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Visions into Realities
The Founding of the National Consortium on
Health Sciences and Technology Education

Nancy Langley Raynor¹

Abstract: This article represents a segment of a presentation (with updated information) made at the National Health Occupations Research Preconference, American Vocational Association Convention, December 3, 1992, Marriott Pavilion Hotel, St. Louis, Missouri. Ms. Raynor was invited by the preconference sponsor, the Association of **Health** Occupations Teacher Educators. This presentation also served as the first formal announcement of the National Consortium of Health Sciences and Technology Education (NCHSTE), its mission, purpose, goals, and outcomes.

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Webster's New World Dictionary describes a vision as an ability to perceive something that is **invisible** or as having mental acuteness and **insightfulness**. **Burt Manus in Visionary Leadership** explains a vision as the ability to imagine a powerful future and to **mobilize the resources** needed to make it a reality. Unites States Senator Bob Graham further expands the concept by saying that ideas with **vision** have power and magic that carry them beyond the people who are their creators. Whatever the definition, whatever the perception, a vision generally does not become reality easily or quickly. It can involve a timely complex process founded on accessing and analyzing data and applying the problem-solving process, or it can simply be prompted by a timely circumstance or a set of circumstances that sends a **compelling** message to experienced leaders that it is time for a change.

Leaders, sometimes called visionaries, are frequently characterized as change agents, risk-takers, movers, and shakers and yes, on occasion may be considered a bit insane by traditionalists. Essential to a visionary's thinking is a strong desire to make a difference, to open doors that will empower people, and to make perfect a perceived imperfection. They savor a think-tank environment and they are committed to a mission. Their reward is creating a win/win situation for all stakeholders.

Historical Account

It is sometimes **difficult** to discern exactly when or where the seeds of a vision germinate. Moreover, environmental, societal, economical, and political variables can influence how quickly it grows and matures ready for action. Perhaps the earliest germination of the envisioned National Consortium on Health Science and Technology Education (**NCHSTE**) occurred from the founding of a National Council for Health Care

Education instigated by Dr. Catherine Junge, United States Department of Education, Program Specialist in March, 1988. Unfortunately, insufficient funding, inconsistent membership, and infrequent meetings resulted in its demise in 1992. Its initial purpose, however, was to provide an open forum for discussing critical trends and issues related to health occupations education. Annual discussions did bring to the surface a variety of concerns. Among these were the consistent, recurring issues related to the shortage of qualified health care workers-cause and effect. While most issues were not resolved, a wealth of information was developed and news networks were formed among the attending members.

During this time, two health occupations education state supervisors, 3000 miles apart in California and North Carolina, shared lengthy, frequent, serious conversations on critical issues related to curriculum, assessment, and professional development. Not surprisingly, they discovered that numerous hours for curriculum research and development and large sums of money were being expended on basically the same efforts and products. Also, during this time, the Omnibus Budget Reconciliation Act (OBRA) legislation on nurse aide certification was enacted with no representation of vocational and technical health occupations educators in the legislative process. This legislation was but one example of an ill-informed action taken by this decision-making body. The results of that action continue to impose extraordinary demands on an already limited health occupations educator workforce.

Due to these circumstances, education restructuring, health care reform movements, and constantly changing technology, the white water of change motivated the two state

supervisors to shape a vision that would seek to bring about a collective effort from which critical issues could be resolved effectively and efficiently. The entity under which the vision would reside was initially called The National Health Careers Education Consortium. Its intent was to represent nursing, allied health care education, and over 150,000 educators.

To frilly assign a name to a vision seems like a major accomplishment, but unless people support it and help to finance it, the light giving direction to the vision soon fades and the vision itself dies. A positive marketing approach was initiated by the two supervisors. A brief formal proposal was presented to the American Vocational Association-Health Occupations Education Division and to the United States Department of Education in 1990. Reception of the vision was most positive. colleagues enthusiastically endorsed the vision and indicated that it was timely and ambitious. Unfortunately, no funds were available from the two agencies to help defray start-up costs. A search for other funding sources then began. By May, 1991, the National Center for Research in Vocational Education (NCRVE) agreed to cohost an invitational think tank conference with the California Department of Education at the Radisson Hotel, Sacramento, California, July 25-26, 1991. The following individuals accepted the invitation:

Ms. Beverly Campbell-California

Ms. Nancy Raynor-North Carolina

Ms. Laurene McLemore--Tennessee

Ms. Carole Stacy--Michigan

Ms. Louise Davison-Florida

Dr. Chet Rzonca--Iowa

Dr. Penni Hudis-California (NCRVE-Consultant)

Unable to attend, but interested were Ms. Mary Randall, Oklahoma and Ms. Peggy Jones, Texas.

