
Commentary

Centers of Excellence

JCPN Commentary presents a series of observations, opinions, and analyses of issues and trends in education and practice in psychiatric and mental health nursing, and social policy factors that influence families, or the delivery of health services to youth and their families.

Critical Foundations for Future Research and Professional Nursing Care

THE IMPORTANCE of linking biogenetic, pathophysiologic knowledge with daily adaptation, coping, and health status and investigating approaches to facilitate daily adaptation, function, and health through nursing interventions is becoming increasingly obvious to policymakers, third party reimbursers, and the general public. The current nursing shortage highlights the need for high-quality, cost-effective available nursing care. Quality, availability, and cost-effectiveness of nursing practice are of particular concern to specific interest groups. Consumers and their families (those in need of nursing care) are initially most concerned about available quality nursing care but eventually are affected by the issue of cost-effectiveness. Health service administrators and third party payors are primarily interested in cost-effective available care. Nursing as a profession is centrally concerned with quality nursing care, which is seen as essential and necessary for any discussion related to availability and cost-effectiveness.

Quality nursing care is and will only be possible with considerable investment and human effort devoted to research and knowledge development in the field and practice of nursing. How this investment is projected, systematically planned, and developed is the focus of this discussion.

As in all fields, the debate about how expertise develops is complex and multifaceted. However, to simplify the issue, two points of view will be explored in this discussion. One approach to developing expertise is the "no till" strategy which provides seed money to a wide variety of academic centers. This strategy rests principally on our belief in individual effort and capacity and faith in entrepreneurial enterprise. This strategy also assumes that the individual provided with seed money

will be able to cost-effectively identify and make use of the resources necessary to facilitate his or her development. Many outstanding scholars and researchers clearly have begun their careers under such conditions. However, there is evidence in the literature to suggest that the alternative to the "no till" seed money approach, the "centers of excellence" strategy, may result in an increased number of more productive, better prepared and focused scholars and investigators. Some reasons for this increased return in terms of better prepared and more productive scholars and investigators seem obvious. Centers of excellence provide a critical mass of expertise, money, academic stimulation, and opportunity for mentoring which greatly enhance the development of investigators and scholars. Centers of excellence characteristically attract well-qualified faculty researchers and stronger students because they have access to resources (salary, travel funds, familiarity with funding agencies and priorities, support services which facilitate investigators' development of ideas, proposals, and research conduct). The collective capacity of critical elements greatly increases the opportunities for students and beginning investigators to spend more effort using academic, research, and professional knowledge, critical thinking and research skills instead of spending effort negotiating administrative, supportive tasks which distract from a focus on research and scholarly productivity. Scholars and investigators educated in universities who do not have a concentration of resources such as a center of excellence, clearly must spend as much or more time negotiating supportive services as they do thinking, writing proposals, and conducting research.

Further, centers of excellence are attractive as sites for experts to attend conferences, provide consultation, and present papers because this increases their exposure and opportunity for interaction with peer investigators. Students and beginning investigators thus have an increased opportunity to interact with experts who aren't based in their center of excellence.

Given the generally obvious advantages to a "centers of excellence" model for developing psychiatric nursing investigators and scholars, what could possibly be used to counter this approach and support the "no till" method? American idealism tends to pervade professions

that are aspiring for recognition as professions. Individualism, equality, freedom, and excellence are values inherent in this idealism. For some critics, a "centers of excellence" approach to developing a core of researchers and scholars in psychiatric nursing suggests that individualism, freedom, and equality of all educational institutions would be slighted and excellence presumably would be attainable only by those schools designated and funded as centers.

Clearly there are nursing programs that would not be funded if the "centers of excellence" strategy were pursued as the only approach to advancing psychiatric nursing. However, there is some question about the cost-effectiveness of all schools teaching all things to all students. Further, the more serious problem with this argument is that the goal is not survival of institutions but quality preparation of researchers and scholars in psychiatric nursing. Excellence, equality, freedom, and individualism are all possible for students and beginning investigators educated in a center of excellence.

