

Report of the Task Force on Nursing, Allied Medical Professions and Related Health Sciences

I. PREFACE

The Development Commission's study and the Administration's response to its report marked a beginning of an era of planning and rethinking the University's mission.

On September 12, 1973, Provost Stellar established a Task Force to explore the present state, and future role, of the Schools of Nursing and of Allied Medical Professions and related activities at the University of Pennsylvania. The Task Force was initiated in response to a specific request by the Development Commission. However, the original charge was somewhat modified to allow these schools to be viewed not only as discrete packages, but in the broader perspective of the total effort in health sciences at the University of Pennsylvania.

The charge given to the Task Force by the Provost was as follows:

The mission of this Task Force is to study and make recommendations for the University's future efforts in teaching, research and service in the health paraprofessional and nursing fields. You will, of course, need to give some consideration to national trends in the health paraprofessions, including emerging public policies, delivery systems, research problems, occupations and career paths, and manpower needs. You will need to assess our current and potential strengths in meeting these needs, not only through SAMP, Nursing, and the Hospital Diploma Program, but the other health schools, as well as Wharton, Education, Social Work, Law, and undergraduate and graduate programs in the arts and sciences.

From such reviews, we hope the Task Force will bring recommendations on the kinds of program priorities, administrative structures, and long-range plans which will bring the greatest benefits from the resources of the University. Although the Task Force should be sensitive to the structures and programs we now have and to the costs (both monetary and otherwise) associated with radical changes, it should set about its mission with imagination, boldness, and complete freedom. Above all, it should help us and the faculties involved set upon a course which carries the full commitment of the University and permits long-range planning and development within an atmosphere of certainty and support.

II. COMPOSITION AND PROCEDURES

(a) Composition

Chairman: Dr. Alfred P. Fishman, Associate Dean of the Medical School and William Maul Measey Professor of Medicine.

Co-Chairman: Dr. Samuel P. Martin, Professor of Community Medicine and Medicine.

Committee Members: Alexander M. Capron, Assistant Professor of Law; Mrs. Janet Farahmand, Assistant Director, School of Nursing; Howard Arnold, Associate Professor of Social Work; Mrs. JoAnn S. Jamann, Assistant Professor of Nursing and Coordinator of Master's Program for Nursing; Dr. Charles A. Malone, Professor and Director, Division of Child Psychiatry, Philadelphia Child Guidance Clinic; Eugene Michels, Assistant Professor of Physical Therapy; Mrs. Sue Moyerman, Lecturer in Health Care Systems and Director, Advanced Management Program; Dr. Daniel J. O'Kane, Acting Dean, Graduate School of Arts and Sciences; Dr. Henry W. Riecken, Professor of Behavioral Science.

Administrative Liaison: Mrs. Frances S. Hardy, Assistant to the Vice President for Health Affairs.

Student Representation: Since it was not deemed possible to obtain adequate student representation for all groups affected by the mission of the Task Force, representatives of *The Daily Pennsylvanian* and *Almanac* were invited to participate in all meetings and to report fully. The Task Force is grateful for the coopera-

tion received from both groups. Additionally, for the assistance of all interested persons, copies of all background material were placed on reserve in the following locations: Van Pelt, Medical/Nursing, SAMP and Tri-Institutional Libraries and the Morgan Building.

(b) Format of Procedures

In addition to meetings of the members of the Task Force, per se, the expertise of a wide range of persons was sought.

On October 31, an all-day conference was held to seek the wisdom of extramural consultants. These included: Father Edward J. Drummond, Executive Vice President, St. Louis University; Dr. J. Warren Perry, Director, Study of Allied Health Education, American Association of Community and Junior Colleges; Dr. Robert J. Atwell, Director, School of Allied Medical Professions, Ohio State University; Dr. Hans O. Mauksch, Professor of Sociology, University of Missouri; Dr. Rozella M. Schlotfeldt, Professor of Nursing, Case Western Reserve University; and Ella W. Allison, Vice President for Nursing Education, Albert Einstein Medical Center. (For concluding remarks, see next page).

