

A MESSAGE *from the President*



Anne Loochtan
NN2 President

Well, whoever said “May you live in interesting times” must have had a vision of today. As I write this essay, we are swirling in a presidential election, but by the time you receive this newsletter, the country will have determined the direction it wishes to take for the next four years. Accountability has become a buzz word with teeth for some, and our institutions and organizations are beginning to feel the bite like never before. What a challenging time to become president of NN2! I am following in the footsteps of some very talented past-presidents and board members, and I feel humbled by their accomplishments. Needless to say, I am also more than a little nervous about the future as I move into the duties of the office.

For those of you who don’t know me, I am the outgoing Associate Dean of Health and Public Safety and the incoming Director of Distance Learning for Cincinnati State Technical and Community College, in Cincinnati, Ohio. I have also worked at Columbus State Community College in Columbus, Ohio; Sinclair Community College in Dayton, Ohio; Pueblo Community College in Pueblo, Colorado; and The Ohio State University in Columbus, Ohio. I have watched the community college movement from the early seventies until today, and I have witnessed massive growth of community colleges throughout the country. I am happy to serve as the president of NN2, which is a dynamic organization becoming recognized and respected as an authority in health care education policy. We can only accomplish this through our membership.

Besides getting organized, one of my first duties is to prepare this ‘state of the organization’ message to the membership. NN2 is in good condition at the moment, with active members, active committees, high-energy

and informative conferences, and stable partnerships with other major organizations (AACC, CAAHEP, ASAHP, HPN, etc.) Without these partnerships, we would be severely limited in what we can accomplish. Our members have been elected to boards (HPN, CAAHEP and AACC), serve on numerous national committees and represent two-year colleges in myriad venues.

Each new president has a limited amount of time to have an impact on our organization; I am certainly no exception. I intend to build on previous accomplishments, and continue to strengthen NN2. I believe in reaching beyond into the future, with a sprinkling of both optimism and caution. Therefore, my goals for the next two years are:

- Strengthen NN2 financially: this requires working with the board and membership to explore new ways of generating income and maximizing our current fiscal resources.
- Continue building partnerships with other professional organizations: I would like to have at least one new major partnership solidified before I become past-president. I am certainly willing to hear ideas from the board and membership.
- Institute a mechanism to better identify the accreditation and advocacy work of our members. We have so many members who may be site visitors, serve on accreditation panels, etc., and I would like to formalize the collection of this data.
- Increase presidential communication with members: Besides the newsletter, I plan to use the website, listserv and email to periodically communicate with the membership. I think it is important to have a mechanism where I can inform members of issues in a timely manner when they arise.
- On a national level, advocate for two-year college healthcare education: NN2 is very much an advocate of career/educational

ladders leading to four-year degrees and beyond. I hope that NN2 can continue to advocate for this in a national and federal venue. Using members who are already involved in advocacy activities is one of the best ways to spread our influence and help NN2 become more widely recognized.

- Increase leadership opportunities for members and programming for new leaders: There are a number of NN2 committees, as well as external leadership opportunities for members. I would like to increase both the leadership opportunities and the number of members involved. Under Janell Lang’s leadership, we will be working on developing opportunities for new leaders. I anticipate having a website presence for leadership, including “case study of the month”.
- Make ‘NN2’ a nationally-recognized professional organization: This is something that all of the NN2 committees and members

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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 Janell Lang, NN2 Connections Editor, by email: janell_lang@owens.edu.

A MESSAGE *from the President (con't)*

can help make happen. I am asking members to think of ways that we can be involved in marketing and media attention, in a positive way, in nationally important issues. This is already happening via our members' participation in national committees, boards and organizations, but we still have a lot of work to do.

For those of you who were not able to attend the Baltimore Annual Conference, two important changes were proposed and voted upon. First, the membership voted to ratify a change to the bylaws which changed the institutional sponsorship category to institutional membership. This was done to allow colleges to become members in states where "sponsorship" is specifically prohibited by law, but institutional memberships are allowable. It was also agreed that each institution would be allowed one full vote on membership matters. That designated 'vote' must be declared in

advance. However, a motion was also made and passed by the membership that we investigate other possible models of voting membership for the institutional members, including multiple votes based on FTE, or other models. The board will do this during the next year and will report back to the membership at the next annual meeting, or sooner, if we come to a consensus.