Our capacity for accessing the brain, for better visualizing and modeling how the human body functions and dysfunctions as it interacts with the environment, has increased exponentially in the past decade. This explosion of knowledge and our advancing communication systems assure rapid dispersion of knowledge and require our organization of professional resources to rapidly incorporate this knowledge in the development of psychiatric nursing researchers and scholars. Psychiatric nursing experts with research skills and knowledge in psychoneuroimmunology, working in an academic institution center of excellence with researchers in psychoneuroimmunology prepared as neuroimmunologists or other related specialists, surely could provide a more productive, focused educational experience for a psychiatric nurse pursuing doctoral work in this area than a nursing school without a center of excellence with this focus.

Psychiatric nursing must not only keep pace with current knowledge of brain, behavioral, and social function and dysfunction but contribute to knowledge about prevention of and quality care for persons with psychiatric disabilities. Therefore we must set some standards for our productivity and develop mechanisms for enhancing and assuring this end.

Centers of excellence assure that monies and support services are organized around specific targeted research areas and all center efforts are directed toward increasing the quality of education and research productivity in these specific areas. This focus and concentration of resources should provide not only an outstanding opportunity for students, scholars, and researchers but also provide a model for other educational institutions. This model should increase the probability that educational

institutions will aspire to excellence in one or two areas and presumably concentrate resources and efforts to that end.

Research and scholarship in psychiatric nursing require a solid psychiatric nursing generalist foundation. Second, research and scholarship require extensive advanced education and mentoring in some specialized aspect of neurobiologic behavioral, social and psychiatric nursing knowledge and research. Centers of excellence provide the opportunity for psychiatric nurses to develop as researchers at a rate required for the profession. We must set this pace if we are to be able to contribute our very significant professional psychiatric nursing care for the mental health of our fellow human beings at the highest possible level.

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An Idea Whose Time is Coming

IN RECENT YEARS when psychiatric mental health nursing program directors met, the idea of Centers of Excellence has been addressed, sometimes casually, recently more formally. In the southern region a formal proposal has been put forth. I have not heard opposition. I have heard supportive ideas exchanged. However, the centers have not yet been created. I will suggest two ideas about this seemingly slow progress toward fulfilling a dream, and will then suggest current realities that could be exploited to move us more swiftly in the direction of the development of such centers.

We are a profession open to men and women but chosen primarily by women. As such the profession has some of

the characteristics that are more thematically true of women. For this fact I continue to be grateful and will expend effort to keep what women know to be of value in the profession. One of the aspects of being socialized as women that must go if we are to establish Centers of Excellence, however, is the tendency to devalue our own efforts and work, or, an even more insidious problem, to simply not recognize the value of what we are contributing. I suggest that until each of us can strongly value our own work and submit it for professional inspection, we can't know enough about the specialty we are, to support Centers of Excellence.

The second idea is closely related. As nurses we have had a tendency to work like the amoeba, as Grace Sills put it so graphically in a keynote address to the Southeastern Regional Clinical Specialists in Psychiatric-Mental Health Nursing in 1982. We become aware of an open space and attempt to fill it. This certainly mitigates against the concentrated focus on particular issues or phenomena over time. Of course, when the primary funding source for educational programs took to funding only new, innovative programs, there was a strong pull to sail with the winds of the governmental bureaucracy in order to continue to be eligible for funding—not a situation that bodes well for the development of recognizable excellence, the kind that takes years to develop. I am in no way suggesting that any group or institution is to blame. I am suggesting that to select a course and continue on it is no small feat, one that will take conscious effort and commitment, at times in the face of little external validation.

