

ILLINOIS / INDIANA NP, CNM,
AND PA TRAINING CONSORTIUM

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FINAL GRANT REPORT

Illinois / Indiana NP, CNM, and PA Training Consortium

Robert Wood Johnson Foundation

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Nurse Practitioners, Certified Nurse-Midwives, and Physician Assistants

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Introduction

The Illinois/Indiana Nurse Practitioner, Certified Nurse-Midwife and Physician Assistant Training Consortium is an organization of educational institutions, providers, government agencies, professional associations, and consumers who are concerned about improving access to primary health care. The purpose of the Consortium is to develop and implement plans for the recruitment, interdisciplinary training, placement and retention of NPs, CNMs, and PAs in medically underserved areas throughout the two states. The Consortium was formed through the financial and technical support of the Robert Wood Johnson Foundation Partnerships for Training Initiative. During the two years of support provided by the Foundation, the Consortium developed and began to initiate plans designed to meet its goals and objectives. This document is an accounting of the successes and challenges of the Consortium during the two-year grant period.

What were the project's objectives and how have the accomplishments of the project met them?

The planning grant was submitted with ten objectives and associated activities. These ten objectives are listed below:

1. Organize a consortium to serve as a vehicle for addressing medically underserved areas.
2. Recruit, train, and place students from underserved areas with minimal disruption of work and family obligations.
3. Establish a consortial CNM program among partners.
4. Develop a TQM model to insure quality programming and assess progress towards goals.
5. Develop a plan for training and supporting academic and community-based clinical faculty.
6. Develop population-based planning to guide recruitment, training, and placement efforts.

7. Establish clinical sites in medically underserved areas utilizing an interdisciplinary mid-level team approach.
8. Develop a comprehensive plan to address the practice barriers of NPs, CNMs, and PAs in underserved areas of Illinois and Indiana.
9. Develop a comprehensive plan to place NPs, CNMs, and PAs in underserved areas of Illinois and Indiana.
10. Develop a long-term plan that will provide on-going funding for consortial activities, including financial assistance, telecommunications equipment, scholarships, etc.

With the exception of objective number two, which was an implementation phase objective, the project accomplished each of the objectives. The first objective was accomplished early in the project. Although changes occurred in project leadership and structure within the first few months (see questions 2 and 4 below), the consortium was able to build relationships among members who had not previously worked together, but who plan to continue working together beyond the grant period to improve access to primary care in underserved areas.

To meet Objective Two, the Consortium (1) developed a collaborative model among the partners to accomplish the goal of recruitment, training and placement, (2) developed an inventory of distance learning capabilities for member organizations, and (3) identified courses for computer-aided instruction and other alternative delivery methods.

Objective Three was accomplished through linkages between nursing programs at member institutions and the CNM program at the University of Illinois at Chicago (UIC), the only CNM program in the two states, which also was adding a computer-mediated CNM curriculum for off-campus delivery. Articulation agreements have been developed for the transfer of credits between partner schools of nursing and the UIC CNM program. Furthermore, the consortium conducted a feasibility study for the implementation of a CNM program in southern Illinois which involved a population-

based needs assessment, a client knowledge-demand assessment, a provider-demand assessment, and a professional climate study (see question five).

For Objective Four, the Consortium evaluated and selected a TQM model to be utilized upon implementation of project goals. This model is the Countermeasures Matrix developed by Qualtec Quality Services and utilized by Ancilla Systems. The Consortium also identified statutory and environmental contexts to address the practice barriers of NPs, CNMs and PAs (Objective Eight). The Consortium developed mission and position statements to address these barriers which were disseminated in both states through newsletters, brochures and the Consortium web site.

Objective Five was accomplished through participation of the two state Primary Health Care Associations. Both Associations work closely with the National Health Service Corps (NHSC) to develop sites to place health care providers in rural and underserved areas; both agreed to provide training workshops to promote sites for PAs, NPs and CNMs, which the NHSC supported. In collaboration with partner educational institutions, these training workshops also would support recruitment of preceptorships for training students in these settings.