Second, NN2 has not changed its dues structure for several years, and it is an inevitable but necessary fiscal imperative that we do so in order to remain financially responsible. To that end, the membership approved the increase in individual membership dues to \$65/year (still an absolute bargain compared to other similar organizations) and institutional membership to \$225. During the past several years, NN2 has expended tremendous energy and effort to advocate for the membership at the national and federal levels, and this is the most

significant expense for us. The dues increase should help us maintain the level of advocacy work that we are currently doing, and allow us to continue to grow as an organization. The dues changes will take effect with the 2009 membership renewals. While all institutions of higher education are tightening their budget belts, without a realistic revenue stream, NN2 will lose precious ground as an organization just being recognized as the leader in two-year education, especially in the health sciences.

I am always happy to hear from the membership about any issues, ideas or concerns that they have. It is also easy to reach each of the board members via their email addresses listed on the website. My NN2 email address is: president@nn2.org. I am confident that with everyone's continued energy and interest, NN2 will prosper and grow in 2009!

CCBC SCHOOL OF HEALTH PROFESSIONS HOSTS NN2's 21ST ANNUAL CONFERENCE

Barb Schenk
NN2 Conference Coordinator

More than 75 health career educators from community colleges across the country came to Baltimore, Maryland for the National Network for Health Career Programs 21st Annual Conference hosted by the Community College of Baltimore County School of Health Professions. The three-day event featured Dr. George Boggs, President of the American Association of Community Colleges, as its keynote speaker. Matt Dembicki, Editor of the *Community College Times*, covered the event for its national audience.



George Boggs, CEO and President of the American Association of Community Colleges (AACC)

This 21st Annual NN2 Conference focused on the hot topics of "Access, Advocacy and Accountability" in health career education. Despite preparing students for almost recession-proof careers, health career educators in community colleges are faced with a tough balancing act between the pressure to enroll students to fill jobs where there is a critical shortage of certified health care professionals while meeting the stringent requirements of the professional accreditation bodies regarding clinical experience and faculty credentials. Carol Eustis, Dean of the School of Health Profession at the Community College of Baltimore County stated that "It is a pleasure to host such an important and prestigious conference, especially during these difficult times when there is a shortage in almost all of the health care professions. The conference gives us an excellent opportunity to share new and innovative ideas and best practices."

Dr. Sandra L. Kurtinitis, President of the Community College of Baltimore County, discussed "Meeting the Challenge of Access, Advocacy and Accountability: A President's Perspective." Additionally, the conference featured a presentation by former Maryland state senator Paula Hollinger, R.N. on "From Advocating for our Patients to Advocating for Our Professions and Health Care Policy." Workshops included presentations on innovative collaborative efforts between community colleges and four-year institutions,

HOT TOPICS SESSION AT ANNUAL MEETING *Lois Simmons*

Based on the results of a membership survey done over the summer, these four topics were identified as most important to the highest number of members and were incorporated into the agenda for the 2008 annual meeting. The Hot Topics session was held on Saturday morning in a general meeting. Each separate topic was facilitated by a member of the School of Health Professions staff from CCBC.

Criminal Background Checks with Positive Findings

This discussion was facilitated by Virginia Forster, the clinical coordinator for the Respiratory Care Therapy program at CCBC.

At Ivy Tech, a representative reported that if a positive result is obtained, the program director calls the clinical site and asks if the site will accept the student with a given positive result. If the site says no, then they try one or two other sites; if all sites refuse the student, then the student must be dismissed from the program.



*Members of the Planning Committee
Barbara Schenk, Lois Simmon, Virginia Forster and Pat Nolan*

technology issues, accessibility resources and “hot topics.”

CCBC entertained its guests Thursday evening with a very enjoyable and delectable dinner at Phillips Seafood Restaurant, a Charm City landmark at the beautiful Baltimore Inner Harbor on the Chesapeake Bay.

I would like to take this opportunity to thank all the committee members for all their hard work and dedication to the conference. The members of the committee are Virginia Forster, Lois Simmons, Gwen Jones, Connie Hansel, Lori Bocklage, Rose Struble, Patty Shanahan and Pat Nolan. Many thanks for a job well done!

Another member cautioned that attention must be paid to FERPA as the results of the background check are shared with the clinical sites. Their policy is to never provide a copy of the results to the clinical sites, but the regional hospitals have produced a set of common of criteria to be used to evaluate the background checks.

Another school required drug testing. If the student tests positive for any of the drugs, he/she must sit out for one year and then come back for a re-test. Information about the drug testing procedure is printed in the student information packets.

