



**National Network Of
Health Career Programs
in Two-Year Colleges**

Connections

Summer 2011

In this issue:

President’s Message.....1

Institute of Medicine
Workshop on the Allied Health
Workforce and
Services.....2

Is Cost Really a Barrier to
Accreditation?2

Annual Meeting Information.....3

ASPA Report.....3

CAHEP Report4

NN2RC.....5

AACC Licensure Committee Meeting
Synopsis, Fall 2010.....5

Health Professions Network Meets in
Milwaukee.....5-7

Hot Links.....8

Letter from AACC President Walter G.
Bumphus President.....8

Emerging Topics9

Synopsis of AACC Presentations at
Annual Meeting.....9

Board and Officers.....10

President’s Message
Dr. Carolyn O’Daniel, NN2
President

As I write this report, we are anxiously awaiting news of the Department of Labor’s response to a Health Professions Partnership (H2P) funding proposal, in which NN2 and several of our member organizations are partners. If funded, this grant would support replication of best practices as well as implementation of new technologies and strengthened partnerships and collaborative planning. NN2 expects to play a major role in dissemination of the results of this consortium’s work.

Last October 2010, many of you attended the NN2 annual conference in Louisville, Kentucky. Those who attended will recall that, during that conference, we hosted a Respiratory Care Education Roundtable to facilitate discussion of emerging proposals promoting baccalaureate degree as the entry level into Respiratory Care. This roundtable, attended by sixty or so interested parties, along with other meetings previously attended by NN2 leadership culminated in a national outpouring of emails and phone calls to NN2 from those interested in continuing to support associate degree level entry into Respiratory Care. As a result of this strong interest, I appointed a Respiratory Care Subcommittee of our NN2 Advocacy Committee, which met in December to form a new organization to provide supporters a voice through which to advocate for associate degree Respiratory Care education. Attending the December meeting in Dallas were Sondra Flemming, Marcia Fuller, Yvonne

George, Jackie Long-Goding, Peggy James, Lacheeta McPherson, Tommy Rust, Carolyn O’Daniel, and Stacey Ocander. Special thanks to Jackie Long-Goding and Lacheeta McPherson for co-chairing this hard-working group, and to Stacey Ocander for serving as the NN2 Board Liaison. This fantastic workgroup has, in just a few short months, adopted bylaws, incorporated in the state of Texas, elected interim officers, formed committees, and began laying solid groundwork for membership recruitment and conference planning. The first conference is scheduled for June 16th and 17th in Kansas City, Missouri – visit the NN2RC website to learn more. This dynamic new organization is off and running, and I am confident that NN2’s initial investment of resources was well-placed. An added, and potentially very significant benefit, is that, if the current accreditation body for respiratory care should ever decide to stop accrediting associate degree programs, this professional organization will already be in place to serve as a sponsor for establishing a new accrediting body. I encourage all NN2 members to make sure your respiratory care faculty know about and become active members of this new respiratory care professional organization.

I had the privilege of representing NN2 during the American Association of Community Colleges (AACC) Conference in New Orleans, Louisiana in early April. During that conference, I had an opportunity to debrief the Licensure Committee on NN2’s work to help form the new NN2RC organization to support associate degree respiratory care. NN2RC was also a topic of

discussion during the Commission of Workforce Development, on which I also represent NN2. Both the Licensure Committee and the Commission on Workforce Development expressed strong support for this work NN2 has been doing. During the Past-NN2 President Barbara Jones and I gave a presentation during the AACC conference titled "Associate Degree Health Career Education – Challenges/Changes (presented by NN2, an AACC affiliate council)". AACC continues to be a strong ally in our efforts to promote our programs, and if you haven't yet seen it, I recommend you take a look at their recent publication "A Data-Driven Examination of the Impact of Associate and Bachelor's Degree programs on the Nation's Nursing Workforce ." I've armed each of the nursing faculty members at my college with a copy, and would suggest you do the same. (AACC has been very supportive of our efforts on behalf of associate degree respiratory care, and if you haven't seen them, check out related articles in the HPEC newsletter.)



