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Health Policy: Timely and Interdisciplinary

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As professional psychology becomes increasingly involved in providing healthcare services beyond traditional mental healthcare, the enactment of President Obama's Patient Protection and Affordable Care Act provides a unique opportunity to shape the nation's rapidly evolving healthcare environment. The study of health policy should be incorporated into accreditation requirements for graduate psychology training, using the experience of nursing as an informative model. It is also critical to foster interdisciplinary team-based skills throughout clinical and research training. It is important that our next generation appreciate the unique language, culture, and history of the public policy process, as well as that of other disciplines. Engagement in public policy will ultimately improve patient care and expand psychology's role in promoting and serving the healthcare of the nation.

Keywords: health policy, interdisciplinary training, interprofessional education, accreditation, Affordable Care Act

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The Increasing Need for a Paradigm Shift in Professional Education

Over the past decade, there has been increasing interest within each of the nation's health professions to ensure their training programs are grounded within a competency-based theoretical framework emphasizing measurable outcomes-oriented education (Kenkel & Peterson, 2009). The health professions policy goal of the 1960s–1970s was to increase the absolute number of clinicians; today, the emphasis has shifted to ensuring the correct mix of professional and clinical skills. With interdisciplinary/interprofes-

sional education having grown internationally (Wilson, Rozensky, & Weiss, 2010), the Advisory Committee on Interdisciplinary Community-Based Linkages of the Department of Health and Human Services has urged an increased emphasis upon interdisciplinary training and integrated practice. This represents a major conceptual shift from the historical "silo" approach of each profession. It has also been very positively received by The World Health Organization (Hopkins, 2010) and numerous health policy think tanks (Institute of Medicine [IOM], 2001, 2013; O'Neil & The Pew Health Professions Commission, 1998).

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At the same time, seminal policy reports, such as *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2010), increasingly are calling for allowing each health profession to function to the fullest extent of its education and training and to be full partners in redesigning healthcare in the United States (Coffman, Mertz, & The Pew Health Professions Commission, 1998; IOM, 2006). These policy discussions raise the fundamental question of what academic knowledge and clinical experience should be required to train a competent provider in any health profession. With the evolving magnitude of probable change, it is recommended that psychology's training institutions provide graduate students with in-depth exposure to the study of health policy; including its unique language, culture, and history. Health policy spans the broad social, economic, political, and cultural aspects of health and includes, but is not limited to, program development and evaluation, social determinants of health, advocacy, and interprofessionalism. For psychologists to be effective advocates for the profession and those they serve, it is critical the field develops an appreciation for the context in which public policies are established, as well as the increasing opportunities for demonstrating creative leadership (DeLeon, Frank, & Wedding, 1995). In this study, we propose that health policy—with its distinct knowledge, skills, and attitudes—be added to the current competency-based framework within psychology doctoral programs to better prepare graduates for the changing healthcare environment.

The systematic study of health policy is critical for the profession of psychology to be recognized as an integral component of our nation's healthcare system. The recently promulgated American Psychological Association (APA) draft professionwide competencies address various aspects of health policy, without, however, expressly focusing upon health policy. For example, health policy could readily be considered within the categories of ethical and legal standards, professional values and attitudes, and consultation/interprofessional/interdisciplinary activities. Yet, unless separated out and treated as a distinct body of knowledge and expertise, the nuances and interrelationships are easily overlooked. It would benefit all psychologists to possess at least an introductory exposure to this knowledge base, with those interested in pursuing policy in further depth having the opportunity to do so, perhaps at the postdoctoral level or by obtaining an advanced degree from another profession, such as public health. For psychology to effectively utilize its unique skills (e.g., evaluation research), it is necessary to understand the complex environment and conceptual policy underpinnings of our evolving healthcare system.