Pat Gray reported that in Ohio there is no state-wide hospital consensus. However, the state has employee laws that prohibit hiring anyone who has committed offenses against vulnerable populations, such as senior citizens and children. Pat’s institution does background checks prior to admission and then does not admit students with positive findings.

Anne Loochtan, also from Ohio, questioned whether background checks may be used as admission criteria, or if they must be applied after admission. Her institution has mandatory orientation sessions at which the students sign a Memorandum of Understanding that they have been informed of the policy and agree to withdraw if there are positive findings on the background check.

Online/Hybrid Instruction

This session was facilitated by Ebony Thomas from the admissions office for the School of Health Professions at CCBC, who is currently pursuing her Master’s degree online. Ebony offered observations about what it is like to be an online or hybrid learner. Her chief complaint was the lack of consistency on the web pages for her courses. Much time is wasted when the student has to look in a different spot on each course page to find where the assignments or important course information is located. She has observed in her courses that interactives are not popular due to the time requirements for the students.

Several audience members commented on procedures at their institutions that are aimed at producing consistency between the course web pages. Others suggested payment for faculty to attend training for online course development.

Retention of Underprepared and Over-Extended Students

This session was facilitated by Dr. Estelle Young, the retention specialist for the nursing program at CCBC.

Dr. Young’s position is funded by a grant designed to increase retention of students in the CCBC nursing program. She offered the following proven ways to increase retention:

- 20 hours per week are available for tutoring for nursing students
- Study groups designed around Supplemental Instruction – a second-year student who has done well in the class is recruited to serve as a supplemental instructor to model good behavior and help the first-year students assess their note-taking skills or grasp of content. These sessions generally meet weekly.
- Volunteer nurse mentors from the hospitals that serve as clinical sites
- Summer Boot Camp for incoming nursing students – sessions on survival skills such as: note-taking, study skills, test-taking strategies, and using learning objectives to predict test questions.

Dr. Young has some preliminary data to support the effectiveness of these programs. Her email address is eyoung@ccbcmd.edu.

Simulation Labs

This session was facilitated by Susan Thompson, nursing faculty and simulation lab staff at CCBC.

Some institutions are charging increased lab fees for simulation labs. How are simulation lab hours tabulated? Are they taken from clinical hours? In Texas, 50% of the clinical hours can be simulation lab hours. Some institutions have created mobile simulation labs. Some institutions have “rented out” their simulation labs for use by the hospitals for training for hospital staff. One institution involves the Med Lab Tech students in a simulation that includes a transfusion. Does your institution have a dedicated simulation lab staff?

It is obvious that no major conclusions were reached at the Hot Topics session; however, the discussion at this session is always lively and a great place to share ideas with peers. If the reader would like to continue the discussion, please post a comment on the NN2 list serve or contact the NN2 webmaster www.NN2.org to start a discussion group.

New Members

Hensley, Ms Katherine
Nursing Program Director
Pierce College
1601 39th Ave.
Puyallup, WA 98374-2222

DeFor, Ms Valerie
Director, Healthcare Education Industry
Partnership
Minnesota State University, Mankato, HC
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Mankato, MN 56001

Dillon, Rosemary
Director, Allied Health
Cape Cod Community College
2240 Lyannough Road
West Barnstable, MA 02668

Shannon, Donna
Department Head, Allied Health Science
Tri-County Technical College
7900 Hwy 76
P.O. Box 587
Pendleton, SC 29670

Shouba, Derek
Associate Dean, Biological and Health
Sciences
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19351 W. Washington St
Grayslake, IL 60030-1198

Malloy, Kathleen A.
Dean, Health Professions
Westmoreland County Community College
145 Pavilion Lane
Youngwood, PA 15697

McBride, David
Director, Radiology Technology Program
Westmorland County Community College
145 Pavilion Lane
Youngwood, PA 15697

Blankenship, Margy W.
Nursing Coordinator/Division
Somerset Community College – KCTCS
808 Monticello St.
Somerset, KY 42501

Jezuit, Deborah
Director of Nursing Education
College of Lake County
19351 West Washington Street
Grayslake, IL 60030-1198

