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PROGRESS IN PLANNING A SCHOOL OF ALLIED HEALTH PROFESSIONS FOR THE KING-DREW MEDICAL CENTER.

C. W. Buggs, Ph.D., Director
Allied Health Professions Project and
Interim Program Director
Watts-Willowbrook District RMP (Area IX)
The Charles R. Drew Postgraduate Medical School
12012 South Compton Avenue
Los Angeles, California 90059

Mr. Chairman, Ladies and Gentlemen:

I know you have read on your program that the title of my paper is "The Use of a Community Task Force in Planning a School of Allied Health Professions," and "I know you believe you understand what you think I (wrote), but I am not sure you realize that what you (read) is not what I meant." The controversy over the effectiveness of "nonprofessional" indigenous and/or indigent leadership in OEO's, Model Cities, CHP's, RMP's, and all the other onslaughts on poverty, inferior education, and the poor quality and inadequacy of health care services is so fraught with parameters of all sizes and colors that I don't intend, in this open forum, to get myself into a bag, even with a knife, and have the drawstrings pulled. So, in order that there be no misunderstanding about what I intend to present, let me clear away the ambiguity by stating that this paper will report on "Progress in Planning a School of Allied Health Professions for the King-Drew Medical Center." This is not to say that community involvement will not be discussed; only that it will not be the main issue.

As to the detailed mechanism through which this progress has been made, it can only be said here that the projections for the School represent

the desires, aspirations, and thinking of a broad spectrum of a community long denied equal rights under the law. Only where definitive decisions have been made will we refer to the mechanism of accomplishment. It will devolve upon the historian to record and place in true perspective the coming into being of the School of Allied Health Professions of the King-Drew Medical Center, an undertaking of gigantic proportions in innovative concepts, and one destined to transform for the better the total life of a blighted community and, hopefully, serve as a universal model.

As a brief orientation, the King-Drew Medical Center is developing from the explosive stimulus of the Watts riot of 1965 for total social reform in a deprived and neglected segment of Los Angeles. Employment, quality education, and health care services second to none were, and still are, top priorities of the community.

The Governor's Commission, appointed to study the immediate and underlying causes of the riot and recommend actions to prevent its recurrence, specifically recommended, with regard to health, that "a new, comprehensively equipped hospital" be built. After much planning with blood, sweat and tears, a "Watts Hospital," later renamed the Los Angeles County Martin Luther King, Jr. General Hospital, was funded and the Charles R. Drew Postgraduate Medical School incorporated as the academic arm of the Hospital. In addition to providing education and training for interns, residents, and the house staff, the Drew School proposed to develop programs in continuing education for community physicians and academic

programs in the allied health professions for community residents.

For immediate financial support in recruiting a faculty for the Drew School, the California Committee on Regional Medical Programs created and funded the Watts-Willowbrook District, carving its boundaries from segments of Area IV-UCLA and Area V-USC. This was done in recognition of the fact that the health care needs of the community could best be met by medical resources within the community. Thus, the Watts-Willowbrook District RMP is unique in that its immediate concern was primarily the tooling-up of a medical center (the medical school component) for its attack upon the health problems of a community as defined within the framework of PL 89-239 and its amendments.

A Task Force for a School of Allied Health Professions was authorized by the Dean of the Drew School in May of 1969. The first objective of the Task Force was to obtain as broad a representation as possible of the desires and aspirations of the community regarding the mission, goals, and objectives for such a school, and this was done by holding meetings in various parts of the community as well as obtaining inputs during the monthly meetings of the Watts-Willowbrook RMP District Advisory Committee. A noteworthy pattern of these meetings, as well as those of the DAC, was that the youth of the community had equal voice in the decision making process. Indeed, in many instances they held separate meetings and brought their recommendations and demands to the composite body for inclusion in the community's mandate to the project director.

As a culmination of these meetings, a two-day conference was held in May, 1970, at the John C. Freemont High School, chaired by J. Warren Perry, Ph.D., Dean of the School of Health Related Professions, State University of New York at Buffalo, and immediate past-president of the Association of Schools of Allied Health Professions. The most important outcomes of this conference were:

- (1) the beginning of the delineation of the relationship the community desired between the King Hospital (Los Angeles County Department of Hospitals) and the School of Allied Health Professions;
- (2) the unequivocal demand by the community that the School have an "open door" policy and meet the educational and counseling needs of the students such as to give them both vertical and lateral mobility within the health careers field; and
- (3) commitments from the hospital authority and various educational institutions to assist Drew in every way possible in establishing a School of Allied Health Professions.