Current realities that make the idea of Centers possible abound. I will speak to three. With the current decrease in numbers of people who are choosing nursing as a career, many of us have been forced to look critically and honestly at the question, "Why should someone choose nursing?" The discomfort evoked by this kind of close scrutiny can be a spur to action. In the process of addressing the question, we may in fact affirm and value the profession and more precisely the specialty that we represent within the profession. The energy evoked by the discomfort is available for making possibilities realities.

As a professional group we are taking ourselves seriously as researchers, researchers who are specifically interested in *human* phenomena. The focus of the research is slowly developing but it is developing. It is through the focused study that research connotes and communicates that I believe the excellence to support and justify Centers of Excellence will be recognized, by selves, professional colleagues, nationally and internationally, and funding sources, perhaps in that order.

Funding is likely to be thought of first, and as a barrier. I believe the idea of the Centers does not need more

funding than is currently available in each of our universities to get started. What is needed is a new look at resources available and a quick rethinking of how they are being allocated. I know that with current technology, we can be in rapid and close communication with each other, without leaving the room we are currently in, be it home or office. I think that making use of the technology for bringing ourselves, as well as our students together, can happen now. We continue to be a professional group whose members tend to be geographically grounded. I think that that can be a strength. Access to each other and each others' ideas no longer requires physical relocation. An exchange of visiting professors that would necessitate the move of one person rather than many would be an attractive way to extend this exchange, and would need not be highly costly. Again, as nurses, we do know how to arrange for comfort needs. We can use this knowledge creatively for each other.

And now, to emphasize the ease and speed of current communication, I will *fax* this paper to this new Journal whose time has come, and look forward to further focused exchange on the idea of Centers of Excellence, whose time can swiftly come.

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In Support of Centers of Excellence for Child Mental Health Training

THERE IS LITTLE DOUBT that the mental health needs of children and youth in this nation are not being adequately addressed. For many who suffer from mental disorders, emotional disturbances, maladaptive behaviors or social environments which interfere with optimum development, adequate and appropriate services are either



not available or accessible. Some have described the situation as a "crisis."

The impediments are substantial and varied; some relate to issues of social policy and the value society places on providing services to children in need; some relate to attitudes regarding the mentally ill, the deprived and the needs of children in general; and some relate to ignorance of the nature, severity and complexities of the problems of children, adolescents, and their families. Inadequate financial resources supporting services, whether appropriation of tax dollars to "public" services, or reimbursement through health insurance funds, or other mechanisms, is an important factor. Among the other influential factors which limit our capacity to more adequately address the mental health needs of children, adolescents, and their families are the shortage of highly educated professionals with special sophistication in the areas of etiology, pathogenesis, phenomenology, prevention of the mental health problems of children and youth and their treatment; and the limits of our current knowledge of the disorders of children and interventions. Although many of the impediments may be viewed as matters which must be addressed by the community at large, the preparation of professionals and the advancement of knowledge are the special responsibilities of the academic community.

For at least a decade, there have been numerous discussions about how we might proceed to expand and improve research and the education of better prepared practitioners, leaders, investigators, and faculty. Among the suggestions has been the notion of creating a small number of "Centers of Excellence." Such centers have been conceived as institutions which are comprised of researchers, teachers, and clinicians from various disciplines, in sufficiently close proximity to facilitate interdisciplinary research, teaching, and clinical work. The idea itself is not a new one, nor is it unique to the particular issues of health or mental health. Industry and government have made productive use of similar concepts in other areas of science and technology development.

In the child and adolescent mental health area, the need to produce clinicians seems to have led to a situation in which many educational institutions have developed programs which may meet minimum standards for accreditation, but which are narrow in scope, small in numbers of graduates, often unidisciplinary in focus, and in which faculty and students may be so burdened by clinical or basic teaching responsibilities that scholarly efforts are virtually nonexistent. Further, there is often a lack of opportunity for interactions between teachers, clinicians and investigators. Such environments seem unlikely to meet the needs of the future.