Participants came with open minds and listened attentively to the vision explained in detail by the state supervisors from California and North Carolina. Modifications to the original proposal were presented, discussed, and agreed upon. A broader scope and increased budget proposal were developed. A strong consensus emerged that the consortium's founding would be based on its becoming financially self-supporting, with its own staff, products, and services.

For two days, the meeting room buzzed with "What if . . .?" and "Given that, what about . . . ?" statements. " There was no doubt that the group had agreed that a consortium was needed and indeed could work. The information shared by this group would have fit on a compact disk easily. Each participant wanted ownership of the newly founded and newly named National Consortium on Health Science and Technology Education (NCHSTE). The vision was on its way to becoming a reality.

Our Action Agenda

Giving birth to a vision clearly is an exciting and exhilarating experience. It sometimes can be unsettling to visionaries, however, when they are asked to make concrete or operational their abstract theories, concepts, philosophies, ideas, etc. That is the litmus test

for determining one's ability to apply organizational and managerial skills. That is where commonality of purpose meets differences in perceptions of reality.

While the agenda contained many challenges, the most important challenge was the drafting of mission, purpose, goals, and outcomes statements. The essence of NCHSTE's vision had to be a clearly **defined** Declaration of Intent. That declaration would become the message to be shared with future **stakeholders**. Drafts of statements were developed during a laborious process and **almost** a year was required to retine and the following final draft.

Declaration of Intent

Name

The name of the organization shall be the National Consortium on Health Science and Technology Education.

The general philosophy of NCHSTE is to open its doors to a variety of potential stakeholders and not limit its membership solely to educators. Selecting a name that reflects a 21st century message was thought important to the vision and to its marketability with a variety of audiences.

Mission

The mission shall be to shape and influence national policy on the preparation and employment of health care personnel.

It is believed that a collective approach to resolving proactively critical issues and addressing significant trends, most effectively serves health care and health care education.

The mission expresses a philosophy concerning NCHSTE'S intent to be a strong, visible presence in health care reform and education restructuring.

Purpose

The purpose shall be to contribute to effective and efficient delivery of health care and preparation of a qualified workforce through fostering collaboration among education agencies, the health care community, legislative and policy-making bodies, and labor.

The delivery of quality health care by a competent workforce requires effective communication networks among a large group of contributors. The variety of organizational cultures in health care requires a strong commitment to establishing a common/integrated language with which problems can be solved and decisions can be made.

Goals and Outcomes

The goals and anticipated outcomes shall be to:

GOAL 1 *Promote and strengthen collaboration among health care stakeholders.*

OUTCOMES **Effective conditions among stakeholder organizations*

**Unity of purpose*

**Reduced barriers to the supply and utilization of the health care labor force*

**A positive image of health science and technology education and educators*

**Reduced duplication of efforts*

**Enhanced use of resources*

**Active involvement of the health care community in the education process*

Health care reform and education restructuring have provided a timely opportunity for organizations, institutions, agencies, etc. to communicate with each other. Interestingly, most concerns are not unique. Ignorance of these mutual concerns has been nurtured through long term tradition and bureaucratic barriers to communications. To break down the barriers and open the communication lines that will result in effective and efficient problem-solving and decision-making can only better serve to enhance the improvement of quality health care and a worldclass workforce.

GOAL 2 Influence and/or respond to legislation, regulations, and initiatives (public and private) related to health science technology education and practice.

OUTCOMES *Timely and accurate needs assessments provided to regulatory bodies

*Proactive legislative initiatives and agendas

*Timely evaluations of current and projected regulations and legislation

*Realistic legislation and regulations consistent with standards of preparation and employment

Education and health care have become both political and economic issues. The given complexities of each culture do not need to be relegated by ill informed lawmakers. A proactive agenda that serves as a watchdog over critical issues, trends, movements, etc. will better serve education, the health care community, and labor.