Discussion papers for the conference were prepared by Dr. Dorothy A. Mereness, Dean of the School of Nursing, Dr. Sidney D. Rodenberg, Dean of SAMP, the Faculty of the School of Nursing of the Hospital of the University of Pennsylvania and Dr. Humphrey Tonkin, Vice Provost for Undergraduate Studies. (Appendixes 3, 4, 5, and 6).*

Additionally, the heads of the Schools involved and other knowledgeable persons from within the University were invited to attend.

Following the conference, "Green Papers" were issued to inform interested persons in the University community of the questions being considered. Statements were invited from individuals and groups.

A total of 27 statements were received, some from individuals, both within and outside the University community, and some from faculty and student groups. Many were invited to discuss their views with Task Force members at one of three open meetings held in November. These sessions drew a total audience of approximately 300 persons. A total of 36 persons testified at committee meetings in addition to the consultants who participated in the October 31 conference. The Task Force also drew on expertise within the University administration.

The number of excellent statements submitted, testimony received, and observer attendance are strong indicators of the success of the open format chosen by the Task Force as a means of providing full opportunity for participation by interested individuals and groups. It also indicated the importance of the issues to a large segment of the University community.

III. SUMMARY OF RECOMMENDATIONS

1. That there be no further admissions to the Schools of Nursing of the Hospital of the University of Pennsylvania. Orderly plans should be made for the closing of the school in order to ensure that all currently enrolled students will be able to continue their program to completion.

2. That there be a Council of Health Sciences formed under the Vice President for Health Affairs. This council should include representatives from the faculties of the School of Nursing, the School of Allied Medical Professions and other University faculties in order to develop the close coordination that is required for satisfying the overall goals of the University with respect to the health sciences.

* A complete copy of this report, including appendixes, is on file at the Van Pelt reference section.

This council will develop collaborative programs that will exploit fully both the intellectual and physical resources of the University of Pennsylvania and avoid needless duplication.

The office of the Vice President for Health Affairs should develop funding mechanisms to promote collaborative programs involving the Schools of Nursing, Allied Medical Professions and related schools in order to prevent their incumbrance by the "responsibility center" concept, which requires that a school's income exceed its direct expenses by a target amount set by the central administration.

3. That steps be taken to provide adequate physical facilities for the immediate needs of the Schools of Nursing and Allied Medical Professions for their continuing growth. Whenever practical, physical facilities of the two schools should be shared or juxtaposed.

4. That the University administration endorse the concept of the further development of programs of excellence in graduate education in the Schools of Nursing and Allied Medical Professions.

5. That the University administration review all non-degree certificates and diplomas currently awarded within the University and establish University-wide guidelines with particular reference to degree granting schools.

IV. CONCLUDING REMARKS BY CONSULTANTS AT MEETING OF OCTOBER 31, 1973

Near the close of the conference the extramural consultants met and prepared the following statement for the Task Force: (Full transcript of the meeting is available in the Committee files).

The Consultants were agreed that there is an immediate need for the making of a decision or decisions, and that this process is something that no one can do for the University but the University itself. In this process of self-determination the decisions reached by the University relative to its Schools of Nursing and School of Allied Medical Professions must be congruent to the basic assumptions sketched in "One University." This does not mean that the Consultants at this time are recommending a specific administrative or organizational structure.

These decisions must not only be verbalized and made, but they must be implemented by visible and continuous administrative support for interdisciplinary learning both in and out of the clinical situation. Since the whole health spectrum is not divided into separate categories but ranges from nurses' aides across specialties including medicine, the University has responsibility for teaching how health care is to be done not only in the laboratory and the lecture room but also in the clinical situation, and hence must insure its quality.

In making the decision or decisions which it alone has the ability as well as the responsibility to make, the Consultants had certain cautions as well as certain questions to place before the University.

Among these cautions were:

Can appropriate decisions be made unless the basic objectives in the area of the Health Disciplines have been determined and something of the basic interrelationships projected and agreed upon?

Another caution expressed by the Consultants was a concern that the assumptions or reasons why there was immediacy regarding the particular units under review be made more explicit so that the University will be more certain of the assumptions underlying the decisions made.

Among the questions there are, of course, a host of questions the University must ask itself which the Consultants will not try to list in anything like a complete litany, but some of the questions the consultants noted in their discussions were these:

Can the issues which they were asked to consider and which the University must consider be resolved without looking at the interdependence of the total practices of health care including medicine?