In June, 1970, a conference on "Health Careers--Projections for the 70's" was held at the Los Angeles Hilton Hotel, sponsored by the Charles R. Drew Medical Society* and supported by the Drew School and the Watts-Willowbrook RMP. The purpose of the conference was four-fold:

*
The Los Angeles County Branch of the National Medical Association.

- (1) to have consumers express their feelings as to how they, the patients, regarded the services of the providers;
- (2) to have consumers state what they thought their reactions would be to the physician's use of supportive personnel such as MEDEX and various categories of physicians' assistants;
- (3) to discuss the education and training of persons from all segments of the community to meet the needs of the providers and health care facilities in the delivery of the very best in health care services; and
- (4) to transmit to the administrators of the School of Allied Health Professions the findings from the workshops in the form of innovative and challenging guidelines for use in structuring the various curricula.

This conference was attended by more than 300 persons who spent the afternoon session in seven specialty workshops. Highlights of the conference were the key-note address by Joseph Hamburg, M.D., Dean, College of Allied Health Professions, University of Kentucky Medical Center and President, Association of Schools of Allied Health Professions, the address by Effie O. Ellis, M.D., Special Assistant for Health Services, AMA, and presentation of the MEDEX program by its originator, Richard Smith, M.D., and two of his associates from the University of Washington Medical School.

For the much more difficult task of defining institutional and County relationships and seeking funds for program development and facility construction, the School had the services of consultants from the Program Assistance Branch, Division of Allied Health Manpower, NIH, who met in conference last August with twenty-five persons representing the community, the County's interests, several of the affiliating institutions, and the Drew School administration. Out of this conference came stronger institutional commitments, closer agreement between King Hospital and Drew School on relationships, and a consensus to establish an allied health manpower consortium.

The King Hospital is committed to the training, in an innovative way, of short-supply allied health personnel. All appropriate County groups, including the Board of Supervisors, Chief Administrative Office, the Southeast General Hospital Authority, and the Department of Hospitals are committed to the main objective of training short-supply allied health personnel. Moreover, the Southeast General Hospital Authority which has access to revenue bond funds has been intensely sympathetic to proposals for the funding of structures. This Authority is on record of placing a higher priority on allied health personnel. Also, the County has a history of supporting the training of allied health personnel by providing within its institutions space and facilities and underwriting salaries for faculty and stipends for trainees. Again, the County provides jobs for most or all, in some cases, of its graduates.

An allied health training facility was originally conceived in the latter part of 1968 when the administrators of King Hospital refined the then existing master plan concepts for the Martin Luther King, Jr. General

Hospital and included such a training facility in the long term Capital Projects Plan of the County of Los Angeles. It was then that the first idea of a separate facility at King Hospital which would house the training of allied health professionals was conceived, and the first program plan was cursorily outlined. This program plan was further refined by the personnel officer of King Hospital shortly after his appointment early in 1969.

King Hospital proposed to work closely with existing facilities, such as skill centers, junior high schools, high schools, community colleges, and State colleges, and other resources to provide certain occupational training at three-months to two-year levels. Further, King Hospital proposed that it would work closely with the Drew School on a contractual or other basis for certain programs whose emphasis would be on the three-year, four-year, and graduate levels.

The Drew School is committed to the establishment of vertically and horizontally articulated curricula which will provide career mobility in the health professions to meet individual needs and desires.

The grass-rooters, young and old alike, who participated in discussions of the mission, goals, and objectives of a School of Allied Health Professions were adamant in their demand that this School must be the vehicle through which members of the community might enter upon careers in the health professions. They documented the inadequacies and poor quality of public education within their communities, pointed out the lack of career mobility in programs based in skill and training centers, hospitals, high schools and junior colleges, and stipulated that the School of Allied Health Professions