With the implementation of President Obama's Patient Protection and Affordable Care Act (ACA), the structure, focus, and priorities of our healthcare system will change dramatically. As healthcare evolves, so must the competencies and expectations of healthcare professionals, including psychologists. In addition to cultivating proficient skills in research development and evidence-based care, there is a critical need for the field to develop effective and innovative leaders in the broader healthcare system. This level of engagement requires knowledge of health policy, most effectively, through interdisciplinary collaboration. The best place for such training is within the doctoral program. Early engagement with policy would provide the next generation of psychologists with knowledge of the nested systems upon which their patients exist to better serve their needs. If psychology's training institu-

tions embrace and emphasize the value of using research and clinical experience to actively engage in healthcare policy, such involvement will not only improve psychologists' impact on the overall healthcare environment, but also the individuals and communities they serve.

Movement Within Psychology

Every healthcare profession aspires to assure the public and their licensing boards that their graduates are competent clinicians, while fostering the integration of science and practice. Early career practitioners must be able to engage patients and appropriately perform predetermined procedures, while also thinking creatively about the overarching context of the healthcare process. Professionals are, by definition, more than technicians (Benner, 1984). They must value critical thinking and the scientific process. Within psychology, the most significant indication of a fundamental change in orientation toward accountability is the establishment of the Health Service Psychology Education Collaborative (HSPEC) interorganizational effort in 2010, in response to mounting societal concerns related to education and training for the professional practice of psychology (Belar, 2014; HSPEC, 2013). To provide perspective, it was in 2001, under the Presidency of Norine Johnson, that the APA voted to include "health" within the association's bylaws: "to advance psychology as a science and profession and as a means of promoting health, education and human welfare by the encouragement of psychology in all its branches in the broadest and most liberal manner" (American Psychological Association [APA], 2010, p. 1).

HSPEC members were appointed by APA, the Council of Chairs of Training Councils, and the Council of Graduate Departments of Psychology. Their charge included reflecting upon the unprecedented changes occurring within the nation's healthcare environment, including those resulting from the enactment of ACA (2010; P.L. 111-148), as well as the increasing contributions of the communications and technology fields to healthcare. They noted,

Advances in psychological science have moved psychologists from focusing upon mental health problems to being a broad health profession in which mental health remains an important subset . . . The implications of the changing healthcare system for the future of psychology cannot be ignored. Shifts in roles, challenges, and opportunities for psychologists have been well articulated . . . (HSPEC, 2013, p. 2)

Similar to the ACA, HSPEC stressed that today's healthcare practitioners should engage in evidence-based practices that are patient-centered, culturally competent, effective, and informed by population-based data. This view has been consistently reinforced by Practice Directorate Executive Director Katherine Nordal during annual State Leadership conferences. The ACA provides psychology with an excellent opportunity to expand its contributions within our nation's healthcare delivery system with its emphasis upon prevention, wellness, and integrated systems of empirically based care (Rozenky, 2014). Additionally, because HSPEC now includes professionals from multiple disciplines, psychologists will be expected to work collaboratively with various healthcare professionals, including, nurses, physicians, and other allied health providers. It is imperative that education and training programs prepare students for these new relationships.

The importance of developing skills in interprofessional collaboration, as well as demonstrating leadership, was also noted by HSPEC. They called for health service psychology to be viewed as an overarching conceptual framework that encompasses a number of recognized specialties, as well as providing the opportunity for crafting new roles for the profession. HSPEC proffered a number of recommendations that have been adopted by the APA Council of Representatives, including that the competencies for psychology should be clearly articulated and understood by faculty, students, regulators, and the public. There was a call for more research on the preparation and roles of health service psychologists and the importance of an ongoing comprehensive workforce analysis.