How much control must the various academic units educating health occupations have over their areas of practice in order to produce quality practitioners?

Another question is, are programs of less than baccalaureate level appropriate for this University?

Since those involved in these units of the University live in a state of considerable uncertainty aggravated by anxiety, the consultants conclude this brief report by stressing its statement and recommendation to the University.

V. RECOMMENDATION NUMBER 1

That there be no further admissions to the School of Nursing of the Hospital of the University of Pennsylvania. Orderly plans should be made for the closing of the school in order to ensure that all currently enrolled students will be able to continue their program to completion.

Rationale. In seeking to determine the future role of the University of Pennsylvania in nursing education, the Task Force viewed both nursing schools in terms of criteria established by the Development Commission for evaluating professional schools: training of the highest caliber practitioners for leadership in their professions; training of teachers; and advancing the base of knowledge in their field. It also viewed the schools in terms of academic excellence and the concept of "One University".

Viewed by these criteria, the University School of Nursing clearly falls within the mission of the University. While the School of Nursing of the Hospital of the University of Pennsylvania does prepare well-qualified nurses for beginning professional positions, and while many of its graduates do go on to seek further education and assume leadership positions, it does not clearly fit within the overall mission of the University. (Appendix 7.)

A second consideration was that the use of the Hospital of the University of Pennsylvania by its own nursing school precludes its effective use by the University School of Nursing. At present, the University School of Nursing has only limited access to the educational opportunities of the Hospital of the University of Pennsylvania. Consequently, it is forced to go elsewhere for its training programs. Also, resources at the Hospital of the University of Pennsylvania are inadequate to accommodate both an expanding University School of Nursing and the present Hospital School of Nursing, particularly as the patient census of urban hospitals declines. Consequently the Hospital School is currently limiting the educational opportunities of the University School.

Because of the restraints imposed by limited availability of clinical facilities, clinical experience for baccalaureate students must be scheduled all day Thursday and Friday. With the phasing out of the hospital school, the clinical learning experiences of baccalaureate students could be spread out during the week. This would permit greater continuity of patient care and allow students to expand their course options within the University block system of Monday, Wednesday and Friday or Tuesday and Thursday. This would permit the development of a curriculum with optimal coordination among nursing theory, clinical practice and University courses.

More readily available clinical facilities would also permit more flexibility and innovation in curriculum development. Such changes might include moving the beginning clinical nursing course into the sophomore year, thus removing the summer session requirement that has been a consideration in some students' decision to choose another school. It would also permit the development of new courses such as electives in a clinical specialty area during the senior year, a request of many students.

University of Pennsylvania students would give patient care in all University hospital inpatient and outpatient clinical specialty areas providing appropriate learning experiences during the academic year as well as the two University summer sessions. In addition, the faculty has agreed to investigate the quality of learning experiences available on all time shifts for possible utilization. The greater variety of experiences to which students would be exposed would greatly enhance the quality of patient care they would be able to give. Use of all outpatient facilities would provide student follow-up services for patients—to the benefit of both—through a more complete integration of community and preventive health principles throughout the curriculum. Full use of facilities in the University area would make it easier for students to give patients more individual attention; meeting and interviewing them prior to time spent with them in a clinical assignment. This would be without the present inconvenience and waste of time spent in traveling to distant clinical facilities.

An examination of national trends in nursing education, the need for the hospital program, and the utilization of the fiscal and faculty resources were also examined and provided further support for the Task Force's recommendation.

(a) National Trends in Nursing

In a position paper on nursing education issued in 1965, the American Nursing Association (ANA) made this statement:

Nursing practice has become complex and will continue to become even more so. The conditions of nursing, as that of any other professional service, are determined by the structure of society and its prevailing values.

To point out that the practice of nursing has changed in the last 20 years is to point out the obvious. Major theoretical formulations, scientific discoveries, technological innovations, and the development of radical new treatments in recent years have produced marked changes in health practices. The knowledge needed by the nurse practitioner today differs greatly from that needed 20 or even 10 years ago. She is now being required to master a complex, growing body of knowledge and to make critical, independent judgments about patients and their care.

