The *California Student/Resident Experiences and Rotations in Community Health* (Cal-SEARCH) program is a partnership between the Office of Statewide Health Planning and Development (OSHPD), the California Area Health Education Center (AHEC), and the California Primary Care Association (CPCA). This program is funded by U.S. Department of Health and Human Services, Health Resources and Services Administration.

Cal-SEARCH Learning Modules

Objectives of the Modules:

The following modules will guide you through the learning objectives and provide resources for enhancing your Cal-SEARCH experience. Each module focuses on particular competencies the students and residents are expected to learn with regard to primary care programs and concepts, the rotation or clinical experience itself, and the community project. Through the entirety of this experience, the students will have completed a minimum of 80 hours.

Instructions for Use of Modules:

The modules are designed as self-guided learning instruments to be used in tandem with the on-site clinical and community experiences. Students and residents can further collaborate with their preceptors and/or mentors to assist them in acquiring the knowledge, skills and experiences expected. Students and residents are also encouraged to connect with their local Trainer, where available, who is the student's contact for further discussions of the Cal-SEARCH learning objectives.

Overview of the Learning Modules:

Module 1) Gain knowledge of primary care and build clinical skills

Module 2) Understand medically underserved and community health centers

Module 3) Quality improvement, cultural competency and patient-centered care

Module 4) Address a local population health concern through a community project

The *California Student/Resident Experiences and Rotations in Community Health* (Cal-SEARCH) program is a partnership between the Office of Statewide Health Planning and Development (OSHPD), the California Area Health Education Center (AHEC), and the California Primary Care Association (CPCA). This program is funded by U.S. Department of Health and Human Services, Health Resources and Services Administration.

Module 1: Primary Health Care & Clinical Experience

This module is an introduction to the following learning objectives:

Primary Care: Students and residents will be able to

- Define primary care and the primary care specialties
- State the role of primary care in health care delivery
- Discuss the role of primary care in the context of health care reform
- Describe the characteristics of patient centered care
- Describe the patient centered medical home

Clinical Skills: Students and residents will be able to

- Elicit patient concerns and complaints through a relevant history
- Demonstrate good listening skills
- Practice appropriate patient confidentiality
- Take a focused medical history
- Discuss history and physical exam findings with preceptor and plan for appropriate care
- Carry out care plan depending on level of skills
- Summarize the individual's health problem in a manner that is cognizant of the patient's cultural beliefs and values
- Demonstrate relevant counseling and patient education activities
- Demonstrate ability to make appropriate patient referrals for medical, behavioral and/or oral health needs
- Describe how to access and use community mental health and/or social service resources
- Describe the roles of the multidisciplinary health team
- Describe how the multidisciplinary team collaborates with patient care, especially around the integration of medical, behavioral and/or oral health care for the health center patient
- Describe the patient population served by the clinic in terms of demographics, morbidity, most common types of patients seen, most common types of patient encounters
- Describe health maintenance and prevention activities promoted at the clinic
- Describe technology advances that create more effective delivery of health care services
- Discuss the merits of electronic medical records

What is Primary Care? "Primary care is the provision of *integrated, accessible health care services* by *clinicians* who are *accountable* for addressing a large *majority of personal health care needs,* developing a *sustained partnership* with *patients,* and practicing in the *context of family and community."* (Institute of Medicine, 1994)

Primary care specialties are family medicine, general internal medicine, and primary care pediatrics. Primary care clinicians include family physicians; general internists; pediatricians; family, adult, and pediatric nurse practitioners; and physician assistants.

The *California Student/Resident Experiences and Rotations in Community Health* (Cal-SEARCH) program is a partnership between the Office of Statewide Health Planning and Development (OSHPD), the California Area Health Education Center (AHEC), and the California Primary Care Association (CPCA). This program is funded by U.S. Department of Health and Human Services, Health Resources and Services Administration.