To develop the population-based planning for Objective Six, the Consortium expanded the methodology employed for the CNM feasibility study to address obstetric care needs in Illinois and Indiana, which involved inventorying the shortage areas and tracking clinical sites. The end result was a database to be used by member institutions to track recruitment, training and placement of NPs, CNMs and PAs (see also Objective Nine). Furthermore, the educational members identified existing policies that would enhance recruitment from underserved areas.

Consortium members also inventoried clinical sites associated with their institutions to meet Objective Seven. These data are to be used in the Consortium database. Furthermore, Consortium members surveyed providers in the region to recruit more potential clinical sites. Evidence of our success can be shown in the number of

support letters representing clinics and agencies (33 not including multiple sites from several organizations) interested in participating in Consortium goals (see support letters in implementation grant proposal). The Consortium used these new contacts to develop community partnerships to recruit and place students and providers in underserved areas (Objective Nine). The Consortium also sent new partner packets which included newsletters, brochures, and other information to individuals who attended Consortium presentations or inquired about the project through the web site or word-of-mouth.

Finally, Consortium members sought long-term funding from various sources including the state departments of health, the National Health Service Corps, as well as considerable in-kind and real money support from member educational institutions. Consortium members knew the importance of and committed financial support for scholarships upon implementation.

Overall, the project met the original goals and objectives of the planning grant. This is particularly evidenced in the fact that the Consortium facilitated collaboration among several institutions and agencies across two states to work together on common goals to improve access to primary health care. The relationships developed during the planning grant phase will be ongoing as members continue to develop interdisciplinary curricula and teaching technologies.

Were there internal shortfalls or limitations in the project's funding level, design, collaborations, staffing, operations, or other project factors?

Several internal issues developed over the course of the two-year planning grant phase which affected the project's effectiveness. The original project proposal intended to resolve health care provider shortages in underserved areas throughout Indiana and the southern half of Illinois. Considering the size and population of the two states, this proposal may have been too ambitious. To make the best use of limited resources, the Consortium hired a project coordinator who was also serving as project co-director and

chair of the Curriculum Committee. Consortium meetings were delayed until January. The project also went without secretarial support for two months. When the original project coordinator left the project after five months to assume a position in another state, the Consortium experienced further delays while hiring a full-time project coordinator and a half-time support staff person.

The project coordinator position was transferred from Edwardsville to Carbondale, Illinois; the project secretary remained in Edwardsville. The separation of the project coordinator and secretary created logistical challenges for day-to-day activities, such as mailings, scheduling meetings, and the processing of bills and reimbursements.

Were there problems or successes caused by factors external to the project?

Several external factors influenced the project. New programs (PA and NP) were being implemented at several partner schools. Southern Illinois University at Carbondale (SIUC) began admitting students into a PA program in Summer 1997. Southern Illinois University at Edwardsville (SIUE) began its NP program in Summer 1996. The University of Southern Indiana and Butler University had just established a new NP and PA program, respectively. The timing of the beginning of these programs allowed for curriculum development in conjunction with the goals of the project. However, this timing also was problematic in that one institution was resistant to curricula modification due to a pending accreditation visit. This delayed the Consortium as a whole from making significant progress towards adopting a consortium-wide core curriculum. Consortium members who were delivering a traditional curriculum did agree on an interdisciplinary core curriculum that would include courses and problem-based learning cases for interdisciplinary training across institutions for PFT students. However, full adoption and integration within each institution's curriculum could not be promised for the first phase of implementation. The Consortium decided to delay full

implementation of the interdisciplinary core curriculum until all partners were ready for full adoption.

Timing was good for the development of computer-mediated instructional technologies. The University of Illinois in Chicago (UIC) was in negotiation with the State University of New York at Stonybrook where a computer mediated CNM curriculum had been developed for distributed learning. This provided an opportunity for Consortium members to participate in a CNM program that would be accessible to students who were placebound across both states.

