Educatng health care teams for the practice of the future

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Kayingo is a member of the American Academy of Physician Assistants new commission on health of the public. He serves on the editorial board for the Journal of Physician Assistant Education and is a fellow of the Uganda National Academy of Sciences. He is a recipient of several grants to study health care teams and the impact of patient-centered medical homes on physician assistant education.

Q: What prompted you to pursue a leadership role in health care education?

A: My long-term goal has always been to integrate research, clinical practice and education to transform communities at home and abroad. I get a lot of satisfaction when I make a difference in people’s lives. I started out as a bench scientist investigating the molecular and cellular mechanisms of microbial infections. Then, I got interested in translating bench research to bedside clinical care.

It was during my training as a physician assistant that I noticed a national vacuum in the leadership and education of interprofessional teams. It became apparent that the traditional model of educating health care providers in silos was not adequately preparing future providers. I saw a need to develop a new cadre of faculty with the right attitudes, skills and diverse backgrounds to lead the interprofessional training movement. As their mentor, I create a nurturing environment in which students can attain educational success and develop skills to achieve a work-life balance for lifelong achievement. To me, health care education of the 21st century is far beyond taking a medical history or physical exams: it is going to require students to learn more about team work, health care leadership, advocacy and policy, care coordination, quality and safety, developing emotional intelligence, use of technology and thinking about health care as a global phenomenon.

Q: What do you like about the Betty Irene Moore School of Nursing?

A: The School of Nursing offers a great opportunity to innovate in educational programs, direct care or research. In my opinion, we are a national leader in interprofessional education, grooming future providers within the model of team-based care. These competencies

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are interwoven in all our programs. Our school's emphasis on primary care and rural health resonates with me.

When I chose to join the School of Nursing team, former colleagues could not fathom why I, a physician assistant, would want to join in a nursing school. I immediately recognized how the unending innovative culture of this school could allow us to transform students and health care as we go. Being part of an academic culture that encourages faculty to contribute through teaching, leadership, research and clinical education is rare and fulfilling, both personally and professionally. I believe in the mission of the school, its unique, interprofessional models of education and our emphasis on primary care for underserved populations.

Q. How do the unique combined clinical programs of the School of Nursing benefit students today and the future of care?

A. Unlike traditional physician assistant programs housed in medical schools, our physician assistant students benefit from exposure to the curative model of medical practice and the preventive and holistic models of nursing. Physician assistants and nurse practitioners have historically viewed each other as very different and, to a certain extent, as competitors. Thanks to visionary faculty who understand both worlds, we shift the paradigm and infuse the various perspectives and experiences of these two professions.

We are on the frontlines of change and serve as an example to other health-science institutions to embrace interprofessional approaches. We as educators must make sure we prepare providers to function and thrive in these new health care systems.

Q. How can the Betty Irene Moore School of Nursing transform education and health care?

A. We have a responsibility to produce the highest-quality providers who can deliver care across a variety of settings. America is highly diverse and requires a diverse workforce in order to meet the needs of all people, families and communities. Through our innovative approaches in classroom instruction and our dedication to expose students to underserved communities, we can be the one school that produces a diverse workforce to meet these challenges. Studies show that students practice in areas where they completed clinical rotations. More than 67 percent of UC Davis physician assistant and nurse practitioner graduates work in underserved areas. When we attract students from different cultural and ethnic backgrounds and send them to rural areas, we can deliver a real solution to a growing problem in this country.

Another vital component to transform health care is the leadership component of our programs. We’re not just teaching students how to use a stethoscope. We are preparing them to become leaders in their clinics and advocates for policy change. In addition, our students conduct research projects where outcomes can influence care coordination, telehealth, and quality and safety. All of these add up to improving outcomes, access to care, quality and cost of care.

Just as we are making headway in interprofessional education, I envision a day when we collaborate even more with other health professional schools, such as the School of Medicine and the School of Veterinary Medicine. I envision a day when our physician assistant or nurse practitioner graduate students will be able to graduate with a joint degree in public health or business administration. We also need to cultivate knowledge and awareness of global health issues that affect us here at home. You cannot teach character inside a classroom. Our students need to experience health first-hand to improve their diagnostic skills, increase their compassion and make them more culturally sensitive providers in the long run.

As William Osler once put it, “the best preparation for tomorrow is to do today’s work superbly well.” Our 21st century clinicians should be exposed to team-based practices while they are still in school. Educating health care teams for the practice of the future must start now and should be done superbly well.