



Increasing the Flow of a Clinical Staff “Pipeline”

Catholic System in Austin, TX, is Transforming a Former Hospital into a School

Consider the impact that a vigorous medical education program—a kind of flowing human “pipeline”—can have on a region’s health infrastructure. Among the benefits are:

- Newly trained physicians, nurses, and clinical assistants
- Fully staffed interdisciplinary treatment teams, able to quickly ratchet up levels of care from routine activity to a full-blown medical crisis
- Enhanced research capabilities
- A stimulus to the local economy

Taken as a whole, the vision of beefing up medical education appears . . . well, visionary.

The Seton Family of Hospitals, a central Texas system, and the higher-education institutions of Austin, TX, are joining forces to create the Clinical Education Center at Brackenridge (CEC) in downtown Austin. The center will be located in what was formerly the Children’s Hospital of Austin. (Children’s Hospital recently closed and has been replaced by the larger, state-of-the-art Dell Children’s Medical Center of Central Texas, Seton’s newest member.)

The CEC will be accessible to students and graduate trainees in medicine and nursing, as well as to students in public health, bioengineering, informatics, social work, pharmacy, law, psychology, and public policy.

The fact that the CEC will occupy a former hospital means that it will be a unique context for learning opportunities. The building already contains sophisticated built-in multimedia technology. What once were operating rooms will become patient-simulation laboratories. Student clinicians will receive hands-on experience in actual hospital rooms and labs. Students will also have a computer lab and learning resources area.

The advantages that CEC will enjoy won’t be clinical alone; they will also be fiscal, beginning with central Texas’ diverse and nationally recognized academic assets. Because Seton is a grow-

ing, financially secure network, based in an experienced entrepreneurial community, the future of its member facilities—including CEC—looks very bright.

The central Texas region has been fortunate in its ability to recruit diversely talented health care professionals. Leaders of Seton, the University of Texas at Austin, the University of Texas Medical Branch (UTMB) at Galveston, Austin Community College (ACC), and Concordia University of Austin are committed to a simple theorem: by bringing different disciplines together in an academic setting and imparting teamwork skills, CEC will create clinicians with a collaborative cast of mind.



BY GREG HARTMAN
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RESPONDING TO CRITICAL SHORTAGES

A pipeline of trained nurses is vital to the continued growth of health care in the region. To create that pipeline, the center, beginning this fall, will house ACC classes for as many as 100 new nursing students. Although ACC is the largest



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producer of nurses in central Texas, it currently has a waiting list of more than 200 students hoping to enter the two-year program. Once he or she has been admitted to the ACC program, a student's future seems bright. The college has one of the highest licensure pass rates in the state.

Seton also has donated \$1.6 million to the University of Texas at Austin School of Nursing to enable the school to both admit more undergraduate nursing students and expand its bachelor of science program for registered nurses (RNs) holding associate degrees. Many of these students will also use the CEC for training.

Traditionally, physicians, nurses, and other health professionals train separately. One drawback to such training is that it is delivered in "silos"; as a result, the caregiver teams that emerge from it tend to lack coordination, which sometimes confuses patients and their families and jeopardizes patient and worker safety.

Seton is committing up to \$10 million to support the CEC initiative, and investing staff expertise in it as well. Qualified Seton nurses who are interested in teaching part-time at the center will be encouraged to do so. Texas, like other parts of the nation, has a well-documented shortage of nursing school faculty. That shortage limits the enrollment capacity of nursing schools and contributes to the ongoing nationwide nursing shortage. The CEC initiative is designed to attack this systemic program head-on. If lending our best nurses to nursing schools today means more talented nurses tomorrow, doing so will result in a huge win for U.S. health care.

Like other hospitals and hospital systems, Seton relies heavily on newly trained, inexperienced RNs. In response to this, the CEC also will house Seton's new Versant RN Residency, an 18-week, evidence-based education and training system that helps new graduates make a rapid transition from the classroom to the clinical setting, accelerates their proficiency, increases their professional satisfaction, and reduces first- and second-year nurse turnover. The inaugural class convened in late August.

TEAMWORK AIDS RETENTION

Recruiting nurses is one challenge—retaining them is another. Studies of the Seton workforce reveal this simple truth: teamwork is the No. 1 driver of RN retention. Joyce Batcheller, RN, MSN, Seton's chief nursing officer, stresses that, whether as a result of intuition or of design, nurses tend to prefer collaboration over working alone.* The fact that they do prefer it works to the patient's advantage, because better communication can reduce workplace stress and errors, increase retention (which, in turn, increases proficiency), and ultimately improve patient outcomes.

We're also looking at ways to give enriched career paths to our unlicensed workers, the clinical assistants who staff health care's front lines. Better-trained assistants can relieve nurses of tasks that don't require licensing. Clinical-assistant classes will be taught in the CEC as well.

Forecasts show that central Texas will need more than 600 new physicians by 2010 to keep pace with a growing population and replace retiring doctors. Sam Shomaker, MD, dean of Austin programs, UTMB, points out that because doctors overwhelmingly decide to live in the community where they do their postgraduate training, it is imperative that central Texas increase its medical educational opportunities.

UTMB, which has been training physicians in Austin since the 1950s, will take advantage of the CEC's increased emphasis on communication skills and social context. According to Bill Sage, MD, JD, vice provost for health affairs, University of Texas, most types of hands-on learning tend to be focused on specific clinical situations or on a patient who is displaying a particular set of symptoms. However, modern medicine considers not

*Batcheller is a Robert Wood Johnson executive nurse fellow.

only clinical constructs but also the patient's social context—for example, home life pressures and financial circumstances. It asks: What are the patient's language, culture, and immigration status? Is a criminal justice issue involved? At the CEC, to learn how to discern such extra-medical factors, medical residents and undergraduate and graduate students of nursing, pharmacy, public health, and other allied health disciplines will work in cross-disciplinary teams with students of bio-engineering, informatics, social work, law, psychology, and public policy.

A MODEL FACILITY

Crews have begun remodeling the former Children's Hospital of Austin to create flexible classroom spaces equipped with built-in multimedia technology, a state-of-the-art medical and surgical simulation center, facilities for teaching patient-provider communication, clinical areas set up as skills labs, a computer lab, and a learning resources area. The result will be an opti-

mum training theater.

Students will practice on medical mannequins in a simulated intensive care unit. Planners envision a diagnostic-skills area in which students can be observed and critiqued on their medical acumen and bedside manner. And the Austin area will gain an added benefit by keeping the hospital infrastructure intact: although we certainly hope it never becomes necessary, the facility could be pressed into use if a catastrophic event were to overload Austin's normal emergency medical resources.

Austin's medical community leaders are embracing the CEC. Clinicians across central Texas, from every level of health care, have announced their support of this extraordinary effort. And why should they not support it? The CEC at Brackenridge will produce a stable pipeline of trained health care professionals; increase retention of talented staff; and advance the practice of health care through a robust, well-trained, and coordinated health care community. ■



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