Exploring the Role of Health Professional Students and Trainees as Members of the Health Workforce
Session 6 of a Workshop Series: Scenario Planning

December 8, 2021

Workshop Objective: To facilitate discussions around testing a decision tree, applicable across all the health professions, to guide health professions leaders in creating a local strategy for the role of trainees in the health system

WELCOME & BACKGROUND	
11am ET	**Welcome & Background** • Erin Patel, Veterans Health Administration **Describe the Decision-tree** • Robert Cain, American Association of Colleges of Osteopathic Medicine, Co-chair
11:10am	**Explain Case Study & Provide Instructions** • Casey Shillam, University of Portland
BREAKOUT SESSIONS	

11:20am	**Breakout Groups**
	Exploring a decision-tree
	How well does the decision-tree work during regional, national, and global crises
	
	• **Regional Crisis Group:** An earthquake in the New Madrid Seismic Zone
	    o Lead: Lisa VanHoose, Ujima Institute
	    o Assisted by: Robert Cain, Planning Committee Co-chair
	• **National Crisis Group:** Dealing with a cyberattack
	    o Lead: Jonathan Amiel, Columbia University
	    o Assisted by: Erin Patel, Planning Committee Co-chair
	• **Global Crisis Group:** COVID mutations render vaccines and therapeutics ineffective
	    o Lead: Kenya Beard, Chamberlain University
	    o Assisted by: Jasmine Garland McKinny, Doctoral Student, UNC at Greensboro

12:05pm	**Discussion** Moderator: Casey Shillam, University of Portland • **Report Back:** Each group lead briefly describes the crisis and discussion • **Roundtable Discussion:** How well did this model set the stage for decision-making?
12:45pm	Adjourn

Statement of Task:
A planning committee of the National Academies of Sciences, Engineering, and Medicine will organize and conduct a series of public workshops to explore whether students and trainees should be viewed as members of the health workforce, particularly in times of emergency as was experienced during the COVID-19 public health crisis. Topics to be explored will include issues such as:
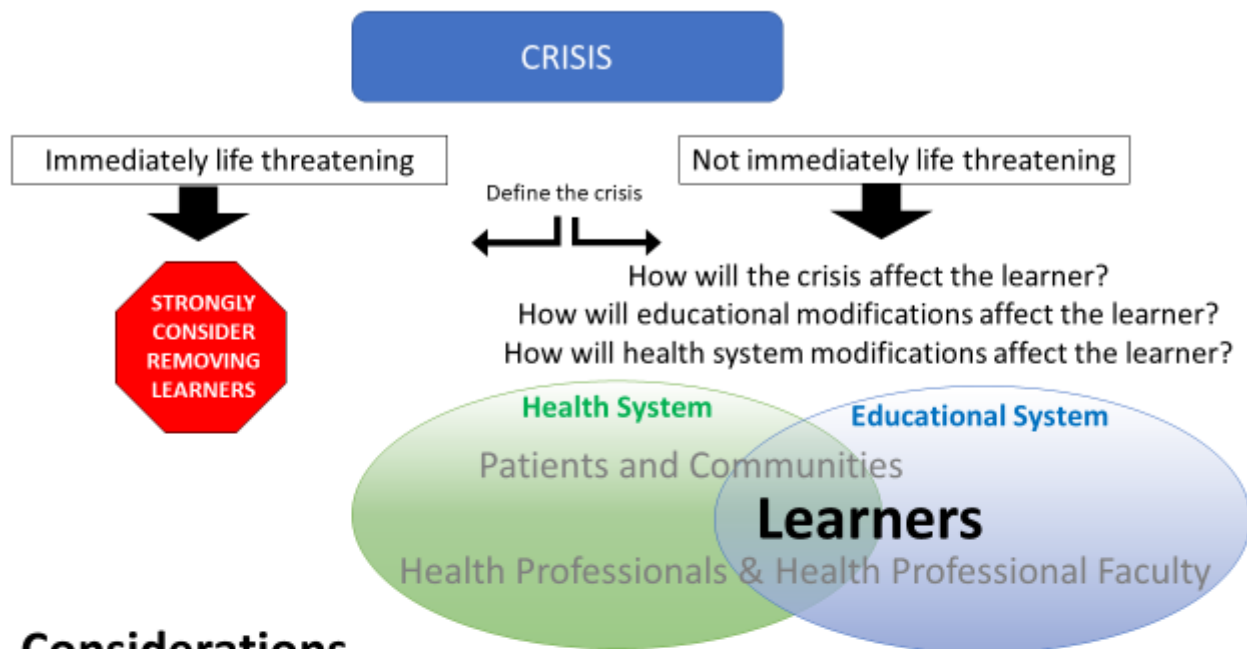
- Identifying evidence on value-added roles for students to serve in the delivery of care and in a public health capacity
- Building greater working-learning integration for a stronger learning health system
- Balancing the role of learners as consumers (paying tuition) and not licensed providers versus members of the health workforce