New Institutional Members

Clark College, Vancouver, WA

Bergen Community College, Paramus, NJ

Kapiolani Community College Koseki, Honolulu, HI

Macomb Community College, Warren, MI
Pratt Community College, Pratt, KS

Riverland Community College, Austin, MN

New/Renewed Corporate Sponsors

American Medical Technologies, Rosemont, IL

Concept Media, Irvine, CA

DataArc, League City, TX

Gaumard Scientific Company, Inc, Miami, FL

Limbs & Things, Savannah, GA

The McGraw Hill Companies, Dubuque, IA

METI, Sarasota, FL

The Scholarly Publishers Collaborative Network,
Bethesda, MD

Western Governors University, Salt Lake City, UT

Validity Screening Solutions, Shawnee, KS

New Professional /Organizational Sponsors

American Council on Exercise, San Diego, CA



SAVE THE DATE

DALLAS, TEXAS
WELCOMES

NN2
NATIONAL NETWORK OF
HEALTH CAREER
PROGRAMS IN
TWO-YEAR COLLEGES
2009 ANNUAL CONFERENCE

Making the Pieces Fit
IN HEALTH CAREER EDUCATION

NN2 2009 ANNUAL CONFERENCE
"MAKING THE PIECES FIT"
(IN HEALTH CAREER EDUCATION)
DALLAS, TEXAS
SEPTEMBER 30, - OCTOBER 3, 2009

The National Network of Health Career Programs in Two- Year Colleges is an organization composed of health education leaders from across the nation from two-year colleges. We are dedicated to:

- Promoting and encouraging innovation, collaboration, cooperation, and communication with two-year colleges sponsoring health career programs.
- Developing new leaders in health career education.
- Expressing and advocating the interest of health career programs in two-year colleges (i.e., accreditation issues, practice issues, federal policy issues etc.)
- Working collaboratively with other professional communities of interest to further policy related to health career education and higher education.

Join us in 2009 for our annual conference.
For more information e-mail, sflemming@dcccd.edu

2008 - 2009 NN2 BOARD OF DIRECTORS



Standing L to R:

Cullen Johnson, Retired, Cuyahoga Community College, Cleveland, OH
Richard Hernandez, Trident Technical College, Charleston, SC
Luanne Olson, Oakton Community College, Des Plaines, IL
Gregory Ferencak, Broward College, Coconut Creek, FL
Janell Lang, Owens Community College, Toledo, OH

Seated L to R:

Lois Simmons, Community College of Baltimore County, Baltimore, MD
Anne Loochtan, Cincinnati State and Community College, Cincinnati, OH
Becki Evans, Tulsa Community College, Ft. Gibson, OK
Carolyn O'Daniel, Jefferson Community and Technical College, Louisville, KY
(Not Pictured) Pat Harris, Maricopa Community Colleges, Tempe, AZ

NEW BOARD MEMBER BIOS



*Becki L. Evans
MS, RRT*

Becki L. Evans MS, RRT is the Academic Division Administrator for the Allied Health Services Division at Tulsa Community College in Tulsa, Oklahoma. Ms. Evans began her health career with a

Certificate in Respiratory Therapy from Archbishop Bergan Mercy Hospital - School of Respiratory Therapy in Omaha, Nebraska. She obtained a Bachelor of Science Degree with a double major in Biology and Education from Ottawa University, and a Master of Science Degree in Occupational and Adult Education from Oklahoma State University. Ms. Evans is currently working on her dissertation in Higher Education Administration - Educational Leadership through Oklahoma State University in Tulsa.

Ms. Evans has 38 years experience in the field of respiratory care as a therapist, and hospital department director, along with 30 years as

an educator and Director of a Respiratory Care program. She has been active as a committee member and officer for the American Association for Respiratory Care (AARC), the Nebraska Society for Respiratory Care (NSRC) and the Oklahoma Society for Respiratory Care (OSRC) as well as serving on the Committee on Accreditation for Respiratory Care (CoARC) for eight years as Treasurer, Chair and Immediate Past Chair. She has been active in local community organizations and is a member of the American Lung Association, the American Heart Association, the American Thoracic Society, the Nebraska Academy of Sciences, and the Association for Supervision and Curriculum Development. Her research interests include women in leadership, health care accreditation, improving access to education for minorities and instructional methodologies for occupational online learning.

NEW BOARD MEMBER BIOS



*Gregory J. Ferenvhak,
M.S., R.T. (R)(QM)*

Mr. Ferenchak was elected to the Board as one of the three new Directors At-Large for a two-year term. He is currently the Dean of Health Sciences on the North Campus of Broward College in

southeast Florida. Prior to his position at Broward College, Greg was a department chair in the School of Allied Health on the Medical Center Campus of Miami Dade College in Miami Florida.