Executive Director Cullen Johnson

NN2's Executive Director, Cullen Johnson, and I attended the April Health Professions Network meeting. The meeting, "Movin' On: Providers, Professional Associations, and Educators Adjust to Health Care Reform" was held in Milwaukee, Wisconsin, on April 15th. Dr. John Pryon described the challenges and opportunities that physicians, and the allied health professions that work with them, will face in the new environment of health care. Ryan Merclean (US Department of Labor), Claire Dixon-Lee (CAHIM), and Chrisann Lemery (AHIMA) discussed the U.S. Department of Labor's Electronic Health

Record Competency Model. Dianne Cearlock of NAACLS described efforts Program Accreditation to meet the "Challenges from Healthcare Reform: Innovation, Advocacy, Partnership". Ron Peck, of the Phia Group, described changes to health care delivery systems he sees on the horizon. During the HPN business meeting, there was discussion of changing the HPN funding model, which includes the possibility of organizational membership dues of \$300 per year. Milwaukee, Wisconsin was a lovely city and a most gracious host.

I want to extend a special "thank you" to Anne Loochtan & Greg Ferenchak for substituting for two of NN2's CAAHEP Commissioners, Janell Lang and myself, during the April CAAHEP meeting in Memphis, and to Luanne Olson for representing NN2 at the ASPA meeting in Chicago. Their reports can be found elsewhere in this newsletter. I also want to thank Lois Simmons who often represents us at the HPNEC meetings in D.C.



Institute of Medicine Workshop on the Allied Health Workforce and Services

*Keck Center of the National Academies,
Washington, D.C., May 9 & 10, 2011
By Carolyn O'Daniel*

Following welcoming remarks by Susan Chapman, UCSF Center for Health Professions, and Marcia Brand, Health Resources and Services Administration, a day-long series of speakers delivered messages about allied health, many of which resonated with NN2's mission and goals. Just to highlight some of these:

- Ed O'Neil, also with the UCSF Center for Health Professions, suggested a need to "change the practice model from acute to chronic, from individual to team, increased system integration, accountability, and responsiveness. Information will be a tool, consumer engagement and changing demographics will be important factors, and there is a

need to end the "Flexnerian" model. Dr. O'Neil also made the case for regulation of proprietary education.

- Erin Fraher, University of North Carolina at Chapel Hill made a compelling case for improving collection and analysis of data, saying that, without it, Allied Health cannot have an effective voice.
- Cathy Martin, California Hospital Association, urged bringing employers to the table.
- Jason Patnosh, National Association of Community Health Centers, identified "care teams" as ripe for innovation.
- Lacheeta McPherson, CAAHEP, advocated for career pathways and collaboration across levels of education.
- Sue Skillman, University of Washington, pointed out the importance of community colleges in meeting rural needs, as well as in economic development, and spoke to the importance grow-your-own programs that keep people in their communities.
- Maria Flynn, Jobs for the Future, described the benefits of work-based learning for front-line workers, and the importance of core components to prepare for demand shifts; also credit for prior learning and transparent career pathways.
- Ed Salsberg, Health Resources and Services Administration, posed the question "Do we allow leeway for institutions to determine who is qualified to provide what services?"
- Roy Swift, American National Standards Institute, noted there is often a discrepancy between education and practice.

NN2 welcomed the opportunity to participate in this workshop, and commented on these barriers to improving the use of health care workers:

- Fragmentation – With existing scope of practice silos, slicing and dicing vertically and horizontally (e.g. who's a professional and

who's not) can sometimes promote competitiveness rather than collaboration. (The traditional distinction between "professionals" and "non-professionals" seems obsolete, since many fields have many "professional" roles at some levels. The term "profession" often creates divisiveness, elitism, and arbitrary segregation of team members.) One promising potential unifying strategy seems to be the implementation of a healthcare core curriculum.

- Confusion – Two hundred or so allied health titles can make identifying the best, most cost efficient mix for future health care settings challenging, even for those who know what everyone knows and can do.
- Distribution – Proponents of the "Flexnerian" model (and associated degree creep) have argued that higher entry-levels are necessary because rural patients deserve the same level of care as urban patients. The truth is that rural patients are often transported to urban centers for highly complex cases, sometimes requiring expensive technology that is unavailable in rural centers. Skills needed by a respiratory therapist in rural Stanford, KY, for example, are not identical to those needed by a therapist in an urban Louisville medical center.
- Misalignment - Education and practice are not always optimally aligned, and more is not necessarily always better in terms of matching program outcomes to workplace needs. Development of career pathways with employer involvement would seem to offer the best hope of providing the right mix for meeting varying levels of need.

Some of the conclusions drawn by your NN2 representative, are these:

- Creation of effective partnerships and coalitions can leverage resources, and improve planning.