It is recognition of this need for mastery of a complex body of knowledge, and the continuing need to learn and improve practice, that has led the association to believe that: *The education for all those who are licensed to practice nursing should take place in institutions of higher education.* (Appendix 9).

The paper also recommended that "minimum preparation for beginning professional nursing service at the present time should be baccalaureate degree education in nursing," and that "minimum preparation for beginning technical nursing practice at the present time should be associate degree education in nursing." (Appendix 9).

There was a great deal of reaction within nursing to the terms "technical" and "professional" and in 1973 the ANA issued a second statement affirming "its recognition that graduates of diploma schools of nursing are giving the bulk of the professional nursing care in the country." However, it also stated that "the validity of the 1965 position on education is being attested to by the rapid movement of nursing education programs into institutions of higher education." (Appendix 10). This movement is clearly documented in tables A and B.

Against this background the Task Force sought to determine the pattern of nursing education at other universities. The University of Pennsylvania is the only university that has both a diploma and a baccalaureate program.

Pennsylvania has lagged behind the national trend, but the pattern is now beginning to follow the national movement as seen in Table C.

(b) Need for Program

Ralph Perkins, Director of the Hospital of the University of Pennsylvania, has stated that, "While our school is a good source of RN's for the Hospital, by no stretch of the imagination can it be considered as the primary reason for its existence. I feel very strongly that we have a community obligation to educate as many of these young people as we possibly can." (Appendix 2).

Information obtained from the Pennsylvania Board of Nurse Examiners indicates that other programs are available to meet needs of students who currently chose the University's hospital program. In August of this year eleven diploma schools in the Philadelphia area were still recruiting for fall 1973 admissions.

Currently a high percentage of the graduates of the diploma programs do choose the University Hospital in seeking their first position. Approximately 27% of the current nursing staff are graduates of its program. Closing of the school would have an effect on the Nursing Services recruitment program. However, since the orderly closing of the program requires at least a two year time period, there will be time to explore current proposals that have been made to increase the effectiveness of recruitment and to develop additional ones.

The decision this past year to restrict tuition benefits offered to nurses by the University to those employed in University-

A. ENROLLMENT IN INITIAL PROGRAMS—R.N. 1959-1972

Academic Year	Number Program	Total	Diploma		Assoc. Degree		Baccalaureate	
			Number	%	Number	%	Number	%
1972.....		213,127	71,694	33.6	67,543	31.7	73,890	34.7
1971.....		187,551	71,466	38.1	56,300	30.0	59,785	31.9
1970.....	1,355	164,545	71,055	43.2	44,593	27.1	48,897	29.7
1969.....	1,339	150,795	72,793	48.3	34,537	22.9	43,460	28.8
1968.....	1,293	145,588	77,776	53.4	27,471	18.9	40,341	27.7
1967.....	1,269	141,948	84,413	59.5	20,936	14.7	36,599	25.8
1966.....	1,225	139,070	80,651	65.2	15,338	11.0	33,081	23.8
1965.....	1,193	135,702	93,760	69.1	11,564	8.5	30,373	22.4
1964.....	1,158	129,269	93,089	72.9	8,513	6.6	27,667	21.4
1963.....	1,148	124,744	93,271	74.8	6,356	5.1	25,117	20.1
1962.....	1,136	123,861	95,273	76.9	4,927	4.0	23,656	19.1
1961.....	1,126	123,012	96,606	73.6	3,860	3.1	22,546	18.3
1960.....	1,137	118,849	94,812	79.8	3,254	2.7	20,783	17.5
1959.....	1,137	115,057	92,899	80.8	2,345	2.0	19,813	17.2

Source: "1970-71 Facts About Nursing" issued by National League for Nursing and Pennsylvania Board of Nurse Examiners.