Functions of primary care: (7 C's)

- *Contact:* First contact and portal of entry into health care, ability to care for unselected patients with undifferentiated problems
- *Comprehensive:* Diagnosis and treatment for most patient problems including preventive services
- *Continuity:* Care from the same clinician over time and across multiple settings
- *Coordination* of services with other clinicians, responsibility for overall care and case management
- *Cooperative:* Inclusion of patients, families and team members
- *Contexted:* Care provided within the context of the patient's family, friends, community, and culture
- *Cost effective:* Avoids unnecessary or redundant procedures

Health Care Reform attempts to move the country toward a more primary care-based system by supporting the value of prevention and care coordination. The health care reform law includes a number of measures designed to boost the provision of and payment for primary care services, including higher Medicare and Medicaid payments for primary care, innovative payment models to reward value instead of volume, and a substantial investment in the primary care workforce. For more information on California Health Care Reform activities related to health workforce planning, visit: **http://www.oshpd.ca.gov/Reform/index.html.**

Clinical Rotation: Skills expected are based on student's and resident's discipline, level of training and specific clinical course requirements of the health professions school

At a minimum, explore the following with your preceptor:

- Patient communications
- Patient physical examination and/or observation
- Concise documentation
- Developing a care plan
- Health education and prevention
- Working in a multidisciplinary team including medical, dental and mental health)
- Making referrals to mental health and social services
- Use of technology, if available, such as EHR, ePrescribing, lab interfaces, PDAs, and Telemedicine

References: U.S. Preventive Services Task Force-Guide to Clinical Preventive Services, 2010-2011: http://www.ahrq.gov/clinic/pocketgd.htm

Arvantes, J. (28 July 2010). Provisions in Health Care Reform Law Lay Out Role of Primary Care, Family Physicians. American Academy of Family Physicians. http://www.aafp.org/online/en/home/publications/news/news-now/government-medicine/20100728hcreformoverview.html

The *California Student/Resident Experiences and Rotations in Community Health* (Cal-SEARCH) program is a partnership between the Office of Statewide Health Planning and Development (OSHPD), the California Area Health Education Center (AHEC), and the California Primary Care Association (CPCA). This program is funded by U.S. Department of Health and Human Services, Health Resources and Services Administration.

Module 2: Underserved and Community Health Centers

This module is an introduction the following learning objectives:

Students and residents will be able to:

- Define medically underserved areas (MUAs) and populations (MUPs), and Health Professions Shortage Areas (HPSAs)
- Describe the background and history of community health center movement
- Identify characteristics and requirements of a federally qualified health center (FQHC)
- Describe funding opportunities for National Health Services Corps (NHSC) Scholars and Loan Repayment programs
- Describe federal and state NHSC Scholar and Loan Repayment programs
- Describe other loan repayment opportunities for health professionals

Medically Underserved (HPSAs, MUAs, and MUPs): *Health Professions Shortage Areas (HPSAs)* are designated by Health Resources Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers and may be geographic, demographic, or institutional. *Medically Underserved Areas (MUAs)/Populations (MUPs)* are areas or populations designated by HRSA and/or the state as having too few primary care providers, high infant mortality, high poverty and/or high elderly population.

Community Clinics and Health Centers (CCHCs) have more than 45-years experience in providing comprehensive, culturally competent, quality primary health care services to high need communities. CCHCs promote access to health care through provision of supportive services such as education, translation and transportation, etc. and adjustment of fees based upon a patient's ability to pay. In 2009, there were approximately 1,200 health center organizations with over 8,000 delivery sites serving 20 million patients of all ages, races and ethnicities. 71% of the health center patient population was at or below 100% of poverty; 38% uninsured; 35% Hispanic/Latino; 27% African American; and 48% rural.

Federally Qualified Health Centers (FQHCs): Community, Migrant, and Homeless Health Centers are *non-profit, community-directed providers* that improve access to health care for all, regardless of patients' abilities to pay. FQHCs include all organizations *receiving grants* under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. The role of FQHCs is to promote access to high quality, cost effective care; thereby improving patient outcomes and reducing health disparities as well as unnecessary and costly emergency, hospital, and specialty care utilization.

National Health Service Corps (NHSC): Through scholarship and loan repayment programs, the NHSC helps HPSAs in the U.S. get the medical, dental, and mental health providers needed to expand access to health care services and improve the health of people who live in urban and rural areas where health care is scarce.

