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HEALTH CARE
SPECIAL REPORT

Portland's higher-ed health leaders brace for a wave of change 🔑

Portland's higher-ed health leaders' tasks are more important than ever



By Andy Giegerich
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As the coronavirus demonstrably alters the world's foundation, educators, who in a sense must shape the new economy, are already planning for a return to normal. That is, they hope to return to teaching, researching and dispatching wiser students into the workplace.

Health care educators, in particular, face a daunting task: to help their charges seek ways to prevent another pandemic, as well as treat patients and research effective treatments.

We reached out to three local health care education leaders to learn where their disciplines stand, both now and post-pandemic. We collected insights from:

- Dr. George Mejicano, the senior associate dean for education at the OHSU School of Medicine.
- Karen Sanders, Portland Community College's division dean of nursing, dental assisting, dental hygiene, medical imaging, exercise science, PE and health admissions.
- Casey Shillam, dean of the University of Portland's School of Nursing.

Their answers have been edited.

Which avenues and opportunities will health care educators offer in the post-coronavirus age? (i.e. where are the areas expected to host influxes of students?)

Karen Sanders, PCC: In the 'pre-coronavirus' age, the local health care system had some clear needs. For example, shortages of medical assistants, dental assistants, acute care RNs and long-term care facility workers already exist, and we are working in collaboration with local partners to train individuals to fill these needs. These gaps in the local workforce will not go away in the post-coronavirus age – and will likely be exacerbated.

While continuing to train students in these traditional fields, we, as a college, also be vigilant to quickly identify new needs that will very likely emerge out of the current crisis, and be poised to quickly develop and deploy quality programming in these areas.



Karen Sanders is Portland Community College's division dean of nursing, dental assisting, dental hygiene, medical imaging, exercise science, PE and health admissions. She's also interim dean for Continuing and Community Education.

Dr. George Mejicano, OHSU: Broadly speaking, there are four areas to consider. Two are related to content: (a) much more on emerging infectious diseases and public health preparedness and (b) much more on the workflow and documentation of remote delivery of care using video conferencing (or telehealth).

The other two are related to pedagogical processes and privacy issues: (a) determining the proportion and appropriateness of remote/digital/online education compared to face-to-face instruction, particularly with regards to communication and connection that is vital to the doctor-patient dyad, and (b) much more on digital privacy and how to protect both student and patient information with digital delivery.

Casey Shillam, University of Portland: While the current health care workforce is under tremendous strain due to the pandemic, we will get to the other side of this crisis, and need to evaluate the workforce needs when we do. We may see a similar response as during the 2008 economic downturn, which saw a surplus in the nursing workforce, or we may see more nurses retire early from the burnout they are experiencing resulting in a shortage.

As we move forward with health care education, we will need to consider how years of eliminating the public health nursing workforce led to this public health crisis. We also have an opportunity to create focused education in primary care, ambulatory care, and community-based care delivery models. Academic leaders will need to partner with government officials and health system leaders to create a stronger health system of the future.

It seems like research will be a booming field, right?

Mejicano: Yes, in all fields. From educational assessment to novel treatments of respiratory viruses.

Shillam: The University of Portland is well-positioned to contribute to the science of nursing education, particularly with our newly-established Simulated Health Center. We have invested in our faculty to attain certification and develop expertise in how to deliver simulation using high-fidelity mannequins and trained

actors as standardized patients. We believe the science of health care education will be just as important as the bench-level science to find vaccines for emerging viruses.

What about areas that need to be filled should more providers suffer health issues or retire early?

Mejicano: We were already in a workforce shortage situation. That has not gone away.

Shillam: This current crisis has revealed that the focus we've placed on acute-based hospital care is no longer sufficient in meeting the health care needs of Americans. Without a strong infrastructure in the public health arena and primary care sectors, we are vulnerable to further negative impacts from the current and future public health disasters.

We need to look closely at the distribution of nurses, and focus on their skill in assessment and evaluation of population-focused care across the entire continuum of where health care is delivered. This includes nurse-managed primary care clinics, specialty care clinics, schools, and public health departments.

What are you doing to prepare for any such shifts?

Mejicano: A few years ago, we expanded OHSU School of Medicine class size to help meet the growing need for physicians. We have also been working to create more medical residency positions in Oregon.