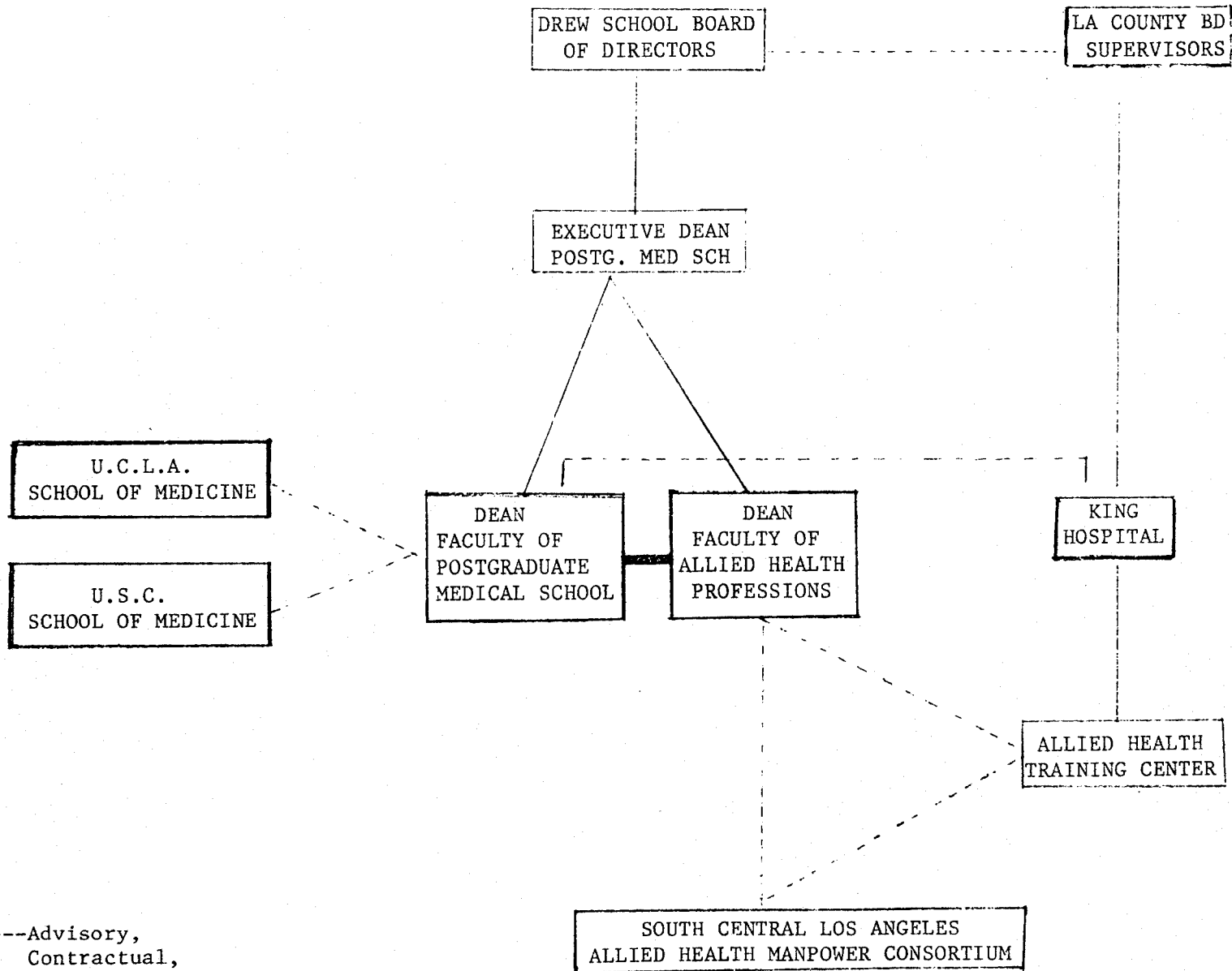
must devise curricula which would meet their educational needs at all levels.

Thus, the organizational relationship between the King Hospital and the Drew School of Allied Health Professions must be of such nature as to provide for the trainees under the aegis of King Hospital the academic reinforcement indispensable for career mobility. Such a relationship is shown on page 9. King Hospital, through the Board of Supervisors, could contract with the Drew School Board of Directors for certain services of its Faculty of Allied Health Professions rendered to its trainees in the Allied Health Training Center. Such a Faculty, in reality, could consist of personnel drawn from a consortium of educational institutions.

The schema of elements for structuring curricula for career ladders and lattices in the health professions (page 10) represents an adaptation of the community's desires and aspirations to THE TAXONOMY OF EDUCATIONAL OBJECTIVES. It is our thesis that blacks and browns, for the most part, have been so conditioned through racial prejudice, poverty and an inferior education, have suffered so many rebuffs and failures and have developed so many doubts regarding their abilities and potential for unlimited mental development, that many of them simply do not have the motivation necessary for personal development.