The *California Student/Resident Experiences and Rotations in Community Health* (Cal-SEARCH) program is a partnership between the Office of Statewide Health Planning and Development (OSHPD), the California Area Health Education Center (AHEC), and the California Primary Care Association (CPCA). This program is funded by U.S. Department of Health and Human Services, Health Resources and Services Administration.

NHSC Scholarship is a competitive program that pays tuition and fees and provides a living stipend to *students* enrolled in accredited medical (MD or DO), dental, nurse practitioner, certified nurse midwife, and physician assistant training in exchange for 2-4 years of service in a high-need community that is a NHSC-approved site.

NHSC Loan Repayment program offers *fully-trained* primary care physicians (MD or DO), family nurse practitioners, certified nurse midwives, physician assistants, dentists, dental hygienists, **and certain** mental health clinicians $60,000 to repay student loans in exchange for 2 years service, or up to $170,000 in loan repayment for completing a five-year service commitment in an approved NHSC site.

California State Loan Repayment Program (SLRP) offers repayment of educational loans for primary care physicians, dentists, dental hygienists, physician assistants, nurse practitioners, certified nurse midwives, and mental health providers, who commit to practice in medically underserved areas in public or non-profit entities for a minimum of two years and maximum of four years.

Health Professions Education Foundation provides scholarships and loan repayments to aspiring and practicing health professionals who agree to practice in a medically underserved area.

References: *OSHPD*-Shortage Designation Program FAQs*:*
http://www.oshpd.ca.gov/HWDD/Shortage_Desig_faqs.html

Find Shortage Areas: http://www.muafind.hrsa.gov/

Shortage Designations: http://bhpr.hrsa.gov/shortage/

U.S. Health Center Fact Sheet: http://www.nachc.com/client/US10.pdf

What is a Health Center? http://bphc.hrsa.gov/about/

Find a Health Center: http://findahealthcenter.hrsa.gov/GoogleSearch_HCC.aspx

Join the Corps: http://nhsc.bhpr.hrsa.gov/

California State Loan Repayment Program: http://www.oshpd.ca.gov/hwdd/slrp.html

Health Professions Education Foundation: http://www.oshpd.ca.gov/HPEF/index.html

Videos: Celebrating 45 Years of Community Health Centers:
http://www.nachc.org/multimedia.cfm?categoryID=9

Primary Care Pipeline: CHC Physicians Fostering Healthier Community:
http://www.videosurf.com/video/primary-care-pipeline-chc-physicians-fostering-healthier-communities-dr-winston-wong-1204990099?vlt=kosmix

Our Stories: Meet NHSC Clinicians: http://nhsc.hrsa.gov/video.htm

The *California Student/Resident Experiences and Rotations in Community Health* (Cal-SEARCH) program is a partnership between the Office of Statewide Health Planning and Development (OSHPD), the California Area Health Education Center (AHEC), and the California Primary Care Association (CPCA). This program is funded by U.S. Department of Health and Human Services, Health Resources and Services Administration.

Module 3: Quality Improvement, Cultural Competency and Patient-Centered Care

This module is an introduction to the following learning objectives:

Students and residents will be able to:

- Describe quality improvement processes in CCHCs
- Describe the characteristics of patient centered care
- Describe the patient centered medical home
- Describe how clinicians can apply cultural competency skills in patient care
- Summarize the individual's health problems in a manner that is cognizant of the patient's cultural beliefs and values
- Describe the role of language skills for effectively serving a multi-cultural population, and enumerate tools for working with multi-lingual groups.
- Identify resources available for patients who are non-English speaking and/or have socioeconomic barriers to care

Quality Improvement (QI) are strategies for effectively improving quality of care while reducing the wide variation in use of health care services, the underuse and overuse of some services, and misuse of others. Annually, HRSA collects a variety of information, including patient demographics, services provided, clinical indicators, and utilization rates through the *Uniform Data System (UDS).* These data measures help health centers reduce health disparities. Community Clinic and Health Centers' QI processes include the use of the *Plan-Do-Study-Act (PDSA)* model with *disease registries* and electronic data reporting systems to collect and analyze clinical measures for patients with chronic conditions, such as diabetes.