The planning committee will bring together educators, students, administrators, and health professionals to share ideas, experiences, and data in an effort to discuss the role of learners during a crisis by drawing upon past experiences. The planning committee will select and invite speakers and discussants, and moderate the discussions at the workshop. Following the workshop, a proceedings of the presentations and discussions will be prepared by a designated rapporteur in accordance with institutional guidelines.

Workshop Planning Committee Members

- **Robert Cain, DO** *(Co-Chair),* President and CEO, American Association of Colleges of Osteopathic Medicine

- **Erin L. Patel, Psy.D** *(Co-Chair),* Acting Chief, Health Professions Education, Office of Academic Affiliations, Veterans Health Administration

- **Jonathan Amiel, MD,** Professor of Psychiatry, Senior Associate Dean for Innovation in Health Professions Education, Columbia University Vagelos College of Physicians & Surgeons

- **Kenya Beard, EdD, MS,** Associate Provost for Social Mission and Academic Excellence, Chamberlain University

- **Jasmine Garland-McKinney, MS, LCMHC-A, NCC** *(Liaison to Student Group),* Outpatient Clinical Counselor, Family Solutions, and Doctoral Student, University of North Carolina at Greensboro

- **Reena Karani, MD, MHPE,** Professor of Medicine, Medical Education, and Geriatrics and Palliative Medicine, Director, Institute for Medical Education, Icahn School of Medicine at Mount Sinai

- **Mark Merrick, MA, PhD,** Professor & Dean, College of Health and Human Services, The University of Toledo

- **Casey Shillam, PhD, RN,** Dean and Professor, University of Portland School of Nursing

- **Lisa VanHoose, PhD,** Owner and Executive Director, Ujima Institute, Monroe, Louisiana

STUDENT WORKFORCE DECISION TREE: MAINTAINING EDUCATION DURING A CRISIS

CRISIS

Immediately life threatening

Define the crisis

Not immediately life threatening

STRONGLY CONSIDER REMOVING LEARNERS

How will the crisis affect the learner?
How will educational modifications affect the learner?
How will health system modifications affect the learner?

Health System

Educational System

Patients and Communities

Learners

Health Professionals & Health Professional Faculty

Considerations

*External Factors, **Cultural Safety, Mental Health & Well-being (psychological, emotional, physical), Stress/Burnout