- An interdisciplinary core curriculum can streamline educational processes, improve efficiencies, promote teamwork, and prepare students for changing workforce demands.
- In order to have a unified voice that can promote recognition and influence policy, we have to produce valid and timely data.
- The role community colleges play in diversifying health care, as well as promoting economic development makes them critical partners in healthcare workforce preparation and career pathways.
- Job forecasting requires complex environmental scanning capabilities; employers must be at the table and willing to share data.
- Accountability measures for programs receiving public funding must be extended beyond the public sector, if students are to be protected and if public funds are to produce desired outcomes.
- Interdisciplinary teamwork must be modeled by faculty, incorporated into all programs and clinical practice must include more than just acute care experience.
- Work-based learning, e.g. grow-your-own models, including credit for prior learning, can increase diversity, promote job satisfaction and retention, and decrease costs.

We need to figure out ways of generating needed data that is valid and shows outcomes. We also need a vehicle for a unified voice if Allied Health is to effectively impact policy decisions; the Health Professions Network, of which NN2 is a member, has offered to become that voice.

In 1989, the Institute of Medicine's Committee to Study the Role of Allied Health Personnel produced a report titled "Allied Health Services – Avoiding Crisis", and the suggestions offered in that paper are probably even more relevant and timely today, as our Country anticipates health care reform, than they were when originally published. Suggestions such as alternative pathways to entry-level practice, mobility between community

college and baccalaureate programs, improving diversity, career paths with realistic job expectations, flexibility in licensure, etc. sound very much like they could be bullets in a community college strategic plan. Community college health care programs appear to be well-positioned to lead the way toward this new practice model of which Ed O'Neil spoke.

NN2 members are encouraged to watch for the complete report, when issued by the Institute of Medicine.



NN2 Annual Meeting 2011

The NN2 Annual Meeting will be held in Cheyenne, Wyoming, September 21-24, 2011. The meeting is sponsored by Laramie County Community College, The conference theme is New Frontiers in Healthcare: Workforce Development.

NN2 Annual Meeting 2012

The 2012 Annual Meeting will be held in Washington, DC. Plans include a "day on the hill" where members will have an opportunity to meet with their congresspersons. Information will be available at the annual meeting in Cheyenne and on the website.



ASPA Report,

Luanne Olson

The ASPA (The Association for Specialized and Professional Accreditors) Meeting was held in Chicago, April 3 – 5th, 2011. The conference began with a business meeting and then moved to professional development.

News from the business meeting included information regarding graduate level healthcare programs that have clinical affiliations outside of their state. Apparently, universities and colleges only have rights to run their programs within the states that they are

licensed. Therefore, any university offering clinical affiliations outside of their state jurisdiction would have to gain permission from the neighboring state. Gaining permission can be costly. While not all states charge to permit access, some do. The application to grant permission in some states can run as much as \$100,000 for the initial year, and \$20,000 thereafter to maintain permission. We will see if this impacts health career programs in two-year institutions.

Other news was that there is a national movement to unify the definition of a contact hour. Some of the health career accreditors were happy to see this movement.

There was discussion regarding the organization of the spring and fall ASPA meetings. Some would like the spring Chicago ASPA meeting to become the business meeting and the fall Washington DC ASPA meeting to become the professional development meeting. While some of the Chicago-based accreditors complained that training would become costly with all the training in Washington D.C., the rebuttal to that argument was to have instructional webinars available to all members online.

The Professional Development focus of the conference was "Consistency". Mainly, there was a sharing of ideas on how accreditors assure that they are consistent in regulating compliance with standards. Some compared evaluation results from one evaluator to the next, other re-evaluated year old results, and other used different tiers of evaluators. As long as an accreditor can assure consistency, they are untouchable from a legal standpoint.

Some accreditors discussed how programs beg to be told how to become compliant with specific standards and how they cannot help them. Many accreditors responded by stating that each college is a contextual unit, and added "what satisfies a standard in one school may not satisfy a standard in another". There seem to be overall agreement in reporting that the best

strategy to help a program was through further explanation of what was included within a standard, while avoiding explicit instructions for fear that the college would not satisfy compliance from a contextual perspective.

All accrediting agencies host some sort of seminar to help candidates become successful in the accreditation process. The Association for Speech and Language Pathologists demonstrated how they utilize Microsoft's Sharepoint for the accreditation process. This tool is user-friendly, intuitive, and can limit access to all information for various levels of users.

Then there was a show and tell for the AACSB (The Association to Advance Collegiate Schools of Business) website. The AACSB has dual functions; one as a professional organization delivering news to the global marketplace and the other is as an accrediting body. They deal with the public and professionals. The addition of various social media to the webpage has been helpful.