HSPEC believes these recommendations are critical to the future of psychology as a health profession . . . [We] are aware that recommendations made to strengthen the core preparation and identity of health service psychologists will result in some limitations on degrees of freedom at the program level but believe such limitations to be in the service of coherent and uniform standards in education and training. (HSPEC, 2013, p. 4)

Reflecting upon the unprecedented magnitude of the changes being proposed, the committee also noted the importance of student learning competencies. “This vision for preparing professional psychologists is far from where the field currently stands” (HSPEC, 2013, p. 2). Expressing a parallel perspective, the Robert Wood Johnson Foundation concluded that: “Research has long suggested that interprofessional collaboration improves coordination, communication and, ultimately, the quality and safety of patient care . . .” (Robert Wood Johnson, 2011). In 2007, APA President Nadine Kaslow and colleagues predicted: “Professional psychology is moving toward competency-based models with attention to competency-based education, training, and credentialing” (Rubin et al., 2007, p. 452). One of the most exciting consequences of integrating the study of health policy with exposure to different disciplines is the students begin to appreciate the significance of looking at their patient from a public health and systems level perspective. In so doing, they come to understand the critical importance of working collaboratively with members of other healthcare professions and that engagement in health policy is far more than political advocacy on behalf of someone else’s agenda.

Health Professions Collaborative

In 2009, six national education associations of schools of health professions formed the Interprofessional Education Collaborative (IPEC) to promote and encourage constituent efforts that would advance substantive interprofessional learning experiences focusing upon preparing future clinicians for the team-based care of patients. The collaborative partners are the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, the American Association of Colleges of Pharmacy, the American Dental Education Association, the Association of American Medical Colleges, and the Association of Schools and Programs of Public Health. APA cannot be one of the core groups, because it is not an association of schools/programs. Nevertheless, the APA Education Directorate has been working closely with IPEC and sits on the advisory board of the IPEC MedEdPORTAL (Association of American Medical Colleges, 2005) Interprofessional Education (IPE) project. The IPEC part-

ners have weekly conference calls and interestingly have agreed to avoid raising scope of practice issues, seeking collaboration rather than confrontation. There is agreement on four core competency domains that draw meaning from the specific contexts of patient care: value/ethics for interprofessional practice, roles/responsibilities for collaborative practice, interprofessional communication, and interprofessional teamwork and team-based care (Interprofessional Education Collaborative Expert Panel, 2011). There has been fundamental agreement among the IPEC partners on the critical importance of maintaining a climate of mutual respect and shared values throughout their deliberations and association actions. Other significant areas of collaboration are faculty development and resource development. Faculty development work has taken the form of institutes. Schools are invited to bring teams of faculty that must have a minimum of three different disciplines represented. Over the three days of the meeting, teams learn about interprofessional learning models, assessment strategies, and other elements of IPE. They spend considerable amounts of time working as a team such that they return home with a plan for advancing IPE efforts locally. More than 30 disciplines have been represented in the five institutes held to date. The Association of American Medical Colleges took the lead on resource aggregation to support IPE. With funding from the Josiah Macy Jr. Foundation, a collection of resources related to IPE have been added to the MedEd-Portal. The portal provides peer-reviewed teaching and assessment resources for a wide array of health professions education topics and is an open access resource. The IPEC partners and their staff have shared their vision with the administration, on Capitol Hill, and at the Institute of Medicine (IOM) Global Forum on Innovation in Health Professions Education, while demonstrating the team-based philosophy that they have successfully promoted in health policy (L. Maine, personal communication, September 24, 2014).

Building the Foundation for Health Policy Studies

In reviewing the literature related to teaching health policy at the graduate level, the disciplines of political science and economics have historically shaped the field. There are strikingly few psychology publications and with rare exceptions (Lating, Barnett, & Horowitz, 2009) those that exist generally target psychologists well-established in their careers. Many, for example, highlighted the importance of advocacy in order to protect one’s practice. Recently, momentum has built for showcasing articles focusing on translating psychological science into clinical practice in graduate and postgraduate education. Further, there has been increasing attention to systemic efforts to demonstrate that if psychological research were to be more appreciated by decision-makers, they would accomplish (and often reframe) their underlying policy objectives more successfully (Shafir, 2013). As an example, the expressed mission of the APA journal *Psychology, Public Policy, and Law* is to provide a forum for critically evaluating the contributions of psychology and related disciplines to public policy and legal issues. A related effort has been APA’s effective utilization of the amicus curiae process over the years, filing over 150 briefs on a wide array of issues, thereby effectively bringing psychology’s scientific expertise to the attention of the judiciary where appropriate. Given the magnitude of the potential ultimate impact upon society, it is our ethical responsibility to educate the next

