Title:
Interprofessional Education for Undergraduate Health Science

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References:  


Abstract Summary:  
Current healthcare, educational and labor market trends support an entry level health science program. A Bachelor of Science (BS) in Health Science (HS) degree integrates interprofessional education to enhance the curriculum embedded in the College of Science and Health Professions at a state owned university in northwest Pennsylvania.

Learning Activity:  

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>The learner will recognize the current healthcare workforce trends.</td>
<td>Current healthcare needs â€“ professional and national workforce. Collaboration between healthcare and educational systems</td>
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<td>The learner will distinguish the roles of the healthcare and educational systems in meeting current and future workforce needs.</td>
<td>Current healthcare needs â€“ professional and national workforce. Collaboration between healthcare and educational systems</td>
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<td>The learner will describe interprofessional education.</td>
<td>Global Commission on Education of Health Professionals for the 21st Center; World Health Organization (WHO) Framework for</td>
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The learner will summarize the components of a BSHS degree

Current curricular models; Labor market; Strengths, challenges, opportunities, and threats (SCOT) analysis of specific university

Abstract Text:

**Emerging Educational Administrator Institute Leadership Journey:**

As a scholar in the 2016-2017 EEAI, my goal was to strengthen my skills in implementing unique solutions to issues with the development of a dynamic leadership skill set. This goal was complementary of the EEAI goal to apply best practices to actions, decisions, and communications. Achievement of the goal was based upon self-reflection and growth to identify the leadership direction that bests fits.

The journey has been informative and enlightening. I have realized that one does not need to be in a position of formal leadership to lead. Informal leadership is driven by a passion. That passion impacts those involved in a project to effect a positive and valued outcome. The ability to empower and influence others is critical to informal leadership and can be accomplished without a formal title or position. With the guidance and inspiration from my mentor, Dr. Anne Thomas and my faculty, Dr. Nancy Sharts-Hopko, I have explored professional and personal strengths and areas for improvement. The project described below has introduced me to colleagues outside of nursing and a broader view of the university. Overall, the EEAI has allowed me to achieve the goals I set and has allowed me to recognize and shape a leadership role that fits.

**Background:**

The healthcare landscape continues to change. The aging population, chronic disease management, and healthcare policy all challenge healthcare systems. The goal of high quality, cost-effective, and accessible care remains elusive and a competent workforce of health professionals is critical to meeting this goal. Between 2014 and 2024, a 19% growth in healthcare related occupations is expected as compared to an average projected growth in all occupations of 6.5% (U.S. Department of Labor [USDL], 2015, December 17). Nationally, healthcare will account for 20 of the 30 fastest growing occupations (Martiniano, Chorost, & Moore, 2016).

To ensure a competent workforce, all health professionals require education to improve both individual and population health. As a result, the education of health professionals is intrinsically linked with the health system. The Global Commission on Education of Health Professionals for the 21st Century (Frenk et al., 2010) described a model that addresses the healthcare needs of the population coupled with the educational systems that supplies a competent labor force to provide the appropriate services.

The Frenk et al. (2010) model complements the World Health Organization (WHO) Framework for Action on Interprofessional Education and Collaborative Practice (2010) that highlights the importance of linkages between the educational and health systems. The WHO framework also describes the need to educate health professionals who are competent in collaborative practice environments. To prepare for collaborative practice, interprofessional education is critical. Interprofessional education occurs “…when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010, p. 10).

**Purpose:**
This project evaluated the current health related curricula and subsequently proposed a BSHS program with multiple tracks. The project is in conjunction with the EEAI and supports the mission of the sponsoring university to “…focus individual attention to student success…and responsiveness to the evolving needs of the broader community…”

**Methods:**

Systematic searches were completed to: (a) understand undergraduate health science curricula in US universities; (b) evaluate the workforce opportunities for a graduate with a BSHS degree; and (c) determine the need for such a program in western Pennsylvania. A strengths, challenges, opportunities, and threats (SCOT) of the university’s health related programs was completed. This was done in conjunction with the university’s extensive program review.

**Results to Date:**

Core courses, specialty tracks, and interprofessional education were found consistently across numerous health related curricula. Core courses included medical terminology, research, ethics, leadership and health promotion. Health and wellness, leadership and policy, pre-professional, health administration/management, informatics, public health, gerontology/aging, medical technology/imaging, social/behavioral health, global health, and occupational/health safety are among the varied specialty tracks that are offered. Collaboration between professionals 10 different disciplines is readily apparent.

A search of the U.S. Bureau of Labor Statistics found occupations which are consistent with the overall need for healthcare providers in the next 10 years. These include health educators, community health workers, managers in medical, health, community, and social services as well as exercise physiologists and recreational therapists. Using the term, “BS in Health Science”, a search of the website, Indeed.com, resulted in a variety of job postings. Among the postings were wellness coordinators, pharmaceutical representatives, clinical research specialists, public health specialists, and epidemiology/surveillance coordinators.

The SCOT analysis of the university’s health related programs found current curricula 15 health related programs with similar foundational courses and available faculty. The current challenge is the independent nature of the programs. Additionally, there is no degree available to students who are interested in a more general health science degree – whether it is designed to prepare for graduate school or direct entry into the job market. The development of a BSHS degree to complement current programs would promote the university with a focus in health science and broaden the opportunities for current and future students.

**Conclusion:**

The current healthcare workforce environment requires preparation of healthcare professionals to meet local, regional, national, and global health needs. A BSHS degree is supported by data from the U.S. Bureau of Labor Statistics as well as general job searches and the university is poised to prepare graduates to meet these health needs. Additional collegial work with interprofessional educators across the campus will determine the appropriate steps to develop, revise, and package a health science focus for the university.