The timing of the project also took advantage of the “sunsetting” of the Illinois PA Practice Act and the Illinois Nurse Practice Act on June 30, 1997. The PA Practice Act passed with changes in the language allowing for more than one PA to be supervised per physician. However, the Nurse Practice Act was renewed without proposed changes in the language that defined advanced practice nursing. Although members were encouraged that Illinois might finally allow some prescriptive and diagnostic authority for nurse practitioners and certified nurse-midwives, the legislature maintained the status quo. Illinois is the only state in the U.S. which does not have statutory authority for advanced practice nurses. The findings of the CNM/physician professional climate study, which was conducted by the consortium and will be presented in November 1997 at the annual meeting of the American Public Health Association, demonstrate that the state of Illinois still has a long way to go toward encouraging advanced practice nursing.

If you worked in collaboration with other organizations, or depended on other organizations or institutions to meet the objectives of this project, how did those collaborations work?

The Consortium was successful in bringing together educators and providers in three disciplines who previously had not worked together. One task of the Consortium’s Curriculum Committee was to inventory courses for each of the disciplines to determine

commonalties. Four courses were identified as common to all three disciplines. However, for NP and CNM students, these courses are offered at the masters' level, whereas the courses are offered at the baccalaureate level for PA students. This distinction in level between advanced practice nursing (APN) students and physician assistant students made articulation between programs more difficult to achieve.

Computerized problem-based learning cases and the software to modify those cases were purchased from DxR, Inc. for partner institutions to develop discipline specific, as well as, interdisciplinary curriculum materials, regardless of the outcome of the implementation grant proposal. Member educational institutions intend to continue collaborating on curriculum development using these technologies through which students could access self-instructional materials from remote locations.

Finally, during the planning phase, regional providers and provider groups were approached for recruiting support and participation in Consortium activities. As noted earlier, these groups expressed interest in becoming more involved in the process of recruiting, training, placing and retaining NPs, CNMs and PAs due to their conviction that "home grown" providers are more likely to remain in communities where they have familial and social ties.

As alluded to above, the difference in academic level between APN and PA students resulted in difficulty in promising transfer of credit to all students. Furthermore, the development of new programs contributed to competition for preceptor sites. The Consortium experienced a strong need to develop trust amongst partners for sharing preceptor site information. A student-preceptor database was developed for the tracking of Consortium participants during the implementation phase of the project. Finally, active participation of partner institutions at the system level could have enhanced collaborative efforts; only one institution designated a system level representative to the project.

With a perspective of the entire project, what have been its key dissemination activities?

Members of the Consortium presented aspects of the project at state and national conferences. The most comprehensive presentation was a panel conducted at the Illinois Rural Health Association meeting in 1997, which draws members from both states. At that presentation, project principals gave an overview of the entire project to health care providers, state and local agency personnel and other meeting attendees. That one presentation produced significant interest for collaboration among provider groups which culminated in letters of support for the implementation phase grant proposal.

The Consortium developed a brochure and new partner packets which contain information about the goals, objectives and activities of the project. The Consortium also produced a web site which has received inquiries from other states like Missouri and Montana. The Consortium also supported the authoring of news articles and research briefs which have been circulated; a full list is included in the bibliography. The Consortium also will continue to encourage members to present project activities and research findings at state and national conferences.

Has the project had other sources of support?

The project required significant in-kind support from its members. For example, members attended bimonthly planning meetings of the Consortium during the two year period. Although meeting costs and travel were covered with grant funds, members' time was donated. Furthermore, educational institutions provided support for members' time in developing curricula and other project materials and plans.

What was the significance of the project's accomplishments?