Mr. Ferenchak completed his health science education in Ohio. He is a registered radiologic technologist with certifications in radiography and quality management by the American Registry of Radiologic Technologists. He earned a Bachelor of Science in Biology from Greensboro College in North Carolina and Master's degree in Adult Education from Old Dominion University in Norfolk, Virginia. He is currently completing his dissertation at Florida International University for a doctoral degree in Higher Education Administration.

Greg has been active in various organizations relative to the imaging profession. He volunteered as a site visitor for the Joint Review Committee on Education in Radiologic Technology (JRCERT). Greg recently completed a 3-year term as a member of the Board of Directors for the JRCERT. Greg served as the chair of the Two-Year Radiography Curriculum Revision Committee for the American Society of Radiologic Technologists from 2000- 2002. This curriculum is followed by all radiography programs. Finally, when the American Registry of Radiologic Technologists recently revised the content for the radiography Registry, he served on the Practice Analysis Advisory Committee.



*Lois Simmons,
M.Ed., MT(ASCP),
SH (ASCP)*

Ms. Simmons was elected to the position of Secretary to the NN2 Board. She has begun her seventh year as Director of the Admissions Office of the School of Health Professions (SHP) for the Community College

of Baltimore County. She manages admissions for 14 credit programs and also serves as the outreach and recruitment contact for SHP in the surrounding communities. In addition to teaching and managing the MLT Program, she has taught microbiology

to Surgical Technology students, lab interpretation for Physician Assistant students, and several modules of health career courses at two local high schools.

Ms. Simmons earned a Bachelor's Degree in Biology and Chemistry from West Virginia Wesleyan College, a Master in Education Degree from Towson University, and she holds certification from the American Society of Clinical Pathology as Medical Technologist (MT) and Specialist in Hematology (SH).

Lois has served as a member-at-large director for NN2 for the past three years. Moreover, she provided leadership in planning the annual NN2 Conference this past Fall in Baltimore. Finally, Lois has represented NN2 on a national level by her active participation in several meetings of the Health Professions and Nurse Educators Coalition (HPNEC) in Washington, DC.



*Patricia Harris,
MSN, RN*

Patricia Harris is the District Director of Health Care Education for Maricopa Community Colleges. This position is responsible for approximately 35 health care educational programs for 10 community colleges and numerous other learning centers. During her career, she has served in hospital administration for over fifteen years, and most recently was the Chief Executive Officer of Select Specialty Hospitals in Phoenix and Mesa. In addition to her administrative service, she was a Nurse Consultant at the Arizona State Board of Nursing, faculty at Lansing Community College in Lansing, Michigan, a licensed paramedic, and a clinical nurse in all areas of acute care and emergency services.

Ms. Harris holds a Masters of Science in Nursing from Arizona State University, a Bachelors of Science in Nursing from The University of Michigan, and a diploma in nursing from the James Ward Thorne School of Nursing at Northwestern University. She is also a graduate of The University of Arizona College of Business Executive Development Program. She is a member of the American Nurses Association and the American College of Health Care Executives. Ms. Harris has numerous publications on nursing and hospital administration and chronic pulmonary disease.

NURSING EDUCATION CAPACITY SUMMIT *Sondra Flemming*

The Robert Wood Johnson Foundation, in collaboration with the Department of Labor, the Health Resource and Services Administration and the Center to Champion Nursing in American at AARP, convened a summit to address the critical decline in nursing education capacity. Invitation to the summit was based on applications by states willing to serve in the development of innovative solutions to the capacity crisis in nursing education. Seventeen states were selected to participate in the Nursing Education Capacity Summit held in Arlington, Virginia June 26-27, 2008

Teams from each of the states were expected to have major players from state government, workforce boards, educators from both two year and four year institutions, employers, as well as state regulators and nursing leaders and philanthropic organizations. The teams were to focus on four key aspects of increasing nursing education capacity through participation in breakout sessions, presentations and small group discussions. The four key aspects were: Strategic Partnerships and Resource

Alignment, Policy and Regulation, Increasing Faculty Capacity and Diversity and Education Redesign. States participating included: Alabama, California, Colorado, Florida, Hawaii, Illinois, Maryland, Massachusetts, Michigan, Mississippi, New Jersey, North Carolina, North Dakota, Oregon, South Carolina, Texas, Virginia and Wisconsin.

Teams returned to their respective states to develop state plans to address education capacity in nursing programs as it relates to the four key aspects covered above. The Center to Champion Nursing in America (CCNA) continues to provide technical assistance for expanding nursing education capacity to the lead states. This includes monthly conference calls, a follow-up summit in 2009, site visits if desired, advocacy training, state-to-state facilitated mentoring, newsletters and federal policy briefs, a data repository and assistance in creating the business case for addressing nursing education capacity. Also included are asset mapping and mentoring for effective messaging.