B. GRADUATIONS FROM INITIAL PROGRAMS—R.N., ACADEMIC YEARS 1958-59 TO 1969-72

Academic Year	Total	Diploma		Assoc. Degree		Baccalaureate	
		Number	%	Number	%	Number	%
1971-72....	51,784	23,592	45.6	19,165	37.0	11,027	21.3
1970-71....	47,001	22,334	47.5	14,754	31.3	9,913	21.1
1969-70....	43,639	22,856	52.4	11,678	26.8	9,105	20.8
1968-69....	42,196	25,114	59.5	8,701	20.6	8,381	19.9
1967-68....	41,555	28,197	67.8	6,213	15.0	7,145	17.2
1966-67....	38,237	27,452	71.8	4,654	12.2	6,131	16.0
1965-66....	35,125	26,278	74.8	3,349	9.5	5,498	15.7
1964-65....	34,686	26,795	77.3	2,510	7.2	5,381	15.5
1963-64....	35,259	28,238	80.1	1,962	5.6	5,059	14.3
1962-63....	32,398	26,438	81.6	1,479	4.6	4,481	13.8
1961-62....	31,186	25,727	82.5	1,159	3.7	4,300	13.8
1960-61....	30,267	25,311	83.6	917	3.0	4,039	13.4
1959-60....	30,113	25,188	83.7	789	2.6	4,136	13.7
1958-59....	30,312	25,907	85.5	462	1.5	3,943	13.0

Source: "1970-71 Facts About Nursing" issued by National League for Nursing and 1971-72 summary figures appearing in "Nursing Outlook."

C. GRADUATIONS FROM PENNSYLVANIA SCHOOLS OF NURSING

Academic Year	Total	Diploma		Assoc. Degree		Baccalaureate	
		Number	%	Number	%	Number	%
1972-73....	4,356	2,941	67.5	644	14.9	771	17.7
1971-72....	4,393	3,354	76.4	371	8.5	668	15.2
1970-71....	4,153	3,496	84.2	266	6.4	390	9.4
1969-70....	4,080	3,611	88.5	190	4.4	290	7.1
1968-69....	4,216	3,848	91.2	123	2.9	245	5.8

Source: "1970-71 Facts About Nursing" issued by National League for Nursing and Pennsylvania Board of Nurse Examiners.

owned hospitals has already proven to be a valuable recruitment tool for the Nursing Services. Numerous ways have been proposed to increase the options in terms of planned programs of financial support tied to employment in University hospitals. The potential, in terms of staff recruitment and commitment, is great.

Also, the changes that have occurred in recent years which have increased the average length of employment for new staff nurses from seven months to eighteen months will help ease the recruitment problems.

The Task Force has also been assured that the quality of care provided by the Hospital Nursing Service will not decline if the diploma program is phased out.

(c) Financial Resources

The University School of Nursing is operating within the guidelines set under the concept of responsibility centers. Its income exceeds its direct expenses by the target set by the central administration. The Hospital School's expenses, to a large degree, are passed on to third party payers. While this is currently acceptable,

the general consensus is that in the near future third party payers may cease to reimburse hospitals for educational costs. If this should happen, a serious financial drain would be placed on the hospital. In 1971-72 the reimbursement received from third party payers amounted to \$1,102,614. (Appendix 2.)

(d) Faculty Resources

If complete commitment of University clinical nursing educational opportunities is made to the University school, potential benefits are great for both nursing education and nursing service. Nursing service would benefit by access to the expertise of faculty, faculty would gain valuable insights from practitioners, prospects for increased clinical research would exist, and the quality of the clinical experience offered students would be enhanced as would the quality of patient care.

In summary, there is no evidence that the quality of care in University hospitals would be adversely affected by substitution of the University School for the Hospital School. Indeed, there is basis for belief that increased interaction between the University School of Nursing and Nursing Services can improve not only the quality of the University educational program, but also the quality of patient care.

Accordingly, the Task Force recommended orderly phasing out of the Hospital School of Nursing and its replacement by the University School of Nursing.

VIII. RECOMMENDATION NUMBER 2

That there be a Council of Health Sciences formed under the Vice President for Health Affairs. This council should include representatives from the faculties of the School of Nursing, the School of Allied Medical Professions and other University faculties in order to develop the close coordination that is required for satisfying the overall goals of the University with respect to the health sciences.

This council will develop collaborative programs that will exploit fully both the intellectual and physical resources of the University of Pennsylvania and avoid needless duplication.

The office of the Vice President for Health Affairs should develop funding mechanisms to promote collaborative programs involving the Schools of Nursing, Allied Medical Professions and related schools in order to prevent their encumbrance by the "responsibility center" concept, which requires that a school's income exceed its direct expenses by a target amount set by the central administration.