Learner Considerations: Will the educational experience prepare me for next steps in training or employment? Was my individual situation considered? I am excited to volunteer but will I be supported in my efforts? Can there be open communication with me? Will I be penalized for opting out? Will I be included in the discussion of the structure and changes to my educational experience/requirements?
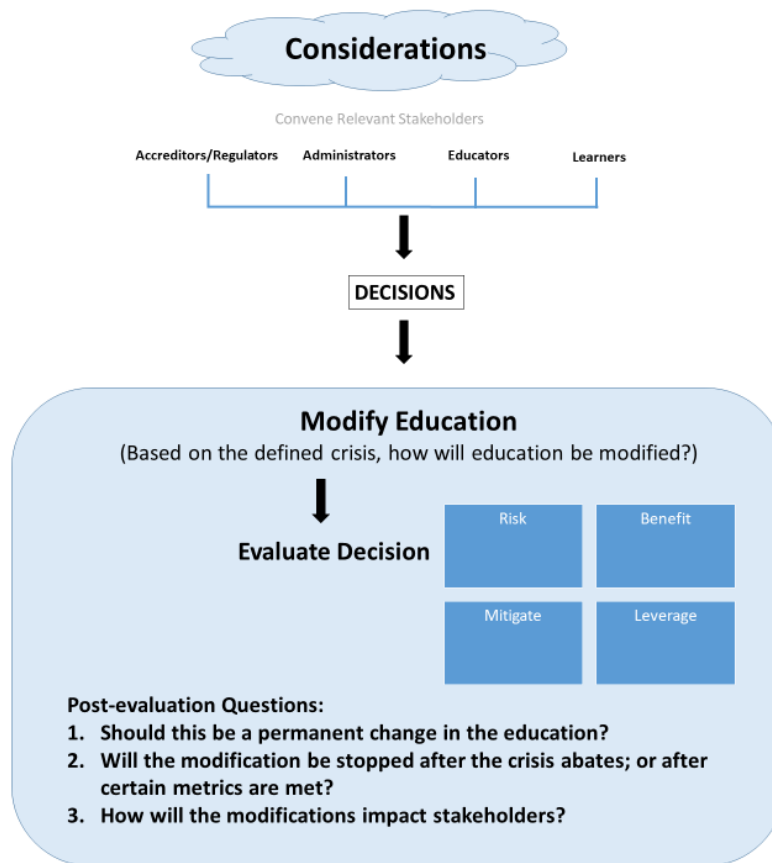
Educator Considerations: How do I learn new teaching modalities while increasing my patient/client care responsibilities? How do I support learners during this stressful time? How does this crisis affect students of diverse identities and situations differently? Is there support for me in dealing with my own stress & burnout?

Administrator Considerations: Is there enough protective equipment? How will I keep the learners safe while ensuring they are competent to graduate? Will the institution be sued? How will the institution maintain accreditation?

Accreditor/Regulator Considerations: Can the accreditation body be flexible in training & supervision while ensuring programs demonstrate competencies are attained? Is it possible to individualize accreditation requirements? Will the public be protected? Were the right groups consulted in the decision-making process? Were changes in requirements and exams effectively communicated to stakeholders?

MAINTAINING EDUCATION DURING A CRISIS

Considerations

Convene Relevant Stakeholders

| Accreditors/Regulators | Administrators | Educators | Learners |

DECISIONS

Modify Education
(Based on the defined crisis, how will education be modified?)

Evaluate Decision

| Risk | Benefit |
| Mitigate | Leverage |

Post-evaluation Questions:
1. **Should this be a permanent change in the education?**
2. **Will the modification be stopped after the crisis abates; or after certain metrics are met?**
3. **How will the modifications impact stakeholders?**

*External Factors

There are an array of mechanisms and rules meant to ensure that health professionals are properly educated and competent to practice. Such mechanisms can be grouped under the rubric of *oversight processes*, and include accreditation, licensure, and certification (IOM, 2003).

- *Accreditation* serves as a leverage point for the inclusion of particular educational content in academic and continuing education curricula.
- *Licensure and certification* can serve as a lever for ensuring that practicing health professionals meet specific standards and continue to maintain competence in a given content area. This can be seen as public protection.
  - State licensing laws and related practice acts define what services health professionals can be licensed to provide
- *Organizational accreditation* serves to accredit practice institutions and health plans, but has some impact on the continuing competence of practicing professionals through the standards imposed.
- *Insurance coverage & liability* for volunteer initiatives and as essential workers
- *Safety equipment* supplies through procurement, supply chain, and purchasing departments
- *Infrastructure* includes risks associated with multigenerational housing (Nafilyan et al., 2021) and the social determinants of learning disparities to include housing, food and transportation assistance, learning technologies, and counseling services while in school (Sanderson et al., 2021)

**Cultural Safety

Cultural Safety places an obligation on the provider/educator to provide safe service as defined by those receiving the service. It involves changes in thinking about power relationships and requires self-examination, openness, and flexibility as well as a concerted effort not to blame victims of historical and social marginalization (Curtis et al., 2019).