CAAHEP Report

Cynthia Butters

NN2 Representative to the CAAHEP Commission and Board of Directors.

The CAAHEP spring board meeting and annual conference was held in Memphis, Tennessee, April 7-11, 2011. The keynote address was delivered by Dr. Richard Karl, a recognized cancer surgeon and pilot. His presentation, "What Can a Surgeon Learn from a Pilot?" compared the safety regulation of the FAA to practices in medicine. As a pilot, he must undergo retraining on a regular basis or face piloting restrictions. He believes regular and required retraining of surgeons and surgical teams would improve patient outcomes. Dr. Karl sets an example of a distraction-free operating room by omitting music during surgeries. Elise Scanlon provided an update on accreditation issues and the Department of Education from the

Washington DC perspective. The Spotlight on Professions highlighted the anesthesia team of technologist, assistant and anesthesiologist. Representatives of those areas demonstrated the roles of each team member. One of the newest professions to join CAAHEP, Recreational Therapy, was presented and differentiated from other recreational and therapeutic professions. This conference also highlighted three CAAHEP sponsors. The American Academy of Orthotist and Prosthetists presented an overview of the profession, as did the American College of Radiology and the Association of Surgical Technologists. Laerdal Medical Americas and METI Learning provided a 'hands-on' demonstration of the newest patient simulators. Dr. Gregory Zagaja provided an overview and video on the use of robotic technology in surgery. Fred Lenhoff, of the AMA, highlighted the history of medicine, the Flexner Report, and the role of allied health. He wonders whether there should be a core curriculum for Allied Health programs of education. Bill Horgan was awarded the Exceptional Service Award. He has been associated with CAAHEP since its inception in 1994, and has served in a variety of capacities including the presidency. Nancy Smith and Greg Frazer are retiring after six years of service on the CAAHEP Board. Recent Graduate Commissioner Katie Bowe provided a PowerPoint presentation on her survey research of students' perception of surgical technology and career pathways.

At the business meeting the following people were elected to the CAAHEP Board of Directors: Kerry Weinberg, representing JRC-DMS, Bernard Cohen, representing the American Society of Neurophysiological Monitoring and Barry Eckert of the Association of Schools of Allied Health Professions (ASAHP). The Board appointed Alan Marco to complete a term due to the resignation of Alicia Davis of NCOPE. The CAAHEP Commissioners voted to approve the CoA-ACS (Advanced Cardiovascular Sonography). The

American Society of Echocardiography was approved as a sponsor for CoA-ASC. The Conference provided some enjoyment of the city. Memphis provided a pleasant, fun and safe venue for the meeting. The Mississippi River was magnificent and well-behaved during this time frame. Some attendees visited Graceland; many savored the Beale Street experience; a group attended a Triple A Baseball game between the Memphis Red Birds and the Oklahoma City Red Hawks complete with fireworks, and others took in a concert. One of the most exciting events was a visit by Elvis (impersonator of course) at our welcome reception. The April 2012 Annual CAAHEP Conference is planned for San Diego, and exact dates are not confirmed at this time.



Carolyn O'Daniel, Mike Chaney, Roxanne Fulcher

NN2RC

Carolyn O'Daniel and Tommy Rust

Friends and Colleagues,

In October 2010, the National Network of Health Career Programs in Two-Year Colleges (NN2) held its annual conference in Louisville, Kentucky. During that conference, NN2 hosted a Respiratory Care Education Roundtable to facilitate discussion of emerging proposals promoting baccalaureate degree as the entry level into Respiratory Care. This roundtable along with other meetings previously attended by NN2 leadership culminated in a national outpouring of emails and phone calls to NN2 from those interested in continuing to

support associate degree level entry into Respiratory Care. As a result, the NN2 President appointed a Respiratory Care Subcommittee of the NN2 Advocacy Committee, which met in December to form a new organization to enable supporters to advocate for associate degree Respiratory Care education.

The organizers have incorporated this new organization as the: National Network for Associate Degree Respiratory Care (NN2RC).

This organization will function with the following mission: "NN2RC advocates for Associate Degree Respiratory Care education and practice."



NN2RC Board of Directors

You can support associate degree respiratory care by becoming a charter institutional member and encouraging your respiratory care faculty to join as individual members. By joining NN2RC you can help fulfill the vision "To confirm the role of the Associate Degree for entry into the Respiratory Care educational and career pathways." NN2RC will function as a 501(c)3 non-profit organization and will use funds to promote Respiratory Care education and practice in accordance to our bylaws, vision, mission and goals.