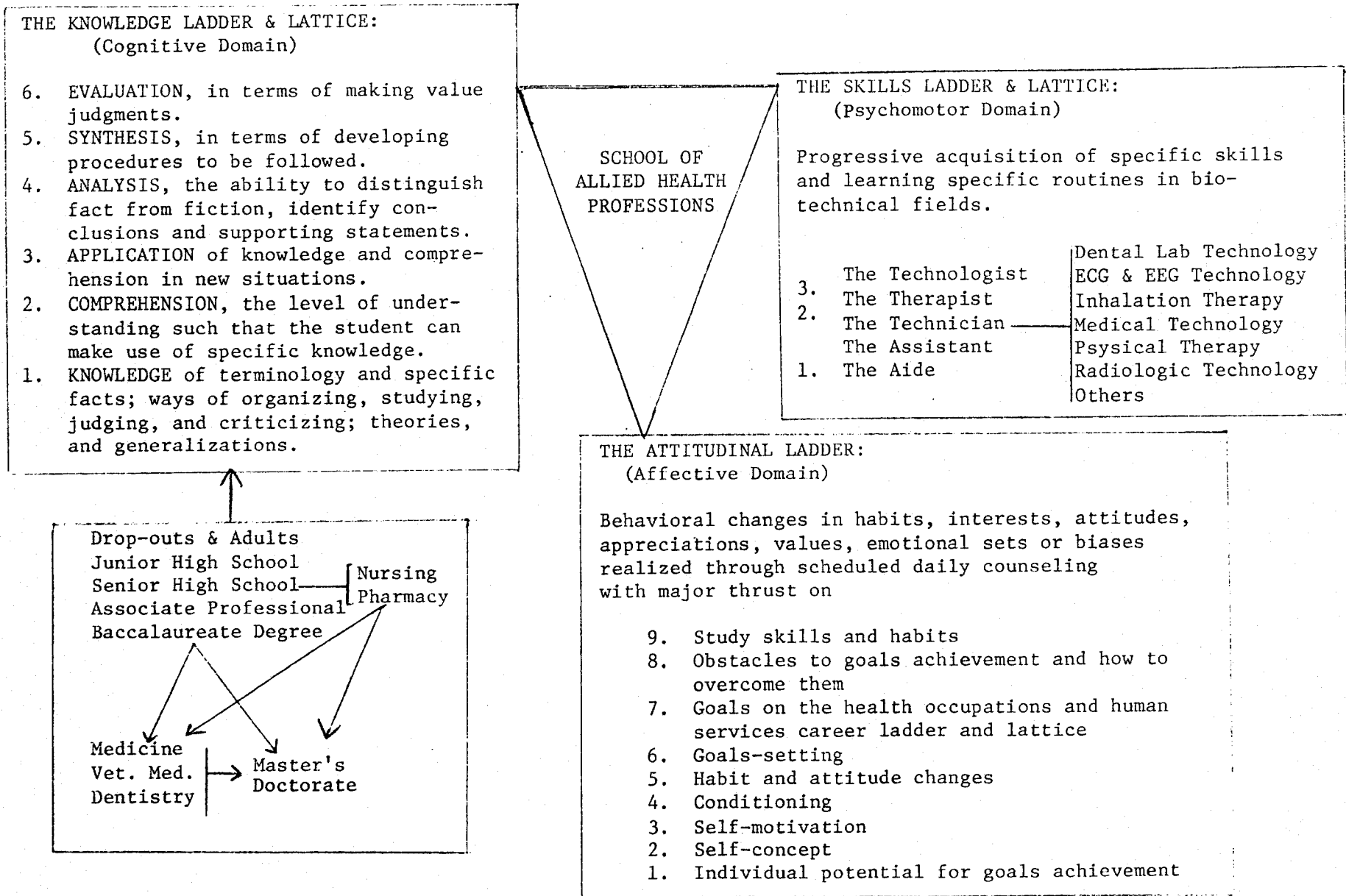
The School's academic program, therefore, is based upon strong, innovative, regularly scheduled "seminar-type" counseling programs. People can be positively, as well as negatively, conditioned. If a student recognizes the reasons for his prior failures to achieve worthwhile goals and develops the belief that he has the power to choose what he wants to become and has the inner potential for doing so, we believe he will have generated the self-motivation necessary for academic achievement. At any rate, behavioral changes will be our major thrust in developing career ladders and lattices in the health professions.

DEVELOPING RELATIONSHIPS OF THE SCHOOL OF ALLIED HEALTH PROFESSIONS
 WITHIN THE KING-DREW MEDICAL CENTER



-----Advisory,
 Contractual,
 Joint Appointment and/or
 Joint Approval, Major Issues.

* ELEMENTS IN STRUCTURING CURRICULA FOR CAREER LADDERS AND LATTICES
IN THE HEALTH OCCUPATIONS



*Adapted to
TAXONOMY OF
EDUCATIONAL OBJECTIVES
David McKay Co., Inc.
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