Patient Centered Care *"*is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families" (Institute for Patient-and Family-Centered Care). The core concepts are:

- Respect and dignity for patient perspective and choices
- Information sharing with patients and families that is timely, complete and accurate
- Participation of patients and families in care and decision-making encouraged and supported
- Collaboration with patients and families for policy and program development and delivery of care

Patient Centered Medical Home (PCMH) is an approach to providing comprehensive primary care for children, youth and adults. A PCMH facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family (Joint Principles of the Patient Centered Medical Home). The principles are:

- Having a personal physician
- Supportive health care team
- Whole-person orientation
- Care coordination/integration

The *California Student/Resident Experiences and Rotations in Community Health* (Cal-SEARCH) program is a partnership between the Office of Statewide Health Planning and Development (OSHPD), the California Area Health Education Center (AHEC), and the California Primary Care Association (CPCA). This program is funded by U.S. Department of Health and Human Services, Health Resources and Services Administration.

- Enhanced access, quality and safety

Cultural Competency is one of the main ingredients in closing the disparities gap in health care. Effective health communication is an important clinical skill. Principles of cultural competency include:

- Understanding cultural differences and health disparities among diverse groups, e.g., racial and ethnic groups, religious groups, sexual orientations
- Understanding beliefs, values, and resources, such as health insurance of patients and their families
- Understanding the role of language skills for effectively serving a multi-cultural population
- Applying cultural competency skills in patient care
- Understanding resources and tools for working with multi-lingual groups and the economically disadvantaged
- Being able to define one's own culture
- Understanding the impact of migration, cultural diversity, healers, Grandmother's remedies

Cultural Fact: Within 50 years, nearly half of the nation's population will be from cultures other than White, non-Hispanic, thus increasing the need to provide medical services to patients of diverse cultures or languages.

Self Exploration: How do you define your own culture?

Language Access: Clinicians have multiple strategies available to ensure linguistically and culturally appropriate care. Language services can be provided through a variety of forms such as in-person, telephone, or videoconference interpretation. The benefits of providing linguistically and culturally competent care include: increased patient satisfaction, potential for decreased costs, and protection against miscommunication (National Consortium for Multicultural Education for Health Professionals).

National Standards on Culturally and Linguistically Appropriate Services (CLAS) make practices more culturally and linguistically accessible. Sample Notice of Language Assistance

References: Institute for Patient-and Family-Centered Care: http://www.ipfcc.org/index.html

Joint Principles of the Patient-Centered Medical Home

Office of Minority Health (OMH): What Is Cultural Competency?
http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11

Berlin and Fowkes, A teaching Framework for Cross-cultural Health Care, West J Med, Dec 1983 139: 934-938: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1011028/

The *California Student/Resident Experiences and Rotations in Community Health* (Cal-SEARCH) program is a partnership between the Office of Statewide Health Planning and Development (OSHPD), the California Area Health Education Center (AHEC), and the California Primary Care Association (CPCA). This program is funded by U.S. Department of Health and Human Services, Health Resources and Services Administration.

National Network of Libraries of Medicine/MidContinental Region (NN/LM-MCR)-Minority Health Concerns: Cultural Competency Resources: http://nnlm.gov/mcr/resources/community/competency.html

National Consortium for Multicultural Education for Health Professionals-Cultural competency resources for education: http://culturalmeded.stanford.edu/teaching/culturalcompetency.html

OMH-National Standards on Culturally and Linguistically Appropriate Services (CLAS): http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15

Videos:

AAFP Model for Improvement: http://www.aafp.org/online/en/home/practicemgt/quality/qitools/modelvideo.html

IHI-Introduction to the Model for Quality Improvement: http://www.ihi.org/IHI/Programs/AudioAndWebPrograms/OnDemandPresentationMFI.htm

PCPCC-Introduction to the Patient-Centered Medical Home: http://www.pcpcc.net/content/emmi-video

Medical Home for All: http://medicalhomeforall.com/

The *California Student/Resident Experiences and Rotations in Community Health* (Cal-SEARCH) program is a partnership between the Office of Statewide Health Planning and Development (OSHPD), the California Area Health Education Center (AHEC), and the California Primary Care Association (CPCA). This program is funded by U.S. Department of Health and Human Services, Health Resources and Services Administration.