In return for the assistance each state must develop state plans addressing the capacity of nursing education and provide data on outcomes of initiatives. Participating states are also expected to share with other states and serve as mentors in the process of addressing the capacity crisis. For additional information visit the following web site: www.championnursing.org



Sondra Flemming
Vice President Health and Economic
Development, El Centro College, Dallas, Texas



FALL 2008 NN2 BOARD OF DIRECTORS ANNUAL RETREAT

Lois Simmons

While the rest of the fall Annual Meeting participants were on their way home from Baltimore, the Board of Directors continued to work at the Tremont Hotel until Sunday afternoon.

The four new Board members were welcomed: members-at-large Becki Evans, Greg Ferencak, Pat Harris, and secretary Lois Simmons.

The following items were considered by the Board:

- A new Strategic Plan for the organization was drafted. A final version of this plan will be prepared by the end of 2008 and will be published on the NN2 website.
- The 2008 conference was reviewed and suggestions for improvement will be forwarded to the planning committee for the 2009 meeting. As in previous

years, the conference evaluation form was sent to participants in an online format. Results of the survey will be available for the Board at its December conference call.

- By the December conference call board meeting, each of the standing committees will submit a written report of their meetings which occurred at the conference in Baltimore, as well as a strategic plan for 2009. These articles will be published in the spring newsletter, Connections.
- The treasurer and Board completed work on the proposed 2009 budget in a line-by-line review.
- The membership/marketing committee chair, Rich Hernandez, will investigate the design of a new NN2 brochure which would be published early in 2009.

- The Annual Meeting Planning Guide was revised.
- The Operations Manual is due a complete revision in 2009 (every-other year), but due to changes in committee structure and membership categories, these areas of the Operations Manual will be edited by the Board and a new manual should be ready for use by spring 2009.
- Renewal letters reflecting the dues increase will be mailed by the National Office as soon as possible.

The Board will meet by conference call in December, February, April, July, and September. If any of the members identifies an issue that should be considered by the Board at one of the conference calls, please contact any member of the Board to have the issue placed on the agenda.



Upper Left: Carolyn O'Daniel, Anne Loochtan and Janell Lang

Upper Right/Lower Right: Original Rembrandt Sketches on Display at the Tremont Suites Hotel Board Room



ALLIED HEALTH LEADERS MEET IN ST. LOUIS *Fred Lenhoff and Cynthia Mattice*

How can health care change in the future? “Stop pushing the rock up the hill,” says keynote speaker

November 2008

St. Louis, MO—Drawing on Greek mythology to illustrate the many health care challenges the nation faces, Ed O’Neil, MD, of the Center for Health Professions, put it best: We are like Sisyphus, and the current health care paradigm is the rock. We’re in love with the rock, but we need to let it go.

As keynote presenter for the fall meeting of the Health Professions Network (HPN) in St. Louis, October 22-25, Dr. O’Neil was joined by several presenters focusing on the topic of “Evolving Scopes of Practice and their Implications.” Other speakers included representatives of the Center for Medicare and Medicaid Services, American Medical Association, and Coalition for Patients’ Rights.

Helping raise awareness of allied health among policymakers and the public and urging increased federal funding for allied health education are the chief goals of the HPN. In that regard, the HPN is working with an international public relations firm to promote awareness of the health professions through a planned \$7-10 million media, print, TV, and Web campaign.

The allied health professions represent about 60 percent of the health care workforce and about 6 million jobs as well as 15 of the 30 fastest growing occupations for 2002-2012. This meeting included lectures on topics related to the impact of changes in the delivery of healthcare, Medicare reimbursement trends, the impact of health care policy on scope of practice, and how to use regulations to improve health care.

During its meeting, which was hosted by the St. Louis Convention and Visitors Commission, the HPN held elections to its Board of Directors; the following individuals were elected for a 2-year term:

- Lynn Brooks (American Society for Healthcare Human Resource Administration)
- Kathy Cilia (American Medical Technologists)
- Bill Dubbs (American Association of Respiratory Care)

- Cathy Malchiodi (American Art Therapy Association)
- Cynthia Mattice (American Association of Sleep Technologists)
- Don Richards (National Consortium on Health Science and Technology Education)
- Lena Spencer (National Society for Histotechnology)
- Virginia Pappas (Society of Nuclear Medicine)
- Ron Waetzman (Michigan Health Council)

In other meeting news, the HPN Advocacy Committee reported on the first-ever Health Professions Network Advocacy Survey, a Web-based survey instrument to collect basic demographic information on HPN member organizations, advocacy priorities at the federal and state level, and reimbursement issues. Also, the Consumer Awareness Committee reported on Allied Health Profession Week, November

2-8, 2008, and it was announced that Derek Carver, of Timberlake, North Carolina, is the recipient of the 2008 HPN HOSA (Health Occupation Students of America) scholarship.