Rationale. In assessing the University's current and potential strengths in nursing, allied medical professions and related health sciences, it became clear that better methods of coordination were needed.

The creation of a single Health Science School incorporating the Schools of Nursing and Allied Medical Professions and a proposed Department of Health Science was considered, but voted down by the Task Force. Additional alternatives considered included the development of a Department of Health Science within the Faculty of Arts and Sciences, and the creation of a center or division that would combine the present schools with each retaining its own dean and developing within the group a non-degree-granting College of Health Sciences. All of these proposals presented serious drawbacks in terms of possible implementation at the current time. On the other hand, the development of a Council of Health Sciences provides an open-ended format that can be expanded as programs develop. Placing it under the Vice President for Health Affairs will facilitate the development of coordination at all levels.

While it is not possible to predict the full extent of the Council's activity or nature of its final form in the years ahead, the Task Force has identified many early agenda items, such as the following:

(1) The development of interdisciplinary, interschool, and pertinent core courses.

(2) Identifying ways the health schools can contribute to the programs of other areas of the University and developing ways to make courses in these schools more available to all University students. Currently students in Nursing and SAMP have wider options available to them than do students enrolled, for example, in the College.

The Schools of Nursing and Allied Medical Professions have potential resources for students in the Arts and Sciences that are not being utilized. Nursing courses related to the social implications of health and some of the courses in SAMP's Medical Technology program which could be eminently helpful to pre-health students are examples. Mechanisms need to be developed not only to inform, but to ease cross registration for Arts and Sciences students.

(3) The development of more clearly defined pre-health professional programs, including advising programs covering the entire range of health career options and development of a course or orientation program defining health careers.

(4) The defining of clear criteria for sub-baccalaureate programs within any unit of the University.

(5) The evaluation of existing and proposed programs related to the health sciences and recommending action to the Vice President. Two programs came to the attention of the Task Force, both for the development of baccalaureate programs. One was in Oral Hygiene and the other Respiratory Therapy.

The recommendation to develop funding mechanisms encouraging coordination was made out of the realization that there is danger of individual schools' suffering economic penalties under the responsibility center concept. For example, in team teaching situations each school participating should be able to receive tuition income credits to balance against their costs.

Additionally, the council would need to have a budget including some kind of a development fund to be used as incentive money to aid in program development.

IX. RECOMMENDATION NUMBER 3

That steps be taken to provide adequate physical facilities for the immediate needs of the Schools of Nursing and Allied Medical Professions for their continuing growth. Whenever practical, physical facilities of the two schools should be shared or juxtaposed.

Rationale. There is a pressing need to develop concrete plans for physical facilities. The Morgan Building which houses the School of Nursing, aside from inadequacy in terms of space available, is in need of extensive repair or replacement. The site of the School of Allied Medical Professions has been identified for the new facility of the School of Veterinary Medicine, therefore other facilities are needed soon.

While the Task Force does not have the expertise to recommend concrete proposals in this area, they do urge that efforts be made to provide facilities that will encourage coordination and interaction. If possible, the schools should share common facilities or at least be in close proximity.

X. RECOMMENDATION NUMBER 4

That the University administration endorse the concept of the further development of programs of excellence in graduate education in the Schools of Nursing and Allied Medical Professions.

Rationale. Both the School of Nursing and the School of Allied Medical Professions have reached a point in their development that provides a firm base for further upward development. Both schools have expressed the intent to develop graduate programs leading to the degree higher than those now offered, but both will need administrative and fiscal support to implement their plans and capitalize upon the resources available within the University. Therefore, the Task Force endorses the development of advanced degree programs in the School of Allied Medical Professions and a program leading to a doctoral degree in Nursing.

XI. RECOMMENDATION NUMBER 5

That the University administration review all non-degree certificates and diplomas currently awarded within the University and establish University-wide guidelines with particular reference to degree granting schools.

Rationale. In reviewing sub-baccalaureate programs in the Health Affairs Division of the University, the Task Force found an uneven pattern in the form used for certificates and diplomas. There is an apparent lack of clearly defined guidelines. Realizing that to try to set guidelines for the Health Affairs Division alone would further confuse the issue, the Task Force recommends a University-wide review.