You asked for it – you got it! Now let's make this organization an effective voice for the associate degree in respiratory care. Go to www.NN2RC.org to sign up today!

Carolyn O'Daniel, President of NN2
Tommy Rust,
President of NN2RC



Health Professions Network Meets in Milwaukee

Reprinted with permission, Fred Lenhoff, AMA

The Spring 2011 meeting of the Health Professions Network (HPN), hosted by VISIT Milwaukee, was held in Milwaukee, Wisconsin on April 13-16.

The nearly 40 attendees, representing a wide range of health professions professional associations, education programs, and for-profit partners, networked and shared their views of the various challenges (and opportunities) within their respective professions— from recognition and awareness, an aging workforce, and racial/ethnic workforce diversity to lack of clinical sites for required rotations and health care reform. Attendees included representatives of the following organizations:

- Alliance of Cardiovascular Professionals
- American Art Therapy Association
- American Association for Respiratory Care (AARC)
- American Massage Therapy Association
- American Registry for Diagnostic Medical Sonography
- Health Education Industry Partnership Council
- Jefferson Community & Technical College
- National Athletic Trainers' Association
- National Organization of State Offices of Rural Health
- Section for Magnetic Resonance Technologists
- American Society of Healthcare Human Resource Administration
- American Assn of Sleep Technologists
- American Association of Medical Assistants
- American Medical Association
- American Society for Clinical Laboratory Science
- HOSA

- McGraw Hill Higher Education
- National Healthcare Career Network
- NMTCB
- SNMTS

American Art Therapy Association
 American Assoc of Electrodiagnostic Technologists
 American Association of Medical Dosimetrists
 American Music Therapy Association
 American Society of Radiologic Technologists
 JCAHPO
 Michigan Health Council
 National Society For Histotechnology NN2
 Society for Vascular Ultrasound
 South University
 Western Technical College

New meeting format debuts

For the first time, the HPN’s long-standing meeting format was revised slightly to incorporate all presentations on the Friday of the meeting, with the business meeting and breakout discussions the preceding day. This provides the opportunity for the HPN to market the Friday presentations as a one-day event for those who may not wish to attend all four days.

Initial response to this change has been positive, and HPN plans to follow this format for its fall meeting in Jacksonville, Fla, on October 12-15. For the Milwaukee meeting, 31 attendees were registered for the full four days, and three chose to attend the one-day summit on health system reform.

Movin’ On: Providers, Professional Associations, and Educators Adjust to Health Care Reform

Our one-day event on health system reform, held on April 15, featured a number of interesting and provocative speakers (all presentations are available on the HPN website).

Keynote speaker Jon Pryor, MD, MS, MBA, Chief Executive Officer, Medical College Physicians in Milwaukee, discussed some of the issues facing physicians (and patients) in today’s practice environment:

- New physicians are choosing to become employees, rather than putting out a shingle—and they’re not going into primary care, for “lifestyle” reasons. Similarly, patients are facing longer wait times for physicians—they’re not

as many of them, and they’re working fewer hours.

- Accountable Care Organizations (ACOs) offer incentives for health professionals to lower costs and improve quality, and could save Medicare \$960 million over three years. Providers are confused, however, by the many metrics and measures that make up ACOs.
- Three simple ideas to improve health care (and health):
 - Make a concerted investment in population health and public health initiatives, and make sure patients have some financial “skin in the game.”
 - Expand the definition of “provider” and increase the use of physician assistants and nurse practitioners, so they can practice “at the top of their license.”
 - Improve efficiency through “lean production” and eliminate waste, which comes in many forms in health care: Wasted motion, transportation, intellect, ideas, inventory, rework, excess processing, waiting time, overproduction (paperwork).

In general, the biggest challenge will be to move the paradigm from one of providing more and more services (quantity) to one of providing high-quality services, where needed (quality). We also need to move the focus from the “art” of medicine to “science” by getting rid of variation in practice and moving to evidence-based medicine and lean practices. Finally, we need to have allied health more involved in leadership roles to help make needed changes to the system.

Ryan Merclean of JBS International, which is working with the Department of Labor, described the development of a competency skills model for electronic health records, which includes foundational, industry-related, and occupation-related building blocks. (In addition, the DOL and Mr. Merclean are working on an allied health competency model; interested individuals are and encouraged to contact him for further

details.) These and other planned models can ensure that future health care workers have the right skills for practice both today and tomorrow, and help educators and regulators develop curricula, licensure, certification, and career ladders/lattices.