The next HPN meeting will be in Ft. Worth, Texas, in April 2009.

About the Health Professions Network:

The HPN (www.healthpronet.org) represents 66 member associations and works to promote collaboration and serve the interests of allied health professionals from 200 organizations as well as educators, regulators, accrediting agencies, and government agencies. Since its founding in 1995, HPN has worked to advance and explore current issues relevant to health professions.

For more information, contact:

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www.healthpronet.org



Photo by Daniel Schwen

E-MAIL NEWSLETTER OFFERS INSIGHT INTO WORLD OF HEALTH CAREERS

Chicago, IL—The Health Care Careers e-Letter from the American Medical Association (AMA) is a popular source of information on education and practice trends in the health professions. This free monthly e-mail newsletter covers educational trends and career-related issues for 77 health professions, such as:

- Art therapist
- Clinical laboratory scientist
- Community counselor
- Dental hygienist
- Dietitian/nutritionist
- Health information technician
- Medical assistant
- Nurse
- Occupational therapist
- Optometrist
- Pharmacist
- Physical therapist
- Physician
- Physician assistant
- Radiographer
- Respiratory therapist
- Speech-language pathologist
- Surgical technologist

Among its 15,000 readers and contributors are health professions accrediting agencies, educational programs and institutions, professional organizations, certifying/licensing boards, and the media.

A recurring newsletter theme is the workforce challenges many health professions face as they struggle to recruit and retain qualified personnel. A related issue is the growing need for health professions education faculty to teach the practitioners of tomorrow.

Readers appreciate the timely information and updates provided by the e-Letter:

- “Congratulations on another good and interesting issue of the e-Letter.”
- “The e-Letter is timely, relevant and important as we look at the issues that face our health care team.”
- “Our profession is proud and grateful that you recognized us and the therapeutic services that we provide to so many.”

- “It helps to keep us informed of things we would otherwise likely be unaware of.”

Current and past issues of the newsletter are available online: www.ama-assn.org/go/hpe-letter

The AMA also publishes the Health Care Careers Directory, an annual book that lists 8,000 educational programs in 77 professions. For more information or to order, call 800 621-8335.



DISTANCE LEARNING AND HEALTH CARE EDUCATIONAL PROGRAMS: PART 3

The Wild Frontier: Global Village, Small Towns, Super Programs!

Anne Loochtan

I can almost feel the technology advancing as I type this article. So ubiquitous is technology in my daily life, that I sometimes find myself tapping my fingers in a typing motion as I think. When did that happen? In the same way, I think we are going to be seeing changes in health care education that will become as common as the air we breathe. And because we are health people, we'll bring our own special flair to it. In this third, and final, article about distance learning, I am going to predict the future. I may be completely and totally off base, but I could also be dead on. You decide.

In the last two articles I looked at distance learning from its start, and examined some

distance learning health programs. Even in the three months since I wrote that article, more and more health courses and programs have been added as distance learning offerings throughout the world.

Many of us in health care education are very familiar with the conundrum of trying to offer high-quality programs in resource-poor locales. Even if colleges have access to sufficient resources, the programs are still very expensive. The problem is magnified in small cities, small towns and rural areas, which are either geographically isolated or do not have nearby colleges with sufficient resources to offer health care programs. Or, perhaps the local college could offer the program, but the

local industry can only support two or three graduates per year. This is not a cost-effective arrangement for the college, so there is no program. Right now, these kinds of areas are considered underserved by federal government estimates, but the possibility of improvement is bleak. Compounding the problem in underserved areas is the recent worsening economic climate, lack of available faculty members, and the graying of both the population and academe. New programs are almost non-existent in underserved areas at the moment, but the need grows. What is a needy region to do?

I contend that because of recent technological advances, distance learning can offer a

(continued)

solution that even a couple of years ago would not have been viable. As states try to consolidate offerings and avoid duplications within service areas, and as they are mandated to reach out to underserved areas, a natural result might be the formation of 'super programs.' A 'super program' is one which would provide didactic learning via a distance, and serve one or more rural, isolated or underserved areas.