The single, most important element, of all formal education in the child mental health professions, is to nurture

the desire to continue to learn. The continuing obligation of teachers is to assess the educational experience and to attempt to determine what will be most useful in the future and to provide, by example, models of professional behavior and thinking. In the area of child and adolescent mental health, that has become progressively more difficult with the almost incredible expansion of knowledge and technology. Frankly, I am considerably less concerned about the specifics of a curriculum for child mental health professionals than I am about the environment in which that curriculum is embedded. All too often, "training," with emphasis on instruction and skill development, is the fundamental focus. Certainly, mental health education has that as part of its goal, however, an appreciation of history, literacy of the field, an analytic approach to problem solving, and a capacity to evaluate new knowledge and new techniques, are additional requirements for the true professional. They must be more than technicians. They must be able to think creatively about what they do and the problems with which they are confronted, continually considering the possibilities of more efficient or effective solutions. They must be thoroughly familiar with the primary subject matter, particularly children with psychiatric illnesses, emotional disturbances, and problems in adaptation. And there must be continuing compassion for the patient. I would hope that our students would be excited by thinking through a problem; I want them to be excited about concepts and possibilities. I do not want them to shrink from challenges, or to be intimidated by the unknown, or by ethical dilemmas. Although I do not want them to be obsessed by facts or overwhelmed by them, there must be rigor and a desire and motivation on the part of each individual student to achieve fully, and faculty must promote high standards and assure that they are met.

The environment to which I refer above is one of scholarship, of inquiry, of excitement and of lively collegial debate. Most important to that environment are the people. Only they can create a climate of scholarship and a commitment to inquiry and excellence.

It is my view that all too frequently, our child mental health training programs focus far too much on the matter of applying current evaluative and therapeutic modalities to the problems of the nation's children and far too little on the possibilities of the future and our lack of knowledge in specific areas. While surely it is important to provide students with knowledge of what is known, it is equally important to acknowledge what is not, and how we might approach these problems. I think that for many of our training programs, a substantial change in the atmosphere of the program is required. All too frequently, our educational programs in child mental health do not emphasize a synthesis of knowledge from vari-

ous disciplines, or provide a stimulus for the pursuit of new knowledge. There is a need for a larger "critical mass" of faculty in many training programs in order to promote debate, inquiry, and discussion. There is a need for greater diversity and the inclusion of researchers and teachers from disciplines beyond those identified as "core" mental health disciplines. Neuroscientists, developmentalists, epidemiologists, educators, legal scholars, anthropologists, and many others can contribute to our understanding and can enhance our knowledge through their own investigations.

If we are to achieve more complete, more effective, and more available services, as well as clinical, programmatic, and intellectual leadership in the future, our students need to be exposed to a varied array of teachers, clinicians, and investigators who can provide models of excellence and scholarship. That requires that professional education take place in settings sufficiently large and diverse to support such multidisciplinary faculties; such is fundamental to the concept of Centers of Excellence.

Some have opposed the notion of Centers of Excellence, believing that the current patterns of education and training would be adequate if only the programs were better supported. Others contend that the development of Centers would tend to focus resource allocation on institutions which are already strong, thus jeopardiz-

ing the continued development of smaller, less well endowed programs. Still others object in principle, that very few programs would be identified as excellent while others, by implication, would be seen as inferior. Further, it has been suggested that the variety and diversity which currently exists might be lost.

There is a potential legitimacy to each of these concerns but it must also be recognized that there are limitations in both human and financial resources. It is perhaps not so much an issue of which is the right way to proceed, but rather, which approach is mostly likely at the present to be most effective and efficient.

It is my view that the field of child mental health cannot, for the immediate future, afford to dilute the limited professional and financial resources to the extent that has been the case. Efforts need to be made to substantially strengthen a limited number of programs to enhance research productivity, develop and evaluate new clinical approaches and techniques, and augment the education and training of future clinical leaders, researchers, and teachers.

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