Claire Dixon-Lee, PhD, RHIA, CPH, FAHIMA, Executive Director of the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM), described how education programs in this field can ensure competency-based learning outcomes and continuous quality improvement. She also noted that attrition in health information management programs is a significant challenge, which highlights the need to strengthen secondary education and provide students with a strong foundation for college. Broad, integrative knowledge; specialized knowledge; and intellectual, critical thinking, and oral/written skills all play a role in developing a well-rounded individual who can succeed in any field.

Chrisann Lemery, MS, RHIA, FAHIMA, a member of the Board of Directors of the American Health Information Management Association, looked at AHIMA’s role in education and building tomorrow’s health information management workforce. Through its work in research, policy, standards, and education, AHIMA is a key player in development of “meaningful use” of EHRs and other large-scale efforts to encourage adoption of EHRs and thereby improve health care quality and lower costs.

Dianne Cearlock, PhD, CEO, National Accrediting Agency for Clinical Laboratory Sciences, looked at the workforce challenges in this field. With the average age of medical laboratory professional at 50, a wave of retirement is set to accelerate again, at which point the “brain drain” will be acute. “An awful lot of wisdom will march out the door over the next 10 years—and that will affect patient care,” she noted. Other challenges include increasing use, and complexity, of clinical laboratory diagnostic tests; growing demands for

accountability from the public and federal regulators; and resource and funding cuts hitting many education institutions. The accreditation process should help foster innovation, flexibility, based on local and institutional/community needs, and move from a focus on “inputs” to “outcomes.”

Ron E. Peck, Esq., General Counsel and Senior Vice President, The Phia Group, LLC, gave an update on how insurers are adjusting to health system reform, and considered how the current political climate (and the economic situation) might affect its implementation. He also raised the possibility that insurance companies, based on the new rules and requirements that are part of health reform, may decide to leave the health market as an unprofitable endeavor. Ron addressed options available to employers seeking to sponsor benefit plans (such as self-funding), and mentioned how the classic PPO network structure may be failing, while direct negotiations with payers may be the key to efficient payments in the future.

Jeffrey McAlister, Healthcare Section Coordinator, Milwaukee Area Workforce Investment Board, described his work in our host city to get hundreds of TANF and other low-income participants the ongoing educational and personal support they need to find and retain jobs in health care. With a \$16 million grant from Health and Human Services, the MAWIB is working with local partners to provide career assessment and training opportunities.

Dues structure, management transition among key discussion points for Board

The HPN Board of Directors met on April 13 to look at the HPN’s strategic direction and tasks for the coming year. One of the top discussion items was development of a new dues structure for full members, to be in place by 2012, with a proposed rate of \$300 per year. A key benefit of the proposed structure will be to allow member associations to extend HPN program discounts and benefits to their individual members. More information will be forthcoming within the next few weeks.

Other discussion points of note:

- A remake of the HPN credentialing webinar held late last year, and additional webinars on other topics of interest to our association members.
- Pursuing grant funding and additional corporate partnerships to support our activities
- A one-day summit on best practices in data collection and analysis, to be held in three cities nationwide.
- Transfer to a new management firm, to replace the work of SNM, which handled HPN management until late 2010.
- Development of a new site for students, HPNCareers.com.
- Continued collaboration with other key allied health groups, such as HOSA, Commission on Accreditation of Allied Health Education (CAAHEP), National Network of Health Career Programs in Two-Year Colleges (NN2), and Association of Schools of Allied Health Professions (ASAHP).
- Using the Institute of Medicine (IOM) conference on allied health in May to disseminate our message (HPN president Lynn Brooks is speaking at the meeting).
- Presenting on allied health careers at the June 22-25 meeting of HOSA, in Anaheim.
- Continuing to build our Internet and Facebook presence (the latter has grown to more than 400 followers over the last six months).
- Working with a national meeting service provider to offer a virtual component to our future meetings.
- Redevelopment of the Coalition for Allied Health Leadership (CAHL), a collaborative effort of ASAHP, NN2, and HPN to develop leadership for the future of allied health.
- Shout-out to our sponsors!
- The HPN extends its sincere appreciation to the hardworking staff of VISIT Milwaukee as well as our other generous sponsors of HPN attendees’ lodging, food, transportation, and fun!
 - Hilton Milwaukee City Center

- Hyatt Regency Hotel
- Radisson Hotel Milwaukee West
- Lamers Transportation
- Frontier Airlines Center
- Harley Davidson Museum
- Lakefront Brewery
- MillerCoors Brewery
- Milwaukee Art Museum
- Discovery World
- Chophouse Restaurant (Hilton Milwaukee)
- Palms Bistro and Bar
- Ryan Braun's Graffito
- Capital Grille
- Professional Events and Consulting
- CommPartners

For some great photos and a video from the meeting, be sure to check out a special site set up by our VISIT Milwaukee hosts.