generation about the public policy process (Lorion, Iscoe, DeLeon, & VandenBos, 1996).

Graduate training provides a ripe opportunity to strengthen the field and engage an audience when they are most impressionable and full of passion. Graduate school is a busy time, so students may not independently explore the challenges and opportunities of practicing in the “real world” until later stages of their training or practice. However, policy is a skill best learned over time, and it can be applied to all areas and levels of psychology from academic settings to psychological associations to political arenas, starting in graduate school. What better time to begin to develop a public policy perspective of the vast array of issues psychology can impact? Early exposure to policy is also essential to ensure that early career psychologists can help shape *their* profession and maximize the impact of psychology on the generic healthcare field (Doran, Meyerson, & El-Ghoroury, 2014). Policy skills, such as relationship and networking building and staying focused on big-picture goals to execute a vision, are rewarding from the moment they are acquired. As Rozensky has noted,

Psychology and the behavioral sciences can truly be the key to effectively addressing most of our nation’s most pressing problems as we enter the 21st Century. And yet, merely “being right” is not enough . . . This will require our next generation of colleagues to become actively involved in the public policy process . . . and to ultimately succeed, they must systematically learn from the very beginning the rules, language, and unique culture of the public policy (i.e., political) process. (Rozensky, 2005)

Our course at the Uniformed Services University of the Health Sciences (USUHS) is exploring how to systematically teach the next generation of healthcare professionals to most effectively impact and shape health policy. Over the years, law and business have been the most common professional backgrounds of those elected to the U.S. Congress (Reid-Arndt, Wilkniss, DeLeon, & Frank, *in press*). It is naïve for psychology to assume that the nuances of providing healthcare, or that the critical importance of the psychobiosocial-cultural-economic gradient of quality healthcare, will be appreciated at the policy level unless those fundamentally trained in the health professions become actively engaged in shaping relevant policies (DeLeon & Kazdin, 2010). One added benefit of implementing a health policy class during graduate training is sharing with the guest speakers psychology’s contributions to healthcare and exciting ideas from students. With the recent evolution in educational perspective within APA, the time has arrived for a systemic review of the relevance of teaching health policy at the doctoral level.

The Board of Educational Affairs and the Education Directorate at APA have proactively built the necessary consensus within the education community that ultimately led to the APA Council of Representatives adopting the competencies-based orientation described above. The Commission on Accreditation is developing new Standards of Accreditation for Health Service Psychology. They have proposed a set of professionwide competencies in the following domains: evidence-based assessment and intervention, research, communication and interpersonal skills, supervision, consultation/interprofessionalism, individual and cultural diversity, ethical and legal standards, professional values and attitudes, and reflective practice. Although competencies have not been finalized, responses from the field have been favorable and there

seems to be a consensus that these are the competencies all HSPEC graduates must achieve while in doctoral and internship training. In addition to these professionwide competencies, doctoral programs and internships will have the option to specify program-specific competencies that fit within the specific aims and goals of the program (M. B. Kenkel, personal communication, September 15, 2014). Health policy will fit nicely within this proposed framework. This evolution in framework builds upon a foundation envisioned back in the late 1970s to early 1980s by those instrumental in establishing the APA Division of Health Psychology (DeLeon & VandenBos, 1987).