GOAL 3 Support and influence appropriate research that is founded on critical issues.

OUTCOMES *Compendium of existing research

*Agenda of research priorities

**System to disseminate research findings*

**Stable base of research findings*

**Effective collaboration with other research efforts*

**ongoing evaluation of research needs*

The information age has provided a plethora of books, reports, documents, papers, etc.

A collaborative research effort based on common issues/topics can provide a wealth of information, This focused research approach will provide a variety of data essential to influencing education restructuring and health care reform.

GOAL 4 Influence the design and delivery of curricula responsive to industry needs.

OUTCOMES *Assessments of notional regional, and local curriculum needs

**Recognized set of notional and/or curriculum standards*

**Compendium of exemplary curriculum and assessment models*

**Methods for insuring continuing competence for educators of health care personnel*

**National teacher education and credentialing standards*

Frequent and costly duplication of effort is observed among the states related to curriculum directions and development of materials. To support career paths effectively and efficiently, recognized quality curriculum and teacher preparation models that support seamless education approaches are necessary. Moreover, curriculum content and assessment must be compatible endeavors supported by sound research practices.

GOAL 5 Create an effective data collection and information delivery system

OUTCOMES *Information clearinghouse

****Information network among health care stakeholders***

****Linkages to policy development and strategic planning***

****Industry standards clearly communicated to education providers***

A twenty-first century standard is to access and use information effectively and efficiently. Today's technology can already provide databases that support problem-solving and decision-making. **Health care stakeholders deserve no less.** High expectations expressed in acknowledged industry standards/criteria will contribute to rational, systematic health care delivery and performance expectations.

Where To From Here

The vision of the National Consortium on Health Science and Technology Education is **still** in its infancy, but *growing* at a rapid pace. The interest has been amazing and is indicative of the vision's timeliness. A founding Board of **Directors** and officers have been organized and are **still** expanding. Positions are occupied by representatives of educators and professional organizations, i.e., American Vocational Association-Health Occupations Education Division; Health occupations Students of America, Inc.; American Hospital Association; American Society for **Healthcare** Human Resources; a **healthcare** employer, i.e., Kaiser Permanente; and a publisher's coalition represented by Mosby Yearbook, Inc. Its headquarters is located at Western Michigan University, with the National Center for Research in Vocational Education providing consultant services. **Articles of Incorporation** supported by an approved constitution and bylaws are nearly **finalized**.

In October, 1992, through a collaborative effort with Far West Laboratory, San Francisco, California, a U.S. Department of Education National Business and Industry Standards Grant was awarded for \$1.1 million dollars. This grant directly addresses NCHSTE's Goal 4.

The board is finalizing a membership portfolio, which will be distributed by July, 1993. Its contents will explain in detail NCHSTE, its agenda, accomplishments, benefits of membership, and membership assessments. Inquiries for additional funding through grants, awards, etc. continue.

Of special interest is a recently board approved proposal to organize a coalition of researchers which will directly influence NCHSTE's Goal 3. The Association of Health occupations Teacher Educators is considering the proposal for implementation and leadership.

"Where to from here?" is the final question raised at each NCHSTE's Board of Directors meeting. The challenges seem endless, the enthusiasm is unquenchable, the timing is appropriate, the inquiries are innumerable, and financial support is available. Since July, 1992, it is obvious that much has been accomplished. Much work, however, remains. The number of visionaries supporting NCHSTE is increasing, and they continue to contribute willingly of their time, talent, skills, and resources in making the vision a reality--in making a difference in health care.

Summary

Making a vision into a reality is a complex and time-consuming effort. Visions need visionary leaders, risk-takers, change agents, the mover and shaker types, who are

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committed to making a difference and to making perfect a perceived imperfection. The
founding of the National Consortium on Health Sciences and Technology Education is a
vision initiated by two individuals 3000 miles apart. The vision is becoming a reality
because of this network of supportive visionaries, who, by their desire for ownership,
collectively are organizing a powerful influence that will make significant differences in
health care reform and education restructuring. For further information and an
application for membership, contact:

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