Save the dates: Meeting schedule for 2011-2012
 October 12-15, 2011 Jacksonville, Florida
 Fall 2012 Oklahoma City, Oklahoma

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NN2RC Steering Committee at Work



Hot Links:

HPEC Newsletter

<http://www.aacc.nche.edu/Resources/aaccprograms/health/Pages/newsletter.aspx>

NN2RC

<http://www.NN2RC.org>

All presentations from the Health Professions Network's recent meeting in Milwaukee are available online: http://www.healthpronet.org/milwaukee_april_2011.php

Recorded archives of the 2011 CAAHEP Webinar Series

are available on the CAAHEP website. Visitors to the site can download the slideshows and listen to the recorded presentations on demand. Please visit the CAAHEP site: http://r20.rs6.net/tn.jsp?llr=k6axujcab&et=1105071672953&s=2180&e=001b45KGYLpnyTacdWrpE-O3_1PuvtXQMmbSJfEzoH2TjImDTtCgxguV39KKmAm91eJefJeipKiRp_xlJpxPOznhzGh65eRbqW8YkAGu_QZ8Zg-rhVd3PGv79pYXZ2KXISQkX4_1715Jzk=

The following are descriptions of the archives available on the CAAHEP link:

"Introduction to Student Learning Outcomes," with Susan Hatfield, Ph.D., Professor, Communication Studies, Winona State University This webinar provides insight on the process and best practices related to assessing student learning outcomes. Topics include an examination of the difference between assessing program effectiveness and student learning, how assessment of learning differs from evaluation of learning, curriculum mapping, and an introduction into the writing, defining, and measurement of student learning.

"Improving the Quality of Clinical Preceptors: Practical Applications for Bench Teaching," with Donald Simpson, Ph.D., M.P.H., CT (ASCP), University of Arkansas for Medical Sciences This webinar prepares allied health professionals to teach clinical preceptors how to do more effective bench teaching. Key discussion points focus on the need for interprofessional development; teaching professionalism and ethics; implementation of research

findings; and outcomes assessment. Participants learn to understand the need for practical applications in bench teaching, develop infrastructure whereby theory can be translated into practical applications, and support the dissemination of translational education throughout the participant's institution.

"Are You Prepared: Integrating Emergency Preparedness into the Curriculum," with Cecilia Rokusek, Ed.D., R.D., Project Manager, Center for Bioterrorism and All-Hazards Preparedness, Nova Southeastern University Manmade and natural disasters are a reality throughout the world. Health professionals at every level must be able to plan for and respond to disasters. It is critically important that time in the interdisciplinary curriculum be identified for students to learn the basics of planning, mitigation, response, and recovery. This webinar discusses ways in which core areas in emergency preparedness and disaster response can be effectively integrated into the existing curriculum.



Letter from AACC President Walter G. Bumphus President: Good News for AACC Affiliated Councils

Dear Carolyn:
As an Affiliated Council member of the American Association of Colleges, your support and engagement are highly important to our success on behalf of the nation's community colleges. For that reason, I have felt it important to take some sometime early in my tenure to learn about the role our Councils play to ensure that we have a mutually beneficial relationship.

I believe we can do better. After hearing from Coalition of Affiliated Council Chair Fred Lokken and others at our November 2010 meeting, I asked my staff to help me to reframe the AACC/Council relationship—including the benefits each of us receives from our work together. The result of our thoughtful analysis is that AACC is prepared to provide new benefits to give our councils increased visibility

within the membership and to underscore our appreciation for your work. These include all existing benefits (see council manual), plus the following:

As of March 1, 2011, Affiliated Councils will no longer pay annual dues to AACC. Councils who have already paid their 2011 membership dues will be refunded those dues.

- To raise visibility for your council and its activities, AACC will offer free rotating ads on AACC's *Community College Times* website during off-peak season. (Off-peak season is May-December.)
- To enhance your participation in the AACC convention, starting with the 2011 Convention, we will offer Affiliated Councils a discount of 50% off the member rate for booth exhibits. Charges for furniture, etc., will still apply at the regular rates. If you have already paid full rate for your booth, we will reimburse you 50% of your payment.
- Starting with the 2012 AACC Convention, one forum session will be reserved annually for Councils to host a joint "Meet the Councils" roundtable series.