A critical event in this development was the Arden House National Working Conference on Education and Training in Health Psychology held in May 1983. The attendees established a task group on health policy, chaired by Gary VandenBos and Edward Sheridan, which recommended,

. . . all health psychology training programs include one required predoctoral introductory course in health policy within their core training program . . . (T)he course would involve didactic instruction, it should also include some practical experience wherein the students are involved, on a part-time basis, in a clerkship, internship, or a practicum experience of some sort . . . Such practicum experience would serve a two-way function of educating psychologists about the range of possible employment settings that were available for health policy psychologists and would serve to educate a broad range of agencies and programs about the skills and expertise of psychologists. (Stone, 1983, p. 85)

In the 1990s, the Education Directorate submitted a detailed report to the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration focusing upon the importance of collaborative, interprofessional healthcare and its implications for education and training (APA Education Directorate, 1998). Throughout this process, Cynthia Belar of the Education Directorate has been one of the inspirational leaders. Today, on the Directorate’s Web site is a series of five training modules that focus specifically upon advocacy training. The addressed topics include introduction to advocacy, introduction to the federal government, the federal legislative and regulatory processes, effectively informing and influencing policymakers, and state and local advocacy and the value of political activities (APA Education Directorate, 2014).

Example: The Profession of Nursing

As indicated above, most of the health policy references within the psychological literature describe the potential adverse impact upon the established practice community if they are not involved—rather than the educational community’s responsibility to be proactive (Rodolfa et al., 2005). There is insufficient emphasis upon the excitement that can be experienced and the positive contributions psychologists can make by being actively engaged, particularly starting in graduate school. In contrast, nursing’s educational leadership is engaged. The American Association of Colleges of Nursing (AACN) regularly reviews its standards for *The Essentials of Doctoral Education for Advanced Nursing Practice* (The American Association of Colleges of Nursing [AACN], 2006), including for the Doctor of Nursing Practice (DNP) programs:

The recommendation that nurses practicing at the highest level should receive doctoral level preparation emerged from multiple factors . . . (A)n increasingly complex healthcare system created a mandate for reassessing the education for clinical practice for all health professionals . . . Advanced nursing practice [includes] the development and implementation of health policy. (AACN, 2006, p. 4)

Two AACN essential standards are directly related to the importance of nursing actively shaping health policy, as well as being responsive to the underlying conceptual framework of the ACA's vision for professional requirements—healthcare policy for advocacy in healthcare and interprofessional collaboration for improving patient and population health outcomes:

DNP graduates as leaders in the practice arena provide a critical interface between practice, research, and policy. Preparing graduates with the essential competencies to assume a leadership role in the development of health policy requires that students have opportunities to contrast the major contextual factors and policy triggers that influence health policymaking at the various levels. (AACN, 2006, p. 14)

Again, this is in sharp contrast to psychology's significantly more permissive approach.

Nursing views DNP graduates as prepared to critically analyze health policy proposals, policies, and related issues from a variety of perspectives; demonstrate leadership in the development and implementation of policies at all levels; influence policymakers through active participation in the political/public policy process; educate others, including policymakers at all levels, regarding nursing's potential contributions; advocate for the nursing profession within the policy and healthcare communities; develop, evaluate, and provide leadership for healthcare policy that shapes healthcare financing, regulation, and delivery; and advocate for social justice, equity, and ethical policies within all healthcare arenas. Addressing interprofessional collaboration, the AACN calls for DNPs to play a central role in establishing interprofessional teams and assuming leadership when appropriate. The University of New Mexico Robert Wood Johnson Foundation Nursing and Health Policy Collaborative reports that over 100 doctoral level nursing programs have stand-alone required courses in health policy, with numerous other programs having health policy content incorporated into related courses. At their upcoming conference, the Robert Wood Johnson Foundation will continue to discuss methods to integrate health policy into doctoral nursing programs, further underscoring their commitment to nurses leading in the broader healthcare arena. The time has come for psychology's educational community to examine nursing's commitment to health policy and to foster the skills and knowledge required for developing leadership at the health policy level. In our judgment, possessing the knowledge and scientific basis behind nursing's related core health policy competencies would serve all of the nation's health professions admirably.