For example, a resource-rich college in the northern part of a state (see Ohio diagram) could be a designated 'Super Program' site for a radiography program. The college would continue to offer the program to their own students, but would also create a partnership with institutions located in rural or underserved areas, perhaps even in other states. The super program would offer media-rich lectures, lab prep, and practice work via distance learning, which includes online, videoconferencing, audio conferencing, CD/DVD, print media, etc. The distance offering could be a completely new offering with the distance cohort being a separate class, or it could be a single large cohort, with all students learning at a distance, including the local students.

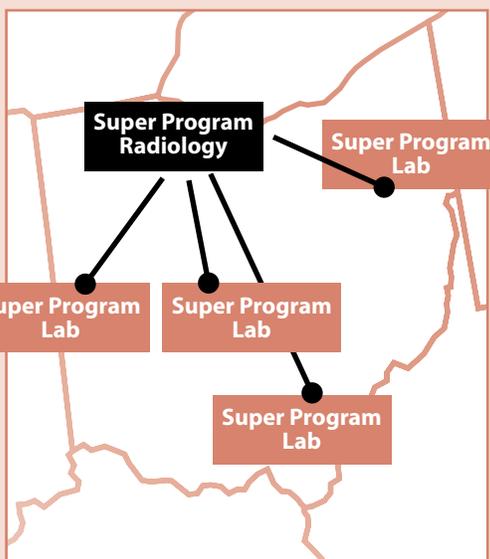
a small college, or a hospital or other health care agency where lab assistants or adjunct faculty have been specially trained to offer specific lab experiences. The students must achieve the same outcomes regardless of where they are located. In very small towns, the local hospital may be the only location that contains the necessary equipment. Another way to offer laboratories is to offer intensive once-per-month weekends at the home site, where the basics are covered in the laboratory environment.

Testing is always cited by faculty and administrators as being problematic in distance learning, but it doesn't need to be painful. Low-stakes testing such as quizzes and small tests can always be offered online using a larger question pool, so each student gets a different test. There are pros and cons to this, but there are also pros and cons to testing on campus. Cheating occurs in both, although there are things one can do to minimize cheating regardless of the environment. I always recommend to faculty that online quizzes and tests be more problem-based and critical thinking. It takes a truly dedicated cheater to cheat his/her way through an entire program, especially if the teaching and testing are higher order.

High-stakes testing such as midterms and final exams can be completed in a proctored environment. Faculty can still use an online testing method, but independent testing centers are popping up throughout the United States that offer these services for a small fee. The fees can be incorporated into the course fees, or the students can pay the fees themselves. Some colleges are using a validated proctor process where the student or the college finds a professional willing to act as a proctor, and the college then works with the proctor to ensure the security of the testing environment. High-stakes laboratory checkoffs can be completed by the adjunct faculty located in the laboratory facility.

difficult to find a health care facility willing to serve as a clinical site. A preceptor can be hired, or the hospital can designate someone to be a preceptor for the student. Regardless of whether or not the preceptor receives a stipend, the home college must assure that the preceptor is trained and that there is inter-rater reliability among preceptors. If the health care facility is located in another state, there may be an additional layer of contracting that the home college may need to consider, but there are a number of programs throughout the U.S. that have successfully managed clinical placements in other states.

The keys to making these kinds of programs successful are the partnerships: between the home college and the distance college site, between the home college and the health care agency, and most of all between the students and the faculty. Distant college partners will benefit from the distance arrangement because students can take their general education or basic education core courses at the college in their hometown. This increases FTEs for the local college and provides an incentive for them to help make the partnership work. The Super Program benefits by increasing its health care program FTEs without significantly impacting the local market. The local community benefits because there is now a local source of high-quality health care workers, who are more likely to stay in the local area. And, of course, the student benefits by being able to stay closer to home. As these kinds of programs increase in number over the next few years, partnerships will become more flexible, and laboratory and clinical placements will become easier to manager. Even now, we are starting to see significant numbers of distance learning health care programs, and the sky is the limit!



Distance learning can also offer significant lab prep, case study practice, and online simulation. The laboratory portion of the health curriculum would be offered near the student's home, in a center specially-designated to offer the practice. This could be

Clinicals would be completed in a clinical facility near the student's home. Since the student is ultimately being trained for a health care facility in his/her area, and since health care workers are hard to find in underserved areas, it is usually not as

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