To reflect your commitment as an AACC Affiliated Council, we ask the following of your organization: Your Council will continue to provide to AACC annually an accurate copy of your member database to help AACC expand our reach to your membership.

- Your Council will continue to provide an annual summary report of your mission and activities.
- Your organization will be available as a resource and a sounding board relative to issues about which AACC seeks specialized expertise and information.
- Your organization will continue to support AACC's mission and priorities.

I think you will agree that this new benefit package is a step forward in strengthening our AACC-Council relations. I would welcome your

thoughts or comments. You may reach me at 202.728.0200, ext. 235 or via e-mail at wbumphus@aacc.nche.edu.

Sincerely,
Walter G. Bumphus President and CEO



Emerging Topics

The Emerging Topics committee has been looking at areas where NN2 should focus some of its efforts, including:

- **The “Virtual” and the “Presence” Relationship of Care.**
- Relationships will be dramatically changed by the increased application of technology, causing us to further define the relationship context as being “virtual” or “physical presence” and knowing when each is required.
- Health Care Reform – What we can prepare for now in terms of new programs.
- Seamless articulation- Creating new avenues and partnerships that will allow for students to transition from the Associate Degree to Bachelor’s Degree level.
- Advanced Degrees
- Interdisciplinary curriculum, leadership etc.
<http://www.hwic.org/resources/browsedate/xb54>
- Pipeline programs to preserve diversity in the healthcare workforce. JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION VOL. 101, NO. 9, SEPTEMBER 2009 **837**, Pipeline Programs in the Health Professions SEPTEMBER 2009



Synopses of Presentations at AACC Annual Meeting

Synopsis: Associate Degree Health Career Education – Challenges/Changes

presented by NN2, an AACC affiliate council
by Carolyn O’Daniel and Barbara Jones

The challenges to associate degree health career education require new approaches; this presentation will address some of the most pressing issues and possible solutions, including:

- Overcrowded Clinical Practice Sites
- Increased Clinical Placement Requirements
- Degree Creep
- Limited Access to Funding

This session was presented in association with the National Network of Health Career Programs in 2-Year Colleges (NN2), Monday, April 11, 2011, AACC Annual Meeting.

Synopsis: Future of Associate-Degree Credentialed Health Professionals

By Carolyn O’Daniel

With a long history of supplying the US the majority of health professionals, data likewise demonstrates associate degree (AD) programs provide the greatest nursing workforce diversity and RNs to practice in rural America. For decades, AD and bachelor’s program graduates have shared responsibilities working side-by-side, demonstrating equally delivered competencies across educational institutions. Demand for RNs outpaces supply. Educators are unable to expand capacity to enroll over 100,000 qualified applicants. Concern exists about educating a workforce competent to practice in the future’s projected non-hospital setting. What do current research, study and funding tell us about the nation’s future health care workforce?

This session was presented in association with the National Network of Health Career Programs in 2-Year Colleges (NN2), Monday, April 11, 2011: 10:00 AM-11:00 AM and included panelists: Roxanne Fulcher, Program Coordinator, American Association of Community Colleges and Liana Hain.

Synopsis: Healthcare Virtual Career Platform

By Carolyn O’Daniel

David Morman provided an update on the Healthcare Virtual Career Platform; the platform’s mission is “to facilitate moving new entrants to the workforce and un- and under-employed workers into careers in the healthcare field by assisting them to obtain the credentials they need to secure jobs in healthcare and healthcare-related occupations.” The platform will be described in a presentation during the April AACC Conference and going live July 1st. This “open source, open content” platform, being developed under a USDOL grant, promises to be a valuable tool that can be used by community colleges to facilitate career exploration, student assessment, online remediation and career planning.

Synopsis: Degree Inflation

By Carolyn O’Daniel

Degree inflation efforts were discussed. Liana Hain described her role as the only 2-year nursing educator on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. An official response has not yet been issued by HPEC or NOADN. I was able to share NN2 efforts to counter the recommendations of the AACC’s 2015 conferences. The Licensure Committee will recommend that AACC members also write letters of opposition to the recommended elevation of entry-level education for respiratory care.



NN2 Officers

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Editor's Note:

NN2 strives to prepare a newsletter that is informative to members. We encourage the submission of information and best practices related to health career education and training, which you think will be helpful to other members. Articles may be submitted to Anne Loochtan, email: anne.loochtan@mercycollege.edu.