Module 4: Community Project

This module is an introduction to the following learning objectives:

Students/residents will be able to:

- Identify a community health need
- Demonstrate collaboration with clinic or community health center and their community partners in identifying this need
- Review and apply relevant literature
- Summarize the epidemiological background and policy issues associated with a population health issue
- Describe the major social determinants of health as related to the health need identified
- Define the term health disparities and discuss clinical measures to assess and reduce them
- Describe the elements of community assessment used to identify the health need
- Collaborate with clinic or community health center and their community partners in defining objectives to address this need
- Describe methods used to address objectives
- Develop a plan for sustainability of project
- Disseminate results of project to preceptor/mentor, stakeholders

Background Information:

Social determinants of health are the economic and social conditions shaped by the distribution of money, power and resources that determine people's health. They are "societal risk conditions", rather than individual risk factors that either increase or decrease the risk for a disease, for example, cardiovascular disease and type II diabetes.

Health disparities are the differences in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates encountered by racial and ethnic minorities, residents of rural areas, women, children, the elderly, and persons with disabilities.

Epidemiology of population health issues identifies the risk factors for disease and determines the optimal treatment approaches to clinical practice and preventive medicine.

Components of the Community Project:

Identify and Research a Community Health Issue or Need

Conduct a community project by taking the following steps:

- Identify a community health need by reviewing community assessments and relevant literature
- Discuss with preceptor and mentor the health need and possible approaches
- Review and apply relevant literature

The *California Student/Resident Experiences and Rotations in Community Health* (Cal-SEARCH) program is a partnership between the Office of Statewide Health Planning and Development (OSHPD), the California Area Health Education Center (AHEC), and the California Primary Care Association (CPCA). This program is funded by U.S. Department of Health and Human Services, Health Resources and Services Administration.

- Define one or two objectives to address the need by collaborating with clinic staff, community partners and preceptor and mentor
- Identify methods to implement objectives
- Conduct project
- Disseminate results of project to preceptor/mentor, stakeholders
- Develop a plan for sustaining the project results

Project Formats include, but are not limited to, brochures, presentations, or reports based on the intended audience. Projects can be used to educate community members, patients, students, or providers**.**

Characteristics of a good service project

- Clearly defined health issue, such as epidemiology, social determinates, disparities, and clinical measures
- Use of local evidence and literature to substantiate issue
- Visual graphics
- Applicable recommendation(s) to a specific target audience

Post-Community Project Report: Type a 3-5 page report describing the following:

- How you identified the community need
- Literature or other resources that you reviewed
- How you collaborated with clinic and community in identifying the need
- Specific objective(s) of your project
- Methods you used to address objective
- Results of your project
- How you disseminated results
- How you planned for its sustainability

Examples of Cal-SEARCH Community Projects

- Rapid HIV Testing
- High Fructose Corn Syrup - Control Your Weight, Control Your Health
- The True Face of Homelessness
- Screening for Emotional and/or Behavior Disorders in Four to Ten Year Olds Using the SDO
- How to Prevent Diabetes in Your Children
- Teen Clinic Survey
- Cardiovascular Patient Education Curriculum
- Health Education for Spanish-Speaking Patients: Diabetes, Hypertension and Hyperlipidemia

References: What are Health Disparities?
http://minorityhealth.hhs.gov/templates/content.aspx?ID=3559

The *California Student/Resident Experiences and Rotations in Community Health* (Cal-SEARCH) program is a partnership between the Office of Statewide Health Planning and Development (OSHPD), the California Area Health Education Center (AHEC), and the California Primary Care Association (CPCA). This program is funded by U.S. Department of Health and Human Services, Health Resources and Services Administration.

Annual Review of Public Health-A Review of Collaborative Partnerships as a Strategy for Improving Community Health:
http://www.annualreviews.org/doi/full/10.1146/annurev.publhealth.21.1.369

Centers for Disease Control and Prevention-Community Needs Assessment:
http://www.cdc.gov/hiv/resources/guidelines/herrg/gen-con_community.htm

Cal-SEARCH Community Project Examples:
http://www.oshpd.ca.gov/HWDD/Cal-SEARCH/

Cal-SEARCH Community Project Form:
http://www.oshpd.ca.gov/HWDD/Cal-SEARCH/