The Uniformed Services University of the Health Sciences Health Policy Course

For the past several years, the authors have offered a health policy class at the USUHS within the Department of Medical and Clinical Psychology and the Daniel K. Inouye Graduate School of Nursing. The course is scheduled every Friday afternoon with the graduate students receiving academic credit from their own discipline. Those enrolled are expected to write two decision memos,

which are to be brief and to the point, providing a selected policymaker with pros and cons of various decisions options. A longer five- to seven-page white paper is also expected, focusing in more depth upon a selected topic involving policy decisions. Finally, each of the graduate students participates in a relevant field experience (see supplemental materials). Various policy-related publications (e.g., selected journal articles, speaker handouts, texts) are made available.

The class is scheduled on Fridays to entice speakers to start their weekend early by devoting their afternoon to our students. Typically, there are five to 10 students enrolled and various guests. Preparation begins with an e-mail to the speaker requesting a short biography; offering directions to our campus just outside Washington, DC, accessible to the nation's Capital by public transportation, and across from the National Institutes of Health; and inviting them to lunch with students. The week of the seminar, an e-mail announcement is sent to the university community with an invitation for all to attend. The day of the seminar, the speaker might join a small group of students and faculty for lunch. All contact with the speaker is initiated and completed by one of the student teaching assistants for the class, allowing for a relationship to form between the student and the speaker.

The proximity of USUHS to the Capital (and thus, to APA) allows students to draw upon an incredible array of speakers and provides ample opportunity to experience policy in person. A number of speakers have been from APA (including two past presidents) and the Association for Psychological Science, several former military surgeon generals, two former secretaries of the Department of Veterans Affairs, as well as officials from the White House and Office of Budget and Finance. Also attending have been policymakers in pharmacy and nursing; senior staff of several international not-for-profits, the IOM, AARP, U.S. Senate current and former staff members; representatives of the media, lobbyists, the former president of George Washington University; and an Australian Naval dentist completing his masters of health administration and policy at USUHS. Various field trips have included APA's central office, Health Resources and Services Administration, the World Bank, the White House, and the U.S. Congress.

Without question, being located near the nation's Capital, APA, Association for Psychological Science, and various federal agencies is a distinct advantage in providing students with first-hand experiences and guest lecturers. Yet, the process of public policy involvement remains the same regardless of geographical location. For those who are not in or near a large city, reaching out to local and state policymakers is recommended. Congressional offices and APA staff can be quite creative in assisting universities in arranging federal and state visitors. Further, with advanced technology, inviting renowned speakers to the class via telephone or Skype would provide opportunities to expand the scope of topic areas and the types of speakers. As universities become increasingly sophisticated in developing online courses, interactive health policy modules will undoubtedly evolve.

It has been eye-opening for students to hear the various lessons each speaker offers. To the surprise of students and attendees, the same themes and lessons continue to emerge, particularly the simple, but often overlooked importance of building relationships, which is the hallmark of policy engagement. Speakers have emphasized the need to connect with decision-makers and their staff as people, noting their individual expectations, interests, and mo-

tivations. While being careful not to put forth a correct or incorrect way to build these relationships, speakers have offered several steps students might take as they rise in their professions, beginning with the simplest—visiting their congressional offices as constituents. As constituents reach out to congressional offices on more than one occasion, staff members may begin to recognize them and, if an interpersonal connection exists, start to cultivate a relationship. Over time, and if staff members are aware of a constituent's expertise, they may become a resource for office staff. Indeed, a similar process is described in *The Dance of Legislation* (Redman, 1973), a text provided to those enrolled in the course. Redman traces the drafting and passing of the National Health Services legislation establishing the U.S. Public Health Service Corps, a concept first introduced by a constituent pediatrician.