Dr. George Mejicano is the senior associate dean for education at the OHSU School of Medicine.

OHSU NEWS

Sanders: It is standard practice for our Allied Health programs to monitor local and national employment trends and to stay connected with local employers and workforce agencies. In response to the current situation, we have proactively pulled together an internal work group and reached out to these existing partners, to begin developing both short- and long-term strategies for supporting local hospitals, clinics, long-term care facilities and others in the post-coronavirus era.

Shillam: We have developed a state-of-the-art curriculum that prepares nurses to contribute to health and health care at the highest level of practice. Our new program focuses on health care across the care continuum and lifespan, no longer focusing primarily on acute care nursing.

We have also developed a robust simulation program and will be able to offer half of our clinical learning opportunities to students in simulation, ensuring that all students have equal access to scenarios they may or may not see in clinical settings.

At the national level, we are also working on moving education accreditation standards toward this same model of education. The move to population health and care across the health care continuum is what is most needed in our health care system. Having health care education prepare students to serve in these various types of roles will serve as the foundation for this transition.

Are you expecting more students?

Mejicano: We've seen some students defer the start of their education due to concerns about safety as well as not wanting a "digital" education.

Sanders: We are not necessarily expecting more students. Rather, we're expecting different students. There could very well be an increase in individuals already working in the health field who, after being deployed in different areas of the hospital during the pandemic, may want to either change careers or skill up.

In anticipation of this, we continue to explore not just entry-level health care programs, but also continuing education possibilities.

Shillam: This is a very difficult question to answer right now. Many high school students and their families are going to be evaluating the economic impact of this pandemic on their personal financial situations, which will ultimately impact decisions about pursuing higher education.

At the same time, we know that health care employment opportunities are going to be in high demand, and that may motivate more students to apply to nursing school with the hope for stable employment throughout their careers.

How are you planning for the capacity to teach them?

Mejicano: To continue providing a quality education while also protecting our students' health and safety, all classes for the spring 2020 term have gone completely online. Depending on how the pandemic plays out, we may also hold online coursework during future academic terms.

Shillam: We have already taken many steps to prepare for a potential increase in nursing students. One of the most limiting aspects of nursing education is clinical placements—our move to creating a simulation program that provides half of their clinical learning on-campus provides much more flexibility in our ability to meet increasing demands.



Casey Shillam is dean of the University of Portland's School of Nursing.

STEVE HAMBUCHEN

How has the coronavirus changed the shape of health care education?

Mejicano: Perhaps the biggest impact will be to further the advance of competency-based, time-variable education. The concept is simple: graduate students when they're ready based upon mastery, not time. Across the country, we've seen more movement on this issue in the past four to six weeks than in the past 15 years. The traditional academic calendar has been blown up with schools graduating students well before they were scheduled to finish.

Further, we've been able to transition learners into their next phase of training outside of the traditional timelines (we're starting six residents in April compared to the usual "set in stone" start day of July 1). That was unthinkable a few years ago. Together with digital, asynchronous delivery, the dream of off cycle starts and stops is within reach (starting and finishing medical school anytime of the year).

Sanders: In the short term it has perhaps brought to light specific training gaps in the local workforce needed to deal with a widespread crisis. This has highlighted the need for educational institutions like ours to be ready not only to provide traditional degree and career training programs, but also to be ready to provide on-demand, short-term training for people already working as a professional in the health care field.

Shillam: The coronavirus has changed every aspect of health care education. The move to online courses has pushed faculty to engage in every creative approach to problem-solving they have in their tool belts.

The great news is that nurses are exceptional problem-solvers in their very nature. They learn how to assess all the impacts of what influences a patient's condition. They know the cellular-level impact of not having access to good nutrition or the potential negative impacts of medications interacting with different lifestyle choices.

Nurse educators bring these same incredible skills to the virtual classroom, and that's why they're thriving. We're proud to say our simulation faculty collaborated with the faculty for clinical courses to rapidly develop online simulation scenarios for students to conduct telehealth visits with the standardized patient

actors. It's these innovations in education that will continue to drive all of us in our goals to deliver high-quality education that best prepares health care teams of the future.

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