Given the scope of the project and the professional and legal climate which existed, the Consortium achieved many major successes. One of the most important accomplishments was the collaboration with UIC to deliver CNM training in underserved

areas of Illinois and Indiana. Through the support of the Foundation, the Consortium was able to develop a model to extend CNM instruction to member institutions. With continued development, the Consortium will be able to provide computer-mediated instruction and computerized problem-based learning cases for the three disciplines. In this sense, RWJF supported the expansion of computer-based instructional technologies for training of PFT students in remote locations. We tested distance learning capabilities among Consortium partners and increased connectivity for future collaboration.

The Consortium also conducted research which demonstrated obstetric care need and the potential for certified nurse-midwifery services throughout Illinois and Indiana. With this evidence, the Consortium can continue to promote the utilization of this discipline as well as NPs and PAs. The Consortium also developed plans for the future implementation of the goals of the original Partnerships for Training program, with or without foundation support.

What lessons did you learn from undertaking this project?

This project provided Consortium members with some useful lessons. First, start on a small scale and interest future participants with successes. A large scale project is more likely to develop difficulties which can imperil the entire project. The Consortium attempted to encompass both Illinois and Indiana at the very beginning of the project. A better approach might have been to choose smaller regions, develop successes within those regions and then use those successes as models for other regions.

In order to be more efficient and productive in future activities, the Consortium will be more meticulous in articulating the following areas: a) roles and responsibilities, (b) reporting lines, (c) outcomes to be accomplished, (d) timelines and due dates, and (e) participation at the system level. Related to these lessons is the requirement that the task should drive the structure of the organization, and not the other way around.

What are the post-grant plans for the project if it does not conclude with the grant?

The Consortium held its last formal planning grant meeting in Effingham, Illinois on Friday August 29, 1997. At that time Consortium members expressed desire to meet semiannually to continue the work of the Consortium. In particular, member institutions agreed to continue to recruit students from underserved areas. Several institutions intend to utilize distance learning technology for their advanced practice nursing curriculum. The University of Illinois at Chicago (UIC) and Indiana University at Indianapolis (IU) are currently and will continue utilizing distance learning in their respective CNM and NP programs. Southern Illinois University at Edwardsville (SIUE) is planning distance learning for their NP program within the next two to three years.

As well, linkages between UIC's CNM program and the IU, SIUE and the University of Southern Indiana NP programs will continue in order to provide nursing students with an opportunity to access the CNM program at UIC. These institutions will continue to develop interdisciplinary curricula and training between NP and CNM disciplines.

The educational institutions will continue to work with the state primary health care associations to develop clinical and provider placement sites, as well as conducting preceptor training. Finally, members will continue to work toward finding new sources of financial support for NP, CNM, and PA students.

How do you see the Foundation's role?

The Foundation plays a pivotal role in promoting the goals necessary to achieve a real reduction in the number of medically underserved areas throughout the United States. By providing leadership and financial support for projects designed specifically to bring different disciplines to the table for collaboration, the Foundation helps organizations develop and implement plans and policies which can bring about needed changes to the distribution of primary health care. Through the support of the

Foundation, health care educators, providers and agencies in Illinois and Indiana were able to come together on a regular basis to form a collaborative organization. The Illinois/Indiana NP, CNM and PA Training Consortium made significant progress in improving communication between institutions, agencies, providers and associations.

The Foundation's technical assistance meetings were particularly helpful to our Consortium in sorting out priorities for activities. With a project of this scope, a vision of the desired outcome is not enough. It was important to us to have guidance with the particulars, which the Foundation provided through its technical assistance meetings. However, the technical assistance meetings did not coincide well with the site visits. In that respect, we feel that we could have used more timely formative evaluation.

We also felt a need for more opportunities to interact with the Foundation and other consortia about pitfalls to avoid as well as opportunities to seize. We believe that roundtable discussions between consortia at the technical assistance meetings would have been helpful. We also believe that competition between grantees could have been downplayed, thus providing for more opportunities for sharing of information among consortial groups.

The Foundation, in our view, has a wonderful opportunity to promote equal access to health care for all. The Foundation, rightfully so, has relied upon collaborative groups such as ours to engage in activities designed to bring about that goal.

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