2002 and was attended by Linda Stierle, MSN, RN, CNAA, BC, ANA's Executive Director and other ANA staff. According to the IOM, the *Health Professions Education* report "focuses on integrating a core set of competencies - patient-centered care, interdisciplinary teams, evidence-based practice, quality improvement and informatics - into health professions education."

There is much in this report that speaks to the need to reform licensure laws and address scope-of-practice issues, both of which affect decisions about education. The report also recommends that all health professionals be required to "demonstrate competence, not just pay a license renewal fee, to maintain their authority to practice." Another recommendation suggests that it is time to evaluate the evidence base about current educational content for patient care and determine the link between clinical education and health care quality. Overall, there were ten recommendations in the report.

At the June 2002 summit, the IOM used the Hoshin methodology to gather expert opinion and identify and prioritize implementing strategies. The full report is available at www.nationalacademies.org or a copy may be obtained from the National Academies Press at 1-800-624-6242.

Overarching Vision for all programs and institutions engaged in clinical education of health professionals:

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

Five core competencies that all clinicians should possess, regardless of their discipline, to meet the needs of the 21st - century health system:

Provide patient-centered care - identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of health lifestyles, including a focus on population health.

Work in interdisciplinary teams - cooperate, collaborate, communicate, and integrate care

in teams to ensure that care is continuous and reliable.

Employ evidence-based practice - integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.

Apply quality improvement - identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.

Utilize informatics - communicate, manage knowledge, mitigate error, and support decision making using information technology.

Recommendations:

Recommendation 1: DHHS and leading foundations should support an interdisciplinary effort focused on developing a common language, with the ultimate aim of achieving consensus across the health professions on a core set of competencies that includes patient-centered care, interdisciplinary teams, evidence-based practice, quality improvement, and informatics.

Recommendation 2: DHHS should provide a forum and support for a series of meetings involving the spectrum of oversight organizations across and within the disciplines. Participant in these meetings would be charged with developing strategies for incorporating a core set of competencies into oversight activities, based on definitions shared across the professions. These meetings would actively solicit the input of health professions associations and the education community.

Recommendation 3: Building upon previous efforts, accreditation bodies should move forward expeditiously to revise their standards so that programs are required to demonstrate - through process and outcome measures - that they educate students in both academic and continuing education programs in how to deliver patient care using a core set of competencies. In so doing, these bodies should coordinate their efforts.

Recommendation 4: All health professions boards should move toward requiring licensed health professionals to demonstrate periodically their ability to deliver patient care - as defined by the five competencies identified by the committee - through direct measures of technical competence, patient assessment, evaluation of patient outcomes, and other evidence-based assessment methods. These boards should simultaneously evaluate the different assessment methods.

Recommendation 5: Certification bodies should require their certificate holders to maintain their careers by periodically demonstrating their ability to deliver patient care that reflects the five competencies, among other requirements.

Recommendation 6: Foundations, with support from education and practice organizations, should take the lead in developing and funding regional demonstration learning centers, representing partnerships between practice and education. These centers should leverage existing innovative organizations and be state-of-the art training settings focused on teaching and assessing the five core competencies.

Recommendation 7: Through Medicare demonstration projects, the Centers for Medicare and Medicaid Services (CMS) should take the lead in funding experiments that will enable and create incentives for health professionals to integrate interdisciplinary approaches into educational or practice settings, with the goal of providing training ground for students and clinicians that incorporates the five core competencies.

Recommendation 8: The Agency for Healthcare Research and Quality (AHRQ) and private foundations should support ongoing research projects addressing the five core competencies and their association with individual and population health, as well as research related to the link between the competencies and evidence-based education. Such projects should involve researchers across two or more disciplines.

Recommendation 9: AHRQ should work with a representative group of health care leaders to develop measures reflecting the core set of competencies, set national goals for improvement, and issue a report to the public evaluating progress toward these goals. AHRQ should issue the first report, focused on clinical educational institutions, in 2005 and produce annual reports thereafter.

Recommendation 10: Beginning in 2004, a biennial interdisciplinary summit should be held involving health care leaders in education, oversight processes, practice, and other areas. This summit should focus on both reviewing progress against explicit targets and setting goals for the next phase with regard to the five competencies and other areas necessary to prepare professionals for the 21st - century health system.

Report compiled by:
Cheryl Peterson, MSN, RN
Senior Policy Fellow
American Nurses Association