Another important theme speakers have discussed is persistence and the importance of maintaining relationships, even when faced with great adversity. As many have noted, attempting to shape health policy often requires many years of commitment and dedication, frequently with more failures than triumphs. Speakers have explained that individuals who are interested in shaping policy must be dedicated to the process, not just the outcome. They have warned against the temptation to become too emotionally invested in a particular outcome, which may preclude compromise and lead to professional burn out. After substantial periods of hard work and diligence, some efforts may indeed be realized, especially if "the timing is right" (Kingdon, 2011). Such was the case with one speaker who, even after apparent failure in its early stages, led the efforts to develop the Emergency Medical Services for Children initiative, the first and only program established to ensure proper emergency care delivery to children and youth, which recently celebrated its 30th anniversary. Furthermore, adversity often exists when faced with the undeniable role of politics in the policy making process. As explained in *Shaping Health Policy Through Nursing Research* (Hinshaw & Grady, 2011), coedited by the former dean of the Inouye School of Nursing, political will and ideology have profound influences on shaping health policy.

The class is informal and is intended to be a conversation between students and the speaker. Students are encouraged to share their interests and ask questions throughout the seminar. If they are interested in learning more about the speaker and their work, they are encouraged to ask for an opportunity to shadow the speaker or one of their colleagues for a few hours or more. This shadowing opportunity enables the student to fulfill one of the requirements for the class—experience policy through a field visit. As previously discussed, student engagement with speakers in the classroom, in addition to outside of the classroom through shadowing opportunities, is an essential component of the USUHS policy course. In advocating for the inclusion of health policy education in doctoral training, it is done with the knowledge of the profound influence policy education can have on the doctoral experience. To that end, there are included in the supplemental materials selected reflections provided by psychology graduate students who have enrolled in the course. A common thread throughout is the paradigm shift owed to policy education. Indeed, engaging in policy can be a vague, ambiguous, or even frightening process for individuals outside of the political sphere. Yet, students

leave the course with a newfound appreciation and passion for their potential roles in policy engagement.

The supplemental materials also highlights possible paths for psychologists who choose to engage in the policy process. For psychologists who primarily focus on scientific or clinical endeavors, the creative ways psychologists choose to engage in shaping health policy—through working directly in government or in advocacy roles—may go unnoticed. While navigating these factors can be frustrating or discouraging, speakers in our policy class have encouraged students to develop respect for and enjoyment of the unique political culture and its purpose in our society. In 2014, the APA Congressional Science Fellowship program celebrates its 40th anniversary with 118 psychologists having spent a year on Capitol Hill; the APA Executive Branch Science Fellowship program is in its 19th year, supporting one fellow annually. The perspectives presented not only highlight the existence of successful psychologists who effectively engage in policy, but also the myriad of opportunities, including working on Capitol Hill, for professional organizations, or for federal agencies.

Discussion

To be recognized as a critical component in the changing healthcare system, incorporating healthy policy training is critical. While psychology may be a relatively young field, it is now time for the professionals of psychology to evolve in ways that match healthcare needs. To that end, our suggestions can be summed as follows: (a) The accreditation process should undergo a systemic review of the relevance of teaching health policy at the doctoral training level, (b) the competencies put forth by nursing should be utilized as models for interdisciplinary training, and (c) As students learn research and clinical skills, psychology's training institutions should also provide a greater focus on embedding within these skills the importance of engaging in health policy.

The significant roles and responsibilities individual psychologists currently hold in the healthcare arena are impressive. However, we call for a broadening of their expertise and impact on the broader healthcare system. While the prospect of such engagement is both exciting and frightening, the necessity is undeniable. Healthcare policies will continue to be adopted, implemented, and evaluated regardless of whether psychologists choose to engage. Our hope is for psychologists to have a "seat at the table," not simply as figureheads or tokens, but as ones who can have profound influence on shaping